

## *From the Editors*

I am Alpha and Omega, the beginning and the end  
Rev. xxii. 13.

In this issue we focus on the complexities of decisionmaking at the very edges of life – when life begins and ends. As bioethicists are well aware, there are no more serious judgments than those involving inaugurating and terminating human life. What makes the contributions in this special section of particular interest is their more thorough analysis of the social matrix contributing to these decisions. Questions raised include: Are the end-of-life treatment choices physicians make for their patients closer to the choices they would make for themselves than to the choices expressed by their patients? How might we go about addressing the infirmities of advance directives? How can end-of-life care be improved? Are Dutch euthanasia practices gradually leading to a consideration of mental suffering as sufficient to meet the criteria for performing euthanasia? How strong is the argument for germ-line gene therapy? And, how do different political models of empowerment lead to contrasting concepts of moral judgments in assisted reproductive technologies?

No doubt there are parallels between the way we analyze beginning and ending of life issues, but what are they? Our special section suggests a number of ways that might be fruitful for more research. First, are the social roles of those who intervene into a natural process, say dying, similar to the roles of those who intervene in another natural process, that of fertilization of the ova with

sperm? If so, do both of these “events” constitute a sufficient manipulation of human life that social protections are required for such patients, i.e., the dying person on the one hand, or the newly fertilized incipient beings on the other? Third, if such social processes are unique enough to warrant special protections, then of what kinds would they be? If the decision to intervene has already occurred at the beginning of life in germ-line therapy or at the end of life with life-ending drugs for the mentally distressed, the consequences for the beings on which the interventions are introduced are clear and intended. Thus they can be foreseen. But both kinds of humans are incapacitated to some extent, the mentally distressed by their own depression, and of course, the early human lives by their lack of realized potential.

It seems that some community norms must be established to protect such lives during interventions that may enhance their lives and provide them with a quality they might currently lack, even those who choose death as a “way out” of a miserable existence. There can be error on both sides of such norms, however. If we do not protect the vulnerable at the beginning and ending of life, we abandon such human entities to the forces of medicine and society swirling about them, in effect making them objects of the most current scientific thinking and social control. To abandon them is to forget the powerful ways that west-

ern civilization subjects targeted populations to control and manipulation, even dominion, replacing the true sources of origin in what the Enlightenment called “Nature and Nature’s God.” On the other hand, to overcontrol, even in the name of ethics, is to exceed our social boundaries as well, assuming a position in which we think we know what is best for others without their input or the input of their loved ones and surrogates.

It seems to us that the best position is moderation between these extremes, recognizing with some degree of humility that there are many points of view on regulating the beginning and end-

ing of life, many political models from which to choose, and that further discussion and debate are always preferable to immediate legislation.

In this issue we also take up abuses of power—past, present, and future. From the sacrifice of human subjects to promote weapons for biological warfare, to cutting patient care services to reap huge profits for the medical-industrial complex, to warnings about genetic engineering and environmental ethics and the specter that the more vulnerable will be exploited to serve the interests of the rich and powerful, the authors in this issue give voice to those most at risk. Who will hear?