

## **Feminist Perspectives in Medicine and Bioethics**

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For the last forty years or so, the dialogue between religion and science has wrestled with questions of meaning and purpose about human life. We wonder: who are we? where are we going? and why are we here? These questions are about as ancient as the humans who ask them and yet they have taken a new twist in the last few decades in light of research in evolutionary biology, genetics, cosmology, and biotechnology. How we answer these questions is critical because the hazards we face for living a sustainable life together are multiplying. We enter and leave this world through tangled webs of technology, culture, and nature. The 20<sup>th</sup> century brought us not only the benefits of technology but also its risks and costly price. While scientific and technological innovations multiply so rapidly that we cannot keep pace, not all the world has access to the benefits. The world divides into haves and have nots. Some babies are born through *in vitro* fertilization, once considered unnatural but is now commonplace, yet the infant mortality rate soars with mothers and babies dying of AIDS. For many, clean water, healthful food, adequate shelter are not available. The high-end technological advances that many consider their right are simply prohibitive for most of the world's population whose simple survival from day to day is precarious.

What does it mean to be a human person in a global community whose survival as a species is tenuous? Philip Hefner, a Lutheran theologian, says that how we respond

must be “*universal* in that answers to the basic questions must enable adequate and wholesome futures for the planet and all of its inhabitants; *particularly* in that they must be life-giving to all regions of the planet, to all sorts and conditions of persons upon the planet, as well as to its nonhuman sector.” (Hefner, 1993, 5 italics added) When answering such questions, we turn to telling stories to express our ultimate values. The way we know and make sense of our world is through interpreting narratives. The category of narrative is a natural fit for this chapter that emphasizes ethical concerns and feminist insights. Each of us is embedded in multiple stories: familial, cultural, social, political, economic, and religious. We tell stories that are evolutionary and religious in their epic scale. Since Newton and Descartes put their mark on the modern world, we have enlightened one another with rationales about our importance in the universe as a human species. Much of Christian theology has also reinforced this anthropocentric view that the natural world is valued only as a backdrop for humans on center stage.

How does the dialogue between religion and science reinforce narratives that separate humans from the rest of nature and from each other? How can the dialogue between religion and science further the task of interpreting human identity so that our purpose as one human species is not only that we live but also that we live well? The answers depend in part on who we ask. Whose stories count? Is there only one Enlightenment narrative to which all must submit? Do multiple stories imply that all stories are true?

### **The well pedigreed and the undocumented**

Feminist thought challenges the dominant ways of answering these questions both starting points and directions. While the Enlightenment is often held up as the “problem

child” of the modern world, feminists call for an examination and critique of its family members e.g.: colonialism, materialism, consumerism, etc. Enlightenment philosophical assumptions find expression in the economic, political, social, and religious schemas of the modern world. We must examine some Enlightenment philosophical presuppositions, and then move to its close sibling rivals. To accomplish this task I will use the writings of Donna Haraway, a feminist philosopher of science.

Donna Haraway, a professor of History of Consciousness and Feminist Studies at the University of California Santa Cruz, makes connections, crosses boundaries, and imagines new ways of thinking and doing. Haraway is a cultural critic and philosopher of science. She crafts creative metaphors to explore relationships between nature, culture, human, animal, and machine. In her most recent writing, she has moved from the image of cyborg to that of dog as a companion species. As she reflects on the relationship between dogs and humans, she illuminates the relationships of all companion species, co-constituted in their differences. In a word, she practices what she preaches.

Her doctorate from Yale was an interdisciplinary study between biology, philosophy and history of science and medicine. She admits that keeping things neat and tidy run against her feminist and Marxist grain. She muddies the waters of our traditional understandings. Binary dualisms are shattered. Boundaries between human/nature, technology/nature, and machine/human fuse together. Her work subverts, transgresses, and inspires. Consequently, I find that it provides a provocative platform for interpreting the multifarious relationships between religion and science.

