Recent medical reports tell of promising results in treating cancers like leukemia by using cells taken from the placenta and umbilical cord of recently delivered babies. Such cord blood transplants involve sorting out the so-called stem cells from which all other blood cells can grow. Transfusions with these isolated stem cells even from less than perfectly matched individuals seem to work nearly as well as bone marrow transplants from matched donors. This technique offers lifesaving treatment options for patients who would otherwise wait for a suitable bone marrow donor that may never appear.

The promise of stem cell transplants creates the need for more cord blood. Until the science advances to allow stem cells to be grown in culture, the useful cells that can be harvested from one umbilical cord/placenta are only enough to treat a single patient. So while the placenta was historically discarded, and later collected for use in the manufacture of cosmetics, it is now highly prized for the potentially lifesaving cells it contains.

In addition to its medical applications, a few entrepreneurs saw financial promise in cord blood transplants and created commercial cord blood storage programs. These programs offer parents the opportunity to pay for their child’s cord blood to be collected and frozen for the horrible, but extremely unlikely, event that they ever need to use it. The medical

Continued on Page 4
mentally incapacitated relatives. But the bad news is that these precedents in case law may only apply to certain medical conditions: the vegetative state, terminal illness, or other extreme medical and neurologic conditions.

Consequently, if you are severely brain damaged and unconscious, unaware of your existence, and unable to feel suffering, it is acceptable to stop treatment. But, if you are severely brain damaged but somewhat aware of your condition and capable of some degree of suffering, then it is not acceptable to stop treatment. And if you are not terminally ill but could live for years in this condition, then there is even less justification for stopping treatment. In other words, the longer and more you suffer, the longer you have to live and the less your wishes are respected. So says the logic of the Martin and Wendland cases.

So, unfortunately, as the next 20 to 30 years of litigation will probably demonstrate, we haven’t even begun to face the really tough issues, and the case law we have developed thus far is in only a very fundamental, primitive state and applies only to a few specific medical and neurological conditions. Some of the tough questions that not only have not been decided by the courts, but have been assiduously avoided, include the following: How realistic and workable is the “clear and convincing evidence standard” articulated by the state supreme courts in New York, Missouri, Kentucky, and Michigan, and found to be constitutional by the U.S. Supreme Court in its Cruzan decision? Why shouldn’t families be granted more decision-making authority since life or death decisions may have far more harmful (or beneficial) impact on them than on the patients? Why are we so afraid to base these decisions on family needs as opposed to the patient’s needs, especially when this priority is followed in clinical practice? Why shouldn’t we allow economic considerations to play a legitimate role in these decisions? Why should adverse economic impact on the patient, or more importantly on the family, always be dismissed as a “conflict of interest?” When will we develop a more sophisticated and common sense approach to the psychological, as well as physical, suffering of patients and families? Shouldn’t the psychological suffering that the family endures be a relevant consideration?

If only part of what I am saying is true, and if these comments do, to some extent, reflect the current state of case law, and if case law does to some extent reflect societal norms and standards of practice, then I predict we will face a stupefying number of court cases over the next few decades, far more than any of us can imagine now, and enough to keep the field of bioethics busy for the rest of our lives...and far beyond.

Student Committee on Bioethics

19th Annual Winter Lecture Series

This year’s series will feature many of Minnesota’s most distinguished scholars in bioethics as well as scientists from the cutting edge of their respective fields. Lecture topics include the most recent advances in stem cell and embryo research, a critical analysis of the ethical conflicts revolving around Dr. Kevorkian, and an examination of the legislative controversy over maternal/fetal rights.

Lectures will be held Thursdays at 12:15 pm in Moos Tower 2-690 on the University of Minnesota East Bank Campus. Dates are January 21, 28; February 4, 11, 18, 25; and March 4, 11, 18. Contact the Center for a detailed schedule.

For more information, e-mail Spencer Bershow at bers0020@tc.umn.edu.
Faculty Profile
Ronald Cranford, MD

Ronald Cranford, MD, a neurologist and medical ethicist, is Assistant Chief in Neurology at the Hennepin County Medical Center (HCMC), Minneapolis, Minnesota; Professor of Neurology, University of Minnesota Medical School; and Faculty Associate, Center for Bioethics, University of Minnesota. He was Director of the Neurological Intensive Care Unit at the Hennepin County Medical Center from 1971 to 1991.

