



How to Be a Christian in a Brave New World

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Library of Congress Cataloging-in-Publication Data

Tada, Joni Eareckson.

How to be a Christian in a brave new world / Joni Eareckson Tada, Nigel M. de S. Cameron.

p. cm.

Includes bibliographical references and index.

ISBN-13: 978-0-310-25939-8

ISBN-10: 0-310-25939-8

1. Christian life. 2. Bioethics—Religious aspects—Christianity. 3. Medical ethics—Religious aspects—Christianity. 4. Christian ethics. I. Cameron, Nigel M. de S. II. Title.

BV4501.3.T32 2006

241'.6429—dc22

2005030455

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Published in association with the literary agency of Wolgemuth & Associates, Inc.

Interior design by Beth Shagene

Printed in the United States of America

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The Brave New World

In 1932, English writer Aldous Huxley wrote one of the most famous books of all time, with the strange title *Brave New World*. The title is a quote from Shakespeare's play *The Tempest* and suggests both the boldness and the folly of something that looks like a utopia (paradise) even though it much more closely approaches the opposite.

Eleven years later, C. S. Lewis wrote a short essay that some people consider the most important thing he ever did. With incredible insight, his work *The Abolition of Man* looked ahead to the technologies of the twenty-first century and warned that a world that uncritically accepts the wonders of biotech will eventually devastate human dignity.

Thus the secular Huxley and the Christian Lewis set the stage for the challenges of the twenty-first century. Some of these challenges still await us; many already are with us. Christians need to be prepared so they can be "salt and light" in the time and place where God has placed them.

Human beings are unique because God made us "in his image," as the Bible makes so clear in Genesis 1 and Psalm 8. Reminding ourselves of what it means to be made in God's image is the starting point for understanding what medicine, science,

and technology should be used for – and what they should not.

In the last chapter of this section, we need to hear the long-forgotten story of what happened a hundred years ago, when Americans discovered “eugenics” – the desire for “good genes” at all costs – before the Nazis ever came to power in Germany and took those same ideas to their logical conclusion. We need to remember, because eugenics is making a comeback.

STARTING OUT

LARRY

On a misty evening in September 2002, Larry drove his eighteen-wheeler into a gas station in a small Arizona town. He hopped out of the cab, started filling his tank, and then walked along the flatbed to check the restraining bands on his huge load of pipes. That's when it happened. A band snapped. Then another. Before he could run, the pipes came crashing down, smothering him under a massive pile. Larry tried to push the large metal cylinders away but couldn't. They not only crushed his lungs and collarbone but his spinal cord. He lay bruised, barely breathing, and unable to move.

Three months later, he was sitting in a wheelchair, staring out the window of a nursing home.

I heard about Larry when his aunt wrote to ask if I would send him one of my books. She explained that he's now paralyzed from the neck down and trying his best to adjust to his wheelchair, including life in an institution. He's twenty-eight years old, single, and can't speak because of the big ventilator in his neck. Larry, she said, is deeply depressed.

I wasted no time in tracking Larry down. When I learned he had a website, I browsed through a handful of emails written by his friends. Most of them came from his beer-drinking buddies and described all the parties he was missing. It was enough to push me further to hunt up Larry's mother. I got her on the phone.

"He's a good boy," she lamented. "And this is all so horrible ... he wishes he weren't so paralyzed so he could end his life. He's desperate to kill himself."

Her words made me shiver. I can understand a desire to kill oneself. I'm a quadriplegic; I understand everything he's going through, from bed baths to bowel programs, from pressure sores to the painful stares



from others. Thirty-eight years ago when I broke my neck, I saw no reason to go on either. Back then, I wrenched my neck violently on my pillow at night, hoping to break it at a higher level. I looked forward to the day I would gain enough movement to drive a power wheelchair; then I could drive myself off a curb and into traffic. Only when I realized that I might become brain injured did I drop the idea.

I'll bet Larry feels the same way. I'll bet that at night he fights off the claustrophobia, carefully plotting ways he can quietly end his life. If he smokes, I know what he's thinking when he draws on his cigarette, holding the smoke in his lungs: *Maybe this way I'll get lung cancer. Yeah, that's a quiet way—and a sure way—to end my life.*

Despair that deep simply devastates.