The grand Western Enlightenment worldview creates separations--between nature and humans, male and female, public and private, secular and sacred, religion and

science, technology and culture--that do not make sense for the majority of the world's inhabitants. These separations are helpful only for those who benefit from them, especially when the distinctions shift into hierarchical dualisms. We cannot avoid making distinctions, but we are responsible for how and why the world is divided and by whom. The religion and science dialogue cannot--nor should it--avoid these critical problems of unity amidst diversity, of how the many and the one are related, and how meaning between our similarities and differences is created. How do we as one human race deal with our differences? Why do they matter and to whom? How we ask and answer these questions is a matter of life and death.

Humans are marked by a common narrative that speaks of our flesh and blood, life and death. From our common ground of finitude and flesh come particular stories that have often been left out, misplaced, misappropriated, and misunderstood by those of "grander" narratives in the privileged Western world. Donna Haraway remarks: "Anyone who has done historical research knows that the undocumented often have more to say about how the world is put together than do the well pedigreed." (Haraway, 2003, 88) The well-pedigreed often dismiss the undocumented as alien, as foreigners. Who are the undocumented? Who are the well pedigreed?

Feminists, among other liberationist and postmodern voices, challenge the way dominant voices have put the world together. Those who have had the good pedigrees have set the rules of the conversation, planned the publications, and worked together at conferences. Much excellent scholarship has come from such a dialogue, but this inter-'face' between religion and science has tended to reflect only the concerns of those participating. Other faces and voices haven't participated for a variety of reasons. Some

simply weren't invited. For others, the dialogue didn't relate to their lives outside the dominant discourse. As individuals and groups have protested the status quo of the religion and science dialogue, the nature of the conversation has slowly changed.

Discourse has shifted from the academy to places of work, to faith communities, and to concerns about life and death. Multiple partners have changed the somewhat monogamous relationship of science and religion into one of plural partnerships that are fruitful and faithful. Scientists and theologians from other religious traditions, from developing countries, and different social classes are not just adding to, but are altering the heart of the discourse. While changes can often create dissonance and discord, these changes produce much needed novelty, transformation, and creativity.

I witnessed this productive and very dissonant process firsthand in a religion and science conference in St. Petersburg, Russia in 1999. Having been silenced for decades by the former government, Russians are not only reentering but also relearning the way that religion relates to science. The conversations would at times turn to diatribes and monologues. The Russians were trying not only to come to terms with their own religion and science dialogue, but also with the pathologies of the Western religion and science dialogue. The discourse between the two, while productive, was often harsh, frustrating, and discordant. As the religion and science dialogue expands throughout the world, those in the Western world will also be changed and transformed.

Bound together on a planet that we share with the entire natural world, we need to find out what is at stake in our life together and this finding out entails a moral imperative. Donna Haraway notes: "The point is to make a difference in the world, to cast our lot for some ways of life and not others. To do that, one must be in the action, be

finite and dirty, not transcendent and clean.”(Haraway, 2004, 236) The stories that unfold between religion and science will not come about as a result of a “transcendent and clean” dialogue, but from down and dirty working through the challenges that we face to not only live, but also to live well on this planet. The interdisciplinary conversations between religion and science must start “from below” in order to make a difference, a difference that matters to all.

Feminists claim that epistemology and ethics are not separate disciplines. What we know and what we do with what we know are related. Knowledge and practice, separated by Enlightenment short-sightedness, are joined in a partnership of interaction. How we know and whom we know shapes what we know. These ontological and epistemological questions of meaning, Donna Haraway suggests, can only be answered through practice, through engagement. “Answers to these questions can only be put together in emergent practices; i.e. in vulnerable, on-the-ground work that cobbles together non-harmonious agencies and ways of living that are accountable both to their disparate inherited histories and to their barely possible but absolutely necessary joint futures. For me, that is what significant otherness signifies.” (Haraway, 2003, 7) In order to carry on a fruitful dialogue, religion and science need to find such emergent practices which begin with “on-the-ground” work, joining together their respective harmonious and “non-harmonious ways” of relating to each other. They need to meet each other in their “disparate inherited histories.”