Dr. Cranford has specialized in the field of clinical ethics since the early 1970s. During this time, he served as a consultant to several national commissions on right-to-die issues. These included the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, primarily the reports on “Defining Death” and “Deciding to Forgo Life-Sustaining Treatment” and the National Conference of Commissioners on Uniform State Laws on the Uniform Determination of Death Act and the Uniform Rights of the Terminally Ill Act. He was a member of the panel that formulated the Hastings Center’s “Guidelines on Termination of Treatment and the Care of the Dying” and the project consultant to the National Center of State Courts’ project on “Guidelines for State Court Decision-Making in Authorizing or Withholding Life-Sustaining Medical Treatment.” Recently, he was co-chairman of the Multisociety Task Force on Medical Aspects of the Persistent Vegetative State.

He was Chairman of the first national conference on Institutional Ethics Committees, sponsored by the American Society of Law, Medicine, and Ethics in 1983, and co-editor of the first book on institutional ethics committees, Institutional Ethics Committees and Health Care Decision-Making. For over two decades, he has been the co-chairperson of the institutional ethics committee at HCMC—the first hospital ethics committee formed in the United States (1971). Other professional activities include serving as Past Chairman of the Ethics and Humanities Subcommittee of the American Academy of Neurology and Past President of the American Society of Law, Medicine and Ethics.

Dr. Cranford has served as a medical expert and clinical ethicist in numerous landmark right-to-die cases in the United States, including the Paul Brophy case in Massachusetts; the case in California where two doctors, Drs. Nejdl and Barber, were indicted for first degree murder for stopping treatment on a hopelessly ill patient; the case of Nancy Cruzan—the first termination of treatment case to reach the U. S. Supreme Court; and more recently the cases of Michael Martin in Michigan and Robert Wendland in California, both were patients whose family requested termination of life support systems — including artificial nutrition/hydration — in patients who were severely brain damaged but not in a vegetative state.

He has published over 80 articles and book chapters on biomedical ethics, primarily on institutional ethics committees, termination of treatment, and persistent vegetative state and related neurologic syndromes. In recent years, he has been involved in the formation of organizational ethics committees.

Selected Publications:

BOOKS

BOOK CHAPTERS


ARTICLES


advantages of having stored stem cells available are compelling, as is the question parents are asked: Isn’t insuring the health of your child worth the cost of banking?

Of course we all want what is best for our children, but there is a choice that avoids having to make a decision at all. Instead of storing the cord blood of individuals, cord blood can be collected from every baby born and stored in a community bank. Patients in need could make a suitably matched withdrawal, much as patients receive blood from blood banks. To create a community cord blood bank, we should collect cord blood from all births, with the consent of parents. This model is beginning to catch on, with community banks recently opened in some cities.

In blood banking, we’ve created a system that has inspired community confidence that blood will be available to anyone who needs it. Therefore, there is very little talk of personal banking of autologous blood. The exception came when AIDS was first thought to be transmitted by transfusion, and HIV testing was not yet available. Then, patients preparing for elective surgery sometimes chose to give a unit or two of blood in advance of surgery to assure that any transfusion would use their own blood. Since the terms of the donation were often that any blood not used while the patient was in the hospital would revert to the general pool, the unused blood this practice created led to a short-term increase in the blood supply.

No such increase will exist with personal cord blood banking since the selling point of storage is that it will remain available throughout the individual’s life. Instead of reverting to a community supply, unused cord blood would remain frozen and effectively wasted.

Personal cord blood banking is a classic example of “me first” thinking, but it is wrongheaded. Community cord blood banks will serve our collective interests without asking individuals to sacrifice theirs, and save many lives in the process. These are the ultimate goals of any public policy, and they are well within reach. Only those profiting by trading on the worst fears of parents will see their interests undermined, but those are interests not worth promoting.

A version of this article appeared in a “Ethics Matters” column on CNN Interactive (www.cnn.com/HEALTH/).

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Winter Quarter Bioethics Courses

The following bioethics courses are offered during Winter Quarter at the University of Minnesota. For more information on these and other courses, see the Center’s web site (www.med.umn.edu/bioethics/), or call the Center at 612-624-9440.

