I intend to talk about the indeterminacy of rabbinic ethics—on every major topic, most of the plausible positions have significant support. The two issues I want to raise are why this is so and whether this is a good thing. The paper will be divided into three sections: the first will demonstrate the indeterminacy in a few crucial cases, and the second and third will deal with my two questions.

This paper analyzes the concepts in classical Jewish tradition that are relevant to genetic screening and prophylactic interventions for women carrying BRCA1&2 mutations—a genetic condition associated with increased incidence of breast and ovarian cancer—more common in women of Ashkenazi Jewish descent than in the general population. This paper assesses if any argument can be made from Jewish tradition that a woman should or should not be tested for these mutations. It also explores the sources which might guide a woman in how to respond if she finds out that she does carry a mutation in the BRCA1&2 genes.

Postmortem organ donation, which is permitted by many rabbinic authorities, involved acceptance of the definition of whole brain death codified by the Uniform Declaration of Death Act in 1981. However, with a continued shortage of organs from patients who meet the criteria for whole brain death, some medical
institutions have developed protocols for controlled donation from patients who do not meet brain death criteria, but from whom families have decided to withdraw life support. Issues in Jewish bioethics raised by these protocols include the decision to withdraw life support, the diagnosis and declaration of death and the notion of irreversibility, procedures performed prior to death to support organ viability but which may be detrimental to the donor, the likelihood of transplant success, and participation in necessary research.

This presentation will analyze in detail the difficulties in reconciling NHBD organ donation with Jewish beliefs about the sanctity of life, while recognizing organ donation as an important act of hesed. Recommendations that attempt to reconcile these issues will be examined.

3:30–5:00 p.m.: Session Four Gwinnet
Pre-implantation Genetic Haplotyping, Pre-embryos and Jewish Law
Presenter: Michael Broyde, Emory University School of Law
Respondent: Analia Bortz, Congregation Or Hadash

Pre-implantation genetic diagnosis (PGD) represents one of the many new technological frontiers halakhah (Jewish law) needs to explore when it considers how to assess the status of pre-embryos in the Jewish tradition. This paper will try to present tentative answers to five vital questions, grounded in the author’s understanding of normative Jewish law:

1. Is a pre-embryo considered a fetus, and the related question—are fetuses persons? If so, then the use, examination, and ultimate discarding of pre-embryos are fraught with problems.
2. Assuming pre-embryos are not persons and are not vested with the religious sanctity and criminal severity associated with life, what type of criteria may an individual use in determining which pre-embryos ought to be implanted and which left to die?
3. Assuming pre-embryos are without human status, are they so completely without sanctity that they may be used for research purposes? May they be created solely for research, or may they be used for research only after being created for reproductive purposes and then set aside?
4. When selection criteria for pre-embryos are allowed, should the parental selection be held to some objective standard as a matter of Jewish law or not?
5. May society, as pre-implantation genetic diagnosis becomes simpler, less expensive, and more common, penalize parents who knowingly suffer genetic illnesses they transmit to their children by refusing to undergo PGD before they have children?

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Hebrew Union College-University of Cincinnati, Center for the Study of Contemporary Moral Problems
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