### **Dog-land: The Companion Species of Science and Religion**

In her new work, *A Companion Species Manifesto*, Haraway makes the world of dog-land a metaphor for these emergent practices. Otherness is not romanticized, tamed,

or feared. When otherness is established and respected, then connections are created through the rigorous practice of agility training. Dog and human meet in a carefully constructed choreography of jumping hoops, winding through barriers, and running the course. Often nose to nose, and eye to eye, the dog and human work off each other. Practice might make perfect (or at least get close). This practice of agility training is similar to that of learning and practicing improvisational skills in theater and music. Partners work off of each other. Spontaneous play occurs only after the basics are learned so thoroughly that they are intimately embodied in each member. How might these metaphors for emergent practices apply to the religion and science dialogue participants?

First, questions of meaning and value are approached through emergent practices and not through detached answers already presumed. Donna Haraway states that companion species is “about a four-part composition, in which co-constitution, finitude, impurity, historicity, and complexity are what is.” (Haraway, 2003, 16) We compose the narratives along the way, face to face . . . a sort of incarnational fugue if you will. Haraway comments about the demand upon the participants in agility training: “In short, the major demand on the human is precisely what most of us don’t even know we don’t know how to do—to wit, how to see who the dogs are and hear what they are telling us, not in bloodless abstraction, but in one-one-one relationship, in otherness-in-connection.” (Haraway, 2003, 45) Much like the movements involved in agility training or in musical improvisation, the discourse between religion and science moves forward in rather unpredictable ways. All parties participate within their own roles, working off and listening to the other. So the task, according to Haraway, “is to become coherent in an incoherent world to engage in a joint dance of being that breeds respect and response in

the flesh, in the run, on the course. And then to remember how to live like that at every scale, with all the partners." (Haraway, 2003, 65) In a world where meaning slips and slides, where things fall apart, the task is to practice, "in the flesh, in the run, on the course." We live at every point, with all the partners we encounter, creating coherence from incoherence, and order from chaos. And we can expect such chaos when new partners change the dominant narratives. Incoherence for some becomes coherence for others. But nonetheless the task remains the same: to breed respect and response for all the partners involved.

We know the world through the relationships we create, with human and non-humans. Haraway notes that distinctions between nature and culture, human and non-human are often blurred. She draws on the philosophy of Alfred North Whitehead to describe these relationships and how they are rooted in our shared biology. She writes: "My love of Whitehead is rooted in biology, but even more in the practice of feminist theory as I have experienced it. This feminist theory, in its refusal of typological thinking, binary dualisms, and both relativisms and universalisms of many flavors, contributes a rich array of approaches to emergence, process, historicity, difference, specificity, co-habitation, co-constitution, and contingency." (Haraway, 2003, 7) No pure species exist. We come as mutts, not purebreds.

Ontologies emerge from practices. We co-constitute each other in the relationships we form and practice. What we once divorced as dualistic opposites we now join together as partners. Haraway says that in dog-land, "we are training each other in acts of communication we barely understand. We are, constitutively, companion species." (2) The science-and-religion dialogue forms through complex layers and

multiple partnerships. Trained in vastly different ways and often working in very dissimilar settings, participants in the science-and-religion dialogue must acknowledge their differences, and respect true otherness. Co-constitution doesn't happen in the abstract, in pre-determined dialogues. The science-and-religion dialogue is fruitful when participants listen carefully to each other, pay close attention to that which isn't always obvious, and commit to a partnership of ongoing collaboration.

If the pedigreed and purebred continue to reassure themselves that their story is the only reliable one, then they deny their rich and diverse biological lineage and separate themselves from all others. One can see how this works through history: American Indians are forced onto reservations; Africans become slaves of Euro-Americans; Children become cheap labor for adults. The danger is that the stories we tell about our differences are used to justify the control and domination of others. In a similar manner, the pedigreed and purebred in the mainline science-and-religion can convince themselves that certain narratives are immune from the mongrel prejudices of culture, politics, race, class, gender, and sexual orientation. As if a kind of historical amnesia takes over, the dialogue partners have often proceeded without recognizing that their own cultural, political, and social contexts shapes the dialogue itself.