GCB 8914: Ethical and Legal Issues in Genetic Counseling
3 cr, Bartels and LeRoy
Overview of ethical challenges faced by genetic counselors in practice.

PHIL 5315: Ethical Theory of Bioethics
4 cr, Elliott and Kahn
A survey of ethical theories with an eye to their application in bioethics.
The Center for Bioethics at the University of Minnesota will have a one-year post-doctoral fellowship available in July 1999. The goal of the fellowship is to foster scholarship and career advancement in the field of bioethics. The award will be $27,000 plus health care coverage for the fellow and a partial subsidy for health care coverage for the fellow’s dependents.

The mission of the Center for Bioethics is to advance and disseminate knowledge about ethical issues in health care and the life sciences. The Center carries out this mission by conducting original interdisciplinary research, offering educational programs and courses, fostering public discussion, providing community service and assisting in the formulation of public policy.

The fellow will be expected to commit at least 75% time to conduct his/her defined area of research. One or more Center faculty will be available to act as advisors. Research may be conceptual/philosophical, policy analysis, empirical or a combination of approaches. Fellow selection criteria include:

1. Completion of PhD, MD, JD or other relevant terminal degree.
2. Evidence of academic excellence and scholarly promise.
3. Fit between the proposed area of study and the research goals of Center faculty, which include the following topics in bioethics: ethics and health policy, long term care, physician-assisted suicide and euthanasia, managed care, health care reform and allocation of services, reproductive technologies, genetic counseling and screening, advance directives and end-of-life decisions, ethics of clinical trials, research ethics, values assessment, professional ethics and relationship of law and ethics.

Applications must be submitted by February 15, 1999. Contact the Center for Bioethics at 612-624-9440 or fax 612-624-9108, e-mail: vange001@tc.umn.edu.

The University of Minnesota is an equal opportunity educator and employer.
Recent Faculty Publications

**Books**

*Ethics of Research with Human Subjects: Selected Policies and Resources*
Edited by Jeremy Sugarman, Anna C. Mastroianni and Jeffrey P. Kahn

The editors, coming from the different disciplines of medicine, law and philosophy, but sharing interests and degrees in public health, compiled this collection of resources and materials bearing on the ethics of research with human subjects. The material will help scholars and professionals locate relevant policies and resources, and help the general reader grapple with some of the complex ethical issues raised by the use of human subjects in research.

**Book Chapters**


**Articles/Reviews**


Bioethicsline

An online database with almost 60,000 references to English language bioethics literature, can now be searched via the Web at no charge at http://guweb.georgetown.edu/nrcbl/. The database is useful to anyone looking for documents encompassing ethical, legal, or public policy aspects of health care or biomedical research. BIOETHICSLINE spans the literature of the health sciences, law, religion, philosophy, and the social sciences. For further information or for assistance in Web searching, call toll free at 800-MED-ETHX (800 633-3849; in DC 202-687-3885).
Calendar of Events

**Jan 13**
Jeffrey Kahn, PhD, MPH, will speak on "Bioethics in the Media," at the University of Illinois Chicago College of Medicine conference “Medicating the Media" in Chicago, IL. For information, call 312-996-3595.

**Jan 27**
Jeffrey Kahn, PhD, MPH, will speak on "Unforeseen Risk: Ethical Issues in Genetic Epidemiology Research" at the University of Washington School of Public Health Genetics Seminar Series in Seattle, WA. For information, call 206-616-3473.

**Feb 16**
Jeffrey Kahn, PhD, MPH, will speak on "The Ethics of Genetic Testing: Implications for Jewish Women" at the Minneapolis Jewish Federation Political Awareness Study Series in Minneapolis, MN. For information, call 612-593-2600.

**Feb 26**
Susan M. Wolf, JD, will lead a breakout session on "Genetic Engineering and Cloning" at the Princeton University Bioethics Forum "Bioethics in the New Millennium." For information, visit the Bioethics Forum website (www.princeton.edu/~bioethic/conference) or call 609-258-8333.

**Mar 1**
Susan M. Wolf, JD, will speak on "Bioethical Issues for the Millennium" at the American Association of University Women in Minneapolis, MN. For information, call 612-545-5704.

