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For the Life of the World

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Unless otherwise noted, all Scripture verses are from the English Standard Version (ESV).

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Christians believe and confess that our bodies will not be free of infirmity in this natural life, this side of the resurrection. If bioethics is viewed only as a discipline for making good decisions about health, we will eventually find ourselves in despair at our inability to overcome sickness, debilitation, and death. Along the way, we will find ourselves tempted to take actions regarding human health and life far beyond the faithful and good stewardship delegated to us by God.

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The Future of Bio



Photo: Erik M. Lunsford/The Lutheran Church—Missouri Synod

Traditionally bioethics has focused on care at life's end and reproductive technologies, but with more recent developments in gene technology, bioethics is moving into all facets of life. It is often useful to distinguish between medical treatments that care for natural life and treatments that seek to move beyond natural limits of life. We can label the former kind of treatments as *care* and the latter kind as *enhancements*.

We usually think of bioethics as the discipline which helps us to make good decisions about human health. While this is one important part of bioethics, Christian bioethics must also take into account the spiritual care and consolation of those who suffer from various infirmities. For, as Christians, we believe and confess that our bodies will not be free of infirmity in this natural life, this side of the resurrection. If bioethics is viewed only as a discipline for making good decisions about health, we will eventually find ourselves in despair at our inability to overcome sickness, debilitation, and death. Along the way, we will find ourselves tempted to take actions regarding human health and life far beyond the faithful and good stewardship delegated to us by God.

ethics

Gifford A. Grobien

From a perspective that thinks bioethics is only about making decisions to promote or prolong natural life, without considering the broader Christian life of faith, humility, and dependent hope in God's promises, we will ironically find ourselves making unethical choices about human health and life.

Traditionally bioethics has focused on care at life's end and reproductive technologies, but with more recent developments in gene technology, bioethics is moving into all facets of life. It is often useful to distinguish between medical treatments that care for natural life and treatments that seek to move beyond natural limits of life. We can label the former kind of treatments as *care* and the latter kind as *enhancements*.

Current interest in enhancements centers on gene therapy. To what extent may we modify genes not only to heal disease but to enhance human traits, characteristics, and performance above and beyond what God has given in creating a human person? One tool in genetic modification is CRISPR (an acronym for "clustered regularly interspaced short palindromic repeats"). CRISPR technology introduces "Cas" proteins (anti-viral proteins originally found in bacteria) into cells. Guided by RNA, which finds a DNA sequence in the target cell, the protein changes the target DNA letter or sequence as programmed. Genes can be turned on or off, or they can be edited to alter the DNA code.

Before dismissing CRISPR as a kind of new eugenics that should be rejected out of hand, we should recognize that real, unprecedented progress in treating disease has been accomplished with the aid of CRISPR. Recently patients have been treated for sickle-cell disease and a related illness, resulting in the production of healthy blood cells rather than the weak or short-lived blood cells characteristic of the diseases. Cancer's

devastating effects are due in large part to cloaking molecules that trick immune system T-cells into marking cancer cells as safe, and therefore allowing them to grow unabated. Recent trials use CRISPR to alter T-cells so that they bypass the deceptive markers in cancer cells and attack cancer. Immune system T-cells are being modified to overlook molecular markers in cancer cells that cause T-cells to overlook the cancer cells as dangerous. Some progress has been seen also in genetically-caused blindness, amyloidosis, and even urinary tract infections.

On the other hand, when CRISPR is used to modify embryonic genomes, researchers have noticed some cases where the trauma to the genome was great enough that cells rejected parts of chromosomes and, sometimes, even whole chromosomes. In fact, a recent review of previous studies suggested that errors in editing occurred more often than previously detected. Besides causing other genetic disorders, such mutilation could also be a risk factor for cancer.