Feminist theorists identify and clarify the ethical, political, and cultural layers of how we know and interpret the world around us. For Haraway and others, feminist methodologies are both practiced and practical. "None of this work is about finding sweet and nice—'feminine'—worlds and knowledges free of the ravages and productivities of power. Rather, feminist inquiry is about understanding how things work, who is in the action, what might be possible, and how worldly actors might somehow be accountable

to and love each other less violently.” (Haraway, 2004, 7) In its first stages, feminist theorists were often privileged, heterosexual, white women working in the academy. They challenged the patriarchal, androcentric, sexist structures that limited, marginalized and disempowered women. These dominant voices of feminism tended to define the categories, set the agendas, and publish the research. However, other women, those left out, those on the margins and edges of the status quo, began to challenge what it meant to be a woman and a feminist. The discourse of feminism changed; the lived experiences of marginalized women became the starting point for transforming feminist thought into a richer array of theories and practices.

Feminists joined other diverse liberation movements. Womanist theologians like Jacquelyn Grant and Emilie Townes challenge the racism of white feminists and the sexism of black men. Ada Maria Isasi-Diaz, a Mujerista theologian and theorist, constructs new ways of interpreting personhood in light of the Latino/Hispanic experience. Other feminist philosophers of science like Sandra Harding challenge the heterosexist and colonialist Enlightenment narratives that formed the natural sciences. Liberationist voices challenge the powers that be, the powers that diminish and marginalize the weak, vulnerable, and the least in society.

A critical feminist methodology will help clarify how things work, discern the who and what of the science-and-religion dialogue, and then find ways we can be more accountable and responsible to each other and to the world in which we live. So how do things work and what do we do with what we know? I begin with specifics, with illustrative intersections and partnerships.

### **Medicine as A Moral Enterprise**

I live and work at the intersection of religion and science, specifically in a working group of physicians, nurses, chaplains, educators, and theologians. We are all part of the Section for Ethics and Humanities at the University of South Dakota School of Medicine. We are located in a midsize community on the upper great plains of the Midwest in the United States. In a sense, we have become the well-pedigreed. We all have advanced degrees, make decent if not exorbitant salaries, and don't worry about where our next meal or clean water will come from. While members of our section have traveled and studied abroad, worked with the underserved, and are sensitive about the problematic nature of contemporary healthcare, we are all part of the documented ones, the well-pedigreed. Each of us comes to the common task of educating medical students with different backgrounds and expertise. We all agree that what we know, how we know it, and what we do with that knowledge is a moral enterprise.

Yet our enterprise is fraught with the dangers of the dominant discourse of consumerism, individualism, and the language of rights. Many whom South Dakota physicians and other health care providers will serve are not those with pedigrees. The land of the upper Great Plains has been inhabited for centuries by its first natives, many of whom are now banished to reservations. American Indians, whose history has been stolen, defaced, and defiled, face hardships often brought on by those in the dominant, white culture. Other individuals in South Dakota face economic crises brought on by farming in the climate of corporate America. Small, rural towns are dying. Youth leave the state altogether or flock to the few urban centers. Many elderly men and women cannot afford medications, and the current religious climate prohibits adequate access to reproductive healthcare for women. Farmers and ranchers work with dangerous

pesticides and chemicals. Those of us educating physicians for rural life must ask ourselves whether we are adequately preparing them for their work.

For some in the field of medicine, the Enlightenment myths still provide the safe separation of theory and practice. The narrative world of the patient does not impinge on the objectivity of the physician's care. While I find that some physicians and medical school faculty still reside in the sterile world of "scientific objectivity," such a worldview can no longer provide a sanctuary from the tough moral issues that arise daily. How does one teach the practice of medicine as a moral discipline in a pluralistic, techno-scientific, messy, finite world? For example, internal medicine residents from different backgrounds and cultures will often have conflicting notions about how to inform a family whose relative is terminally ill. The use of life-extending technologies can also present religious and cultural conflicts for both patients and the physicians. To acknowledge and work through such dilemmas, physicians need to be aware of how their own cultural and religious biases shape their medical practice. Epistemology and ethics have a messy relationship in the classrooms of healthcare clinics!