Yet today, things are worse for him than they were for me thirty-seven years ago. Three-and-a-half decades ago, society didn't so quickly assume that a severely injured person makes a rational choice if he ends his life. Fewer doctors bought into the premise, "You're better off dead than disabled." No Jack Kevorkians offered to aid me in my death wish; compassion was still something other than three grams of phenobarbital in the veins. Now, in 2005, a ventilator for a severely injured person might be termed "futile care." In fact, Larry's institution probably has in place futile care policies; that is, directives that allow doctors to overrule a family's wishes for treatment.

Who would ever have thought we would one day call care *futile*?

Larry doesn't care about any of that. He thinks his life *is* futile. He's convinced he would be better off dead than disabled. He would say, "What I do with my life is none of your business. I'm entitled to exercise my independence. It's fundamental to what this country is all about. And if they don't soon find a cure for people like me, then I'm out of here!"

This man's hell-bent on getting cured—and if not that, then killed.

I took a deep breath and decided to email Larry at his website. I then made a mental list of things I wanted to send him, support I wanted to give, and answers I wanted to help him find—even new info on possible cures for spinal cord injury. Most of all, I prayed, *Oh, Lord, show me how to be a Christian to this man . . . and please give wisdom.*

Larry, bless his heart, needs wisdom too . . .

BROOKE

Brooke and Travis are the kind of couple you'd run into at Starbucks on a Saturday afternoon. They'd be in their jogging outfits, slouched on a comfortable couch in the corner, sipping lattes and flipping through the *LA Times*. Travis works in the movie industry as a computer animation consultant, while Brooke enjoys her supervisor job at Kinko's. They lease a BMW, hold season tickets to the LA Lakers, live in a spacious house in the west end of the San Fernando Valley, and own the latest dog of fashion, a Jack Russell terrier. They have two little girls, one in preschool, the other into Scottish dancing.

Brooke and Travis are happy.

Brooke just celebrated her thirty-fifth birthday—in style. They threw a big party in their large home, and after dinner, she received more than her fair share of gag gifts and you're-not-getting-older-but-better cards. The cards and gifts bothered her a little. This was the first birthday she ever experienced that nagging fear of aging. She knows her biological clock is winding down, and she very much wants to have another child. There's only one problem.

Travis wants their next—and last—child to be a boy, no ifs, ands, or buts. “Honey, I love our little girls—but three in a row?” He gave a wry smile and rubbed his head. “I'm just not *there*.”

Brooke feels the pressure—not just from age but from her own dreams and desires as well as her husband's expectations. Travis doesn't mind going to their daughter's Scottish dance recitals, nor does he mind the bills from Laura Ashley. It's just, well . . . he dreams of the day he can take a son of his fly-fishing. Although her husband doesn't talk about it much, Brooke knows the many factors in the mix: their bank account, the limits on how many children they want, and most of all, Travis's preferences. And if you pressed Brooke, she probably would say the same. If they are going to have another child, they want it to be a boy.

Not long ago while at the dentist's office, Brooke read an article in a medical journal about “balancing your family.” It sounded innocent enough, so she read on. She learned of a couple who, in the privacy of their own home, collected and then overnight-mailed sperm samples to an infertility clinic. After a day or two, they received a rapid turnaround

of that sample, along with complete instructions on how to have a baby of their own choosing. The story intrigued Brooke but also made her feel a little uneasy. It seemed so *unnatural*—choosing the sex of your baby? But then she read of couple after couple who felt delighted with this new technology and thrilled to be able to have the chance to plan their families. One mother in the article effused, “We’ve always wanted a boy. What could be more natural than having a son along with all our daughters?”

That got the wheels in Brooke’s head turning.