**Mar 7, 21**
The Faith Lutheran Church Bioethics Lecture Series "Bioethics: What is it? What does it mean to you?" will be held in Coon Rapids, MN. On March 7, Steven Miles, MD, will speak on "Overview of Bioethical Issues." On March 21, Dianne Bartels, RN, MA, will speak on "Ethical Challenges of the New Genetics." For information, call 612-755-3330.

**Mar 25**
Steven Miles, MD, will speak on "Ethical Issues Around the World in Transplantation" at the National Kidney Foundation Conference "Transplantation Worldwide" in Brooklyn Center, MN. For information, call 612-337-7300.

**Apr 8**
Jeffrey Kahn, PhD, MPH, will deliver the McElmurry Lecture keynote address at the Andrews University conference "Ethics of Cloning Whole Organisms," in Berrien Springs, MI. For information, call 616-471-3100.

**Apr 16**
Steven Miles, MD, will speak on "Is the Health Care System Failing Older People?" at the Minnesota Gerontological Society 1999 Bouorestum Memorial Lecture in Minneapolis, MN. For information, call 612-922-5183.

**Apr 19**
Steven Miles, MD, will speak on "Restrain Reduction" at the Minnesota West Health Department Restraint Reduction Workshop in Jackson, MN. For information, call 507-847-5389.

**May 20**
Steven Miles, MD, will moderate "Bedrails: New Research, New Controversies" at the 1999 American Geriatrics Society and American Federation for Aging Research Annual Scientific Meeting in Philadelphia, PA. For information, call 609-423-7222.

**May 26-29**
The Poynter Center at Indiana University will host "Teaching Research Ethics" in Bloomington, IN. For information, visit the Poynter Center's web site www.indiana.edu/~poynter/index.html or call 812-855-0261.

**Jun 14-Jul 22**
Michigan State University offers its study abroad course "Medical Ethics and History of Health Care in London." For information, call 517-353-8920 or e-mail studyabroad@osa.msu.edu.

**Jul 15-17**
The 1999 Midwest Intensive Bioethics Course. Details are forthcoming. For more information, call the Center for Bioethics at 612-624-9440.

**Aug 2-6**
The University of Washington School of Medicine's Department of Medical History & Ethics sponsors its Summer Seminar in Health Care Ethics in Seattle, WA. For information, call 206-616-1864 or e-mail mbarnard@u.washington.edu.

Center Publications and Tapes

**Audio Tapes**
A series of 27 audio tapes are available from the October-November 1996 conferences, "ICU Care at the End of Life: Ethics and Practice," and "End of Life Health Care in Managed Care Systems." Tapes are $10 each or $100 for the complete set.

**Reading Packets**
Center reading packets contain an overview of legal and ethical issues, key articles, and a bibliography. Reading packets are available for $5 each:

- **No. 1:** Organ Transplantation (August 1997)
- **No. 2:** Withholding or Withdrawing Artificial Nutrition and Hydration (July 1997)
- **No. 3:** Termination of Treatment of Adults (September 1997)
- **No. 4:** Baby Makers: The New Ethics of Reproduction (October 1995)
- **No. 5:** Distributing Limited Health Care Resources (April 1997)
- **No. 6:** Resuscitation Decisions (June 1997)
- **No. 7:** The Determination of Death (May 1997)
- **Managed Care and End-of-Life Care Packets**
A Center program addressing ethical issues in managed care has led to the publication of annotated bibliographies on end-of-life care that are available for $5 each.

- References on Ethical Issues in Managed Care—articles addressing ethical issues in managed care.
- Advance Directives—focuses on empirical research related to the dissemination, clinical use, and effects of advance directives.
- Palliative Care—articles describing clinical, legal, and ethical issues in pain control for terminally ill persons and articles describing and comparing hospice care to conventional care for terminally ill persons.

**Ordering Information**
To order reading packets, tapes, or reports, make checks payable to: Center for Bioethics, University of Minnesota. Send to: Center for Bioethics, University of Minnesota, Suite N504 Boynton, 410 Church Street SE, Minneapolis, MN 55455-0346.

All orders must be prepaid.
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