Biomedical ethics in the last forty years or so has been taught using a principled approach. Medical students should be able to recite by rote (or look at the placard in their briefcase) the four principles of bioethics: autonomy, beneficence, non-maleficence, and justice. These principles were originally developed in order to help people wade through tough ethical decisions. Principles could provide objectivity. While principles worked in the abstract, they rarely took into account the messiness of clinical practice and public healthcare settings. Making decisions about and with patients face to face is very different from doing it in a sterile classroom.

Enter narrative. From the principled approach to bioethics made famous by Tom Beauchamp and James Childress, bioethicists have moved into the world of story telling, of narrative. Karen Lebacqz, a theological ethicist, says that “central to the narrative approach to bioethics, therefore, is (1) listening to the patient’s story, (2) understanding what kind of story it is, and (3) responding with a story that fits the patient’s own story.” (Lebacqz, 2004, 103) We know the world by the stories we tell. And much of the messy world of medicine cannot be fit into principles. Physicians who know more about patients’ stories can provide richer and deeper analyses of the dilemmas that they face. In the teaching of bioethics, Rosemary Tong, a feminist bioethicist, explains this shift in pedagogy: “For a variety of reasons, mostly having to do with the fact that I started to see medicine in practice, I became convinced that the sweet reasonability of principlism did not fit the clinic nearly so well as it fit the classroom. I became interested in the bioethical theories that principlism had eclipsed and began to see in them what I sense principlism lacked.” (Tong, 2002, 418) One can talk about autonomy in abstraction, but it is another thing to talk with a patient who is struggling with end of life decisions, or with a young woman trying to decide to terminate a pregnancy. Ambiguity and complexity become the fertile ground for teaching medicine as a moral discipline. The task of the educator is not to offer simplistic answers or moral absolutes to complex medical and ethical dilemmas. Instead, the educator must help the medical student analyze and understand the complex layers involved in a patient’s story.

Simply listening to the patient’s story is not enough, however. While narrative has been the buzz word in academic circles, one cannot simply reduce the world in all its dirty, messy relationships to a simple storyline. Stories create worlds, but the world also

creates stories! Feminists insist that the category of narrative must be expanded beyond the individual to include the historical, contingent, cultural and complex layers of the broader context. As a feminist educator, Rosemary Tong appreciated what narrative theory did for the teaching of bioethics. But it wasn't enough; it didn't go far enough to describe the who and what of the world and the meanings we construct along the way.

Tong draws upon the work of other feminists to illustrate why the category of narrative must be expanded. Differences are explored in order to create connections and, as Haraway notes, "to make a difference in the world." Tong notes that Uma Narayan, an Indian philosopher, "believes that it is Western intellectuals' guilt about their past role in oppression that explains their present reluctance to condemn actions, practices, and systems in developing nations they would immediately condemn were they to occur in the West. . . ." Objecting to what amounts to a double-standard morality, Narayan stresses that she does not want Westerners to unreflectively respect her culture, but to insist with her that what is wrong about U.S. racist practices is precisely what is wrong about Indian racist practices." (Tong, 2002, 427). If the world is simply reduced to one's personal story, then the complex details of the bigger picture are ignored. Enlightenment individualism can reign again, this time in the form of cultural relativism. Tong, along with Haraway, urges us to avoid the pitfalls of universal absolutes and cultural relativisms. Both of these belong to the privileged standpoint that doesn't need to take others seriously. "Clearly, contemporary bioethicists cannot afford to play with the bombs of relativism, let alone postmodernism, anymore. The heavy demands of living in a globalized world require us to find and use conceptual tools crafted to chisel a measure of unity within our diversity." (Tong, 2002, 427)

