From the Editors

Pangloss, teacher of "metaphysico-theologo-cosmolonigology, in Voltaire's *Candide*, purports this to be the best of all possible worlds—a world in which "things cannot be otherwise; for, since everything is made for an end, everything is necessarily for the best end." If Pangloss's optimism were well founded, all babies would be born healthy and in the most agreeable of circumstances. Tragically, this is not the case.

Many unborn children are not expected, wanted, or welcomed. Early on, they may be aborted. After the abortion, their tissue may be used in research or therapy. Earlier still, proposals exist for conceiving embryos in a test tube and then experimenting on them, later to discard them—the so-called "research embryos." Other children, through no fault of their own, are born addicted to cocaine, and suffer terrible seizures, along with other, lasting health defects like developmental and neurological disabilities. In the worst cases, infants are saved only to wind up living their whole lives in tertiary care neurological institutions where they eventually die after slowly progressing toward death over 20 or 30 years. The ones who are better off wind up with foster families, taken away from their addictive mother by the state. Many other children end up in orphanages around the world, sometimes neglected until they die, and other times growing up without the warmth and love of an admiring adult. Embryos, fetuses, and babies like these are "throw-away" offspring.

Every baby deserves to be valued both intrinsically and extrinsically. By intrinsic value we mean that the life of the infant receives full measure of the protective instincts we have for the most vulnerable of human beings. Normally this is offered through the unconditional love of our mothers, fathers, and special caregivers. The older we get the more we appreciate the power of that love for good and for the proper development of a fully functioning human being. Who or what will replace the family support for so many children today?

By extrinsic value we mean to be wanted, to be valued for having a special "place" in the world. Beyond the value of a person in and for him-or herself, there are the values of that person to others, to the family unit, and to society itself. This becomes a problem, however, when the values to others are almost all that is left of a vulnerable life, e.g., an anencephalic infant. How far are we to go in honoring the wishes of parents about keeping such children alive? Does medicine have an obligation, not only to honor the intrinsic value of a life, but also its extrinsic values?

In this issue, we begin with that question regarding the case of Baby K in Virginia. Protecting the most vulnerable from harm is an important bioethics and

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public policy principle. Yet can a mother require us to keep such a child alive as long as possible purely for reasons that transcend medicine itself? Is there a prevailing standard of medical care that rejects such treatment?

The issue also contains articles on using fetuses for other purposes in research and therapy. New ethical dilemmas are raised. For example, as the merits of using eggs from aborted fetuses for conception are debated, is there a danger that the momentum to generate life may spin out of control? And how are we to deal with the consequent conundrums, such as the notion of a never-born mother? There is an obvious disjunction between fetuses whose value seems to be exclusively extrinsic—their worth depending on the purposes of adults around them for research and helping others—and those fetuses on whom we employ the highest of high technological surgical intervention.

In the paper about the infant of a drug-addicted mother, another important principle is proposed. There, the authors suggest that, to counterbalance the instinctual gruesomeness of the situation, the natural abhorrence one has toward the mother and toward the suffering of the infant himself, in such cases one should err on the side of life. Do we need such a principle? We might call it a principle of "meta-protecting" the vulnerable from harm. One moves beyond the normal compassionate instincts by suspending a quality of life judgment that to live the way the infant lives is too horrible to imagine. Instead, the caregivers would continue to try to save the life of the child against the odds. The authors suggest that down the line, after intervening to "help" preserve the life of such an infant, one must also have the courage to withdraw when certain developmental milestones, however minimal, are not attained. That would preserve the principle of nonharm.

An ongoing search for standards involves the question of minors and minority religious practices. For example, treating sick children of Jehovah's Witnesses and Christian Scientists continues to pose significant dilemmas for healthcare providers and bioethicists. Where to turn when religious freedom and modern medicine seem on a collision course?

Issues of setting standards are not culture-bound, as the paper on maternal-fetal rights in Russia illustrates. In the United States, Congress recently debated the ethics of late-term abortion, with little resolution. The recent uproar in Great Britain about the destruction of over 3,000 frozen embryos and selective abortion of one unwanted twin fetus further shows how technological advances bring ethical dilemmas that are not constrained by national borders. And where reproduction is concerned, although the acts and choices may be private in nature, public debate is inevitable. The simplistic clash of views favoring "life" versus "choice" sheds much heat but little light, for we are long past the point where absolute values can serve as practical guidelines. All perspectives must be heard, but the loudest must not dominate the debate. Through the din, the confused, often frightened voice of the person faced with such difficult choices needs to be listened to—and responded to—with compassion and wisdom.

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