Later that evening she and her husband pored over the magazine. They had heard of the term “gender selection” before, but this procedure somehow didn’t seem high tech or “medical.” It simply allowed a couple to sort through sperm to help them choose the sex of their children and better balance their family. They liked that term, “family balance”—such a reasonable ring to it. That night as they lay in bed, Brooke and Travis decided this gave an answer to their deepest longings. This was their dream come true, the answer to their prayers. Brooke would have another baby . . . and Travis would have a son. No ifs, ands, or buts about it.

The next day, Brooke had lunch with her girlfriend from church. She hadn’t planned to discuss the magazine article, but she couldn’t conceal her excitement. After she told her friend about the new service provided by the infertility clinic, she leaned over her coffee and said in a loud whisper, “It’s so *easy*. Travis is calling them today!”

Had you been there, you would have seen the shock on the face of her friend. You would have sensed the awkward pause. But in the next moment, you too might have flipped open the magazine and read the stories of the families and happy parents. The shock would quickly soften. You’d comment that if the technology is available, why not? You might even find yourself using the lingo: “family balancing.”

But somewhere that night, in that gray time of half sleep, when the Spirit brings to mind the conversations of the day, you might stop and think . . . *really* think about what it means to select the sex of a child.

And then you’d wonder, *Lord, what do you think? What would you have me do?*

THE SCIENTIST

It's not often I see a world-renowned scientist shake his head in near dismay over his own research, but that day I witnessed it. The short news interview with him was telling.

He'd been serving for years as a specialist in the field of genetic screening. For much of that time, fertility clinics had been sending him human embryos for his careful scrutiny. This specialist, one of the few in the country who can "break down" an embryo's DNA and immediately spot an abnormality, actually pioneered the process. For a long time he's felt satisfied with his work, knowing he was "screening" human embryos that carried defective or missing genes. This meant—he thought—fulfilled and happy parents who fully expected healthy children.

That's what he thought.

But recently things have changed. Fertility clinics are beginning to send him special requests along with the embryo samples. No longer do they ask him to screen for diseases and deformities. Now they ask him to screen for the genes that determine whether the child will be a male or a female. They ask him to select embryos that will result in blue-eyed or brown-eyed children. He fears the day they will ask him to genetically screen out children with unacceptable IQs.

And he knows that day is approaching fast.

"I see it coming . . . sooner than we think. And *that's* an expert's opinion," he said in a somber tone.

As the news interview concluded, I had mixed feelings. I could tell from the look on this specialist's face that he felt conflicted, even sad. Yet I felt sadder that he seemed totally oblivious of his role in the snowballing scenario. Didn't he realize his pioneering technique would not only have potential for good but for evil as well? I'm sure his heart was in the right place when he invented the screening technique; but couldn't he imagine that other hearts would not be as altruistic? Jeremiah 17:9 would have told him so: "The heart is deceitful above all things." Evil has a way of wheedling its way into the best of intentions.

And speaking of evil, I had to shake my head not only at the genetic-screening-for-defects thing but also at the fertility clinics—the process of "selecting out" the so-called best embryos . . . the fittest ones . . . the

ones parents “wanted,” not to mention all the discarded embryos. The whole assisted-reproductive-technique business left a bitter taste in my mouth. I looked down at my own paralyzed legs—damaged goods, some might say—and I sensed a solidarity with those less-than-perfect human beings in the petri dish (and later, the dumpster).

Little wonder that scientist struggles with conflicted feelings! Some might call it guilt. Or some would point to Romans 2:14-15: “Even though they do not have the law ... the requirements of the law are written on their hearts, their consciences also bearing witness, and their thoughts now accusing ... them.”

I don’t have in mind merely the scientist’s conscience. Or Larry and his mother’s. Or the combined conscience of Brooke and Travis. The real point is, *our* conscience.

What of *our* sense of right and wrong? Would our scruples differ in the least from Larry’s? Would we have decided differently from Brooke or Travis?



Some may not have the law, but we Christians do. And that law's requirements are written not just on our hearts but in our Bibles. We have answers to Larry's dilemma. We have something to say to Brooke and Travis. We can even instruct the scientist, for Psalm 119:99 tells us we "have more understanding than all [our] teachers: for [God's] testimonies are [our] meditation" (KJV).

We are Christians in a brave new world.
And we need not be afraid.

JONI