The very conceptual tools that we use to shape our diverse stories can steer us to one story that we can all claim to tell: that we not only live, but also we live well—faithfully and fruitfully as one species on this planet. We can begin our common human story by learning and telling the epic of evolution and other creation stories that give us clues as to who we are. Simply being a human person constitutes a rationale for constructing some kind of modest global story. If we only concentrate on our differences, we forget what we all share: our finitude and flesh. As Tong reminds us: “Our common carnality and mortality invite us to acknowledge our shared human needs, lest we permit our diversity to reduce to rags a moral quilt that could have covered and comforted all of us.” (Tong, 2002, 431) We are moral and mortal.

The practice of medicine as a moral enterprise must face the limits of human life. Death cannot be avoided; financial and human resources are limited. All human persons have basic needs to be met in order to survive. Medicine must be practiced within sustainable limits and basic human needs and access to public health should be the priorities for allocating resources. The language of rights gives way to responsibilities.

If feminists are right that the grand narratives of the western Enlightenment trap us into lethal dualisms, then we must understand how the history and practice of medicine is shaped by such dualisms. For example, expensive technological innovations are often only available to the wealthy, not to those who are poor or earn minimum wage. Public health needs are ignored at the expense of private ones. To change the way medicine is practiced requires different ways, new ways, of creating meaning and value. Haraway’s notion of emergent practices offers a constructive approach for restructuring the way medicine is practiced. Discussion of ambiguous and complicated medical and

ethical problems can be a joint partnership between teacher and student, both parties vulnerable and accountable to each other. In turn, these emergent practices transfer as models for understanding the relationship between physician and patient.

**Incarnation: There's More to the Story Than Meets the Eye**

To illustrate these emergent practices of medicine, I offer some reflections from my experience. I have taught with graduate students in the nursing department in a private college, developed a class on death and dying with undergraduates, and worked with physicians at the University of South Dakota School of Medicine. Feminist thought has helped me understand the education of health care workers as an emergent partnership between teacher and student.

The Augustana College (a private, liberal arts, college of the church) Nursing Department which offers a Masters in Community Health focuses its mission on the needs and challenges that the communities face on the upper Great Plains. Advanced practice nurses begin their work with a course that forms community alliances. For example, a nurse might work with a group of senior citizens at his local congregation. Instead of telling the seniors what they need, the nurse spends time listening to and being with the community of seniors. This usually includes lengthy interviews to learn the participants' individual stories. Senior citizens in an urban area might have different concerns from those in isolated, rural ones. Once the nurse has discovered from the seniors how health is defined for them, then a protocol can be decided upon for meeting their health care needs. This kind of approach reverses a typical hierarchically based medical model of teaching nursing. The seniors are taken seriously as experts about their

own health care and needs. The advanced practice nurse becomes a partner, not one who patronizes.

In a course on feminist and liberationist approaches to wellness and health care for the graduate education program in nursing, I have used the writings of Terry Tempest Williams, a naturalist. Williams writes stories about the interdependent relationships between humans and the rest of nature. Her best known book, *Refuge: An Unnatural History of Family and Place*, intertwines the story about the death of a bird refuge with the death of her mother from ovarian cancer. (Williams, 1992) The reader discovers how the causes of both deaths are related to one another. For Williams, narrative expands the imagination and opens eyes to bigger pictures and worlds. The main characters in her stories include, but are not necessarily limited to humans.

Like Haraway's explanation of story, Williams's use of place is biological, historical, and cultural. And the lines blur. Williams's use of biological and ecological metaphors, like that of Haraway's, calls for imaginative leaps and figurative dances. "Biologist Tim Clark says at the heart of good biology is a central core of imagination. It is the basis for responsible science. And it has everything to do with intimacy, spending time outside. . . . I believe that out of an erotics of place, a politics of place is emerging. Not radical, but conservative, a politics rooted in empathy in which we extend our notion of community, as Aldo Leopold has urged, to include all life forms—plants, animals, rivers, and soils. The enterprise of conservation is a revolution, an evolution of the spirit." (Williams, 1994, 86-87) Williams says we know what we love, and thus become responsible for those we love. Consequently, to live responsibly with others demands that we love them.

Her broad understanding of community which includes the entire natural order is the context from which constructs of health and illness can be explored.

A few years ago in a course on end-of-life that I team taught with an internal medicine physician, we asked our senior students to create final projects about someone they personally knew. One student chose to interview his grandmother who was in her eighties. She lived in a small rural town. To be elderly and live in such a community is truly to live on the margins. While death was hardly imminent, the student's grandmother had begun to experience dying in several ways. She was isolated and lonely. The economy was poor and local families she knew had left or were leaving for other opportunities. As the community dissipated, the church and school grew smaller as well. She felt loss each time she went to church, each time she went to the small main street shopping area. And her friends were gone as well. All of the relationships that had sustained her well-being over time were slowly dying. Her notion of what she needed at this stage in her life didn't include some technological innovations, but instead she needed flesh—those lives around her that kept her going. For this elder on the prairie, loneliness was her diagnosis.

When teaching about the other end of life, I have discovered that there is more to the story than the embryo. While headlines trumpet the ethical issues surrounding beginnings of life, the lives of the women who bear the children are forgotten. Across the country, some physicians, pharmacists, and other health care providers refuse to perform abortions, prescribe or fill orders for contraception, and even oppose the teaching of abortion in medical schools. Religious beliefs are usually cited as the reasons. And yet even within each religious tradition, beliefs about abortion vary. Not too long ago in the

state of South Dakota a legislative bill was nearly passed which would have prohibited abortions and banned access to most contraception as well as shut down in vitro fertilization clinics. According to the legislative agenda, a human being by definition begins at conception and ending the life of the embryo by any means whatsoever would have been prohibited, even for the health of the mother. The implications are much more complicated than simply pro-life or pro-choice. For many women who are affected by infertility and live in rural areas, simply going to the local family doctor might initially be their only option. Fertility drugs are often prescribed by male physicians who don't explain their impact on the woman's physical and emotional well being. For example, if a woman, after using such drugs has multiple embryos and is not able to carry them all to term, she might face difficult and painful decisions about whether or not to terminate some of the embryos. Many family physicians and clergy are not equipped to help women cope with these difficult ethical dilemmas. Simple moral or religious pronouncements do not alleviate the complexity. Currently in South Dakota, the only in vitro fertilization clinic is at one end of the state. Her life gets very complicated. She often loses her local support systems. And in some cases, local pharmacies and hospital systems may refuse medical assistance or care if they are opposed to such reproductive technologies. There is more to the story than the embryo.

The writings of John Lantos help students know that there is often more than a simple, right answer to complex ethical dilemmas. Lantos, a professor of pediatrics and section chief of general pediatrics at the University of Chicago, knows first hand the complexities of medicine as a moral discipline. In his most recent book, *The Lazarus Case: Life-and-Death Issues in Neonatal Intensive Care*, he structures a narrative case

study that sends the reader into the ambiguities of life and death in the NICU (Neonatal Intensive Care Unit) forestalling any easy assignment of blame. Lantos complicates the story from the beginning. Chicago is the cultural, social, political, and historical setting for the story. “I see these cases as constituting a sort of cultural locator, an indication of where and how our culture tries to understand and to frame the tough issues raised by the double-edged sword of neonatal intensive care and, by analogy, other innovative medical interventions.” (Lantos, 2001, xiii) He looks for the patterns in the particular, which like Haraway; he refuses to separate from the texture of the landscape in which decisions are made.

He begins with three visual landscape markers: the Sears Tower (“temple of retailing), the Amoco Building (built on energy, oil, and antitrust laws), and the John Hancock Building (insurance premiums). All three temples he explains are “at the center of all the business centers in the center of all the great American cities.” (Lantos, 2001, 1). These temples frame the context of the NICU—the modern temple of reproductive and life extending medicine. Lantos relates how health care providers and family members struggle in the heated moment of crisis to discern what should be done. The luxury of waiting for the right answer to show up at the doorstep of the crisis is not available. The illusion of individual decisions made in the safe, unambiguous web of morality is exposed by Lantos. Moral decision making is woven into the multiple story lines of families, lawyers, health care professionals, and insurance companies. Moral decisions faced in the NICU are not abstract. They involve the flesh and blood of families, of the nurses in the NICU, of the doctors coming and going through the night. “Moral reflection begins with a particular type of personal suffering. Writing or reading

about ethical dilemmas is an abstract exercise. Being there, in the night, was not. The babies and parents were there with me. I truly did not know, and neither did they, whether I was a savior or a torturer of babies, whether I offered hope or hubris, whether it was good to use my technology and skills or better to acquiesce gracefully.” (Lantos, 2001, 164)

### **Borderlands**

Medicine and morality are in the borderlands of flesh and blood, life and death, technology and nature, culture and biology. For the boundaries blur the borderlands, the familiar shifts into the foreign. Medical education must begin in the borderlands, at the edges where the once familiar Enlightenment, objective narrative boundaries no longer exist. To practice medicine as a moral discipline is to enter deep into the flesh and blood of others, to make a difference in the world, and to cast lots for some ways of life and not others.

The dialogue between religion and science is a moral discipline, one that takes seriously making a difference in and for the world. Like the practice of medicine as a moral discipline, the dialogue between religion and science requires taking risks. As Haraway notes, answers to questions about meaning and purpose can only be found in emergent practices, i.e. in “vulnerable, on-the-ground work.” (Haraway, 2003, 7) Such ground work will require knowing and listening to all kinds of stories, particularly to those from the borderlands and margins. From these places and standpoints, the narratives of religion and science can be expanded to include all of life. From such incarnational practices, new narratives will emerge that help us as a human species to not only live, but to live well.

The science-and-religion dialogue does not exist apart from the embodiment of its participants. In these face-to-face encounters, we can assume that what seems lucid will blur and what we thought was opaque will become clear. In the end, the dialogue will only make a difference when and if it begins from the experiences of those from the margins and edges. To respond to the questions about the meaning and purpose of human life requires that we engage the ambiguous, marvel at the mysterious, and hope with modesty. To experience moments of clarity and to envision moments of truth one must accept the whirlwind, the busy buzzing craziness that life is. Human beings are always messy, complex, finite, and mysterious. Otherness is dizzying, often confusing and even frightening. Haraway notes that, “We also live with each other in the flesh in ways not exhausted by our ideologies. Stories are much bigger than ideologies. In that is our hope.” (Haraway, 2004, 17) The narrative of the science-and-religion dialogue can make a difference if the story moves beyond the ideologies of purity and purebreds. We are after all mutts, mixed breeds whose own stories are inherited from complex strands and layers.

## REFERENCES

- Haraway, D. (2003). *The Companion Species Manifesto: Dogs, People, And Significant Otherness*. Chicago: Prickly Paradigm Press.
- Haraway, D. (2004). *The Haraway Reader*. New York and London: Routledge.
- Hefner, P. (1993). *The Human Factor: Evolution, Culture, and Religion*. Minneapolis: Fortress Press.
- Lantos, J. (2001). *The Lazarus Case: Life-and-Death Issues in Neonatal Intensive Care*. Baltimore and London: The John Hopkins University Press.
- Lebacqz, K. (2004) "Bioethics—Eleven Approaches." *Dialog: A Journal of Theology*. Vol. 43, No. 2.
- Tong, R. (2002) "Teaching Bioethics in the New Millennium: Holding Theories Accountable To Actual Practices and Real People." *Journal of Medicine and Philosophy*, Vol. 27, no. 4.
- Williams, T. (1992). *Refuge: An Unnatural History of Family and Place*. New York: Random House/Vintage Books.
- Williams, T. (1994). *An Unspoken Hunger*. New York: Random House/Vintage Books.

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