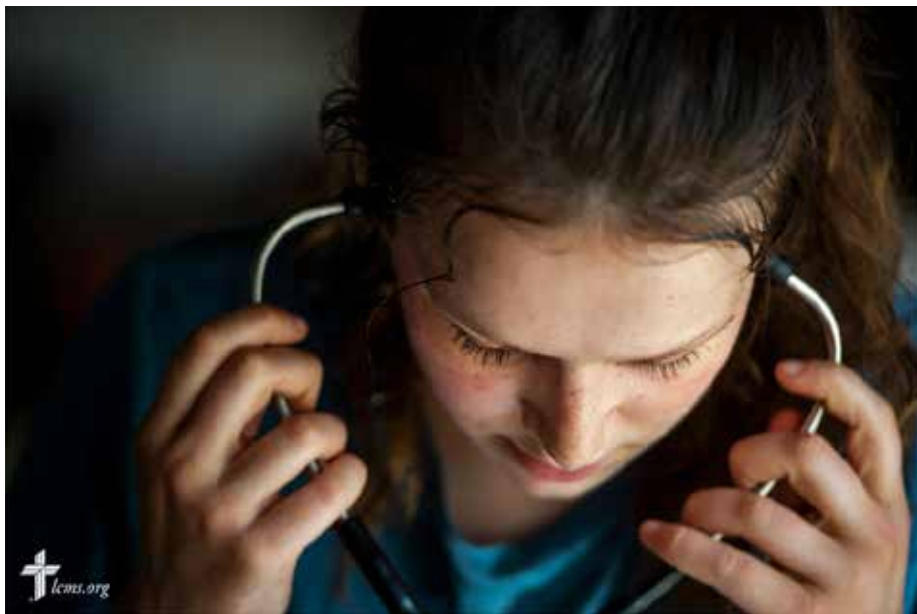
Thus, while some may have moved on to ethical debates over the use of CRISPR, its validity, even as a tool for medical treatment, still comes into question. We should not be surprised if new technologies introduced to serve health care also come under similar concern. Besides the purpose, method, and activity of a bioethical practice or technology, an important question for the future of bioethics is the extent of testing needed really to know the full effects of medical technologies, and the ramifications for moving too slowly or too quickly into a new technology.

When we consider treatments for those in the latter part of life or near the end of life, the distinction between treatment that actually cares for people and that which attempts to go beyond reasonable limits is just as pressing. Here



Photo: Erik M. Lunsford/The Lutheran Church—Missouri Synod

For, as Christians, we believe and confess that our bodies will not be free of infirmity in this natural life, this side of the resurrection. If bioethics is viewed only as a discipline for making good decisions about health, we will eventually find ourselves in despair at our inability to overcome sickness, debilitation, and death. Along the way, we will find ourselves tempted to take actions regarding human health and life far beyond the faithful and good stewardship delegated to us by God.



If we conceive of human life as both biological and the exercise of the human mind and freedom, then what we truly desire is to live a life greater and more fulfilling than can be achieved in this world of existence. As Christians, this is the truly human and faithful perspective that we should strive for. Yes, we have the gift of natural life, in which we love and serve one another and, especially, confess the saving deeds of the Lord in the midst of the world.

one can still speak of enhancements, in the sense of trying to prolong relatively healthy life for years or even decades beyond the norm. Yet one can also consider a third type of treatment, that of artificially keeping a person alive, such as through continuous life support, when the person would otherwise die if taken off life support. Continuous life support should be distinguished from unusual extraordinary means of providing nourishment and hydration, such as through a feeding tube. Nourishment and hydration should never be withheld from a patient, even though the means for providing it may vary, depending on circumstances, and a person may finally no longer desire food or even drink and refuse it. (Such a lack of desire and refusal is not unusual when a person is irretrievably dying, and the person should not be forced unduly to take food and/or drink.)

In considering caring for our mortal life, especially as it approaches its end, a couple questions may help us to sharpen our thinking: has our desire to delay or even eliminate death clouded or undermined faith in resurrection to immortal life after death? Does delaying death suggest a false hope for a “quality” of life in advanced age that is not biologically feasible?

In considering these situations, it’s helpful to think in terms suggested by

Gilbert Meilaender, in *Should We Live Forever? The Ethical Ambiguities of Aging*. On the one hand, we can conceive of life as primarily biological. In this case, living a fulfilling life is living to the capacity of these biological limits, which may or may not be enhanced by more years. Adding years or decades artificially to a life beset by infirmity certainly doesn’t serve biological goals of quality of life. On the other hand, if we conceive of life primarily as the exercise of the human mind and freedom, then biological constraints are much less significant, except to the extent that they hinder the use of the mind, passions, and freedom. In such a situation, extending life, even if physically limited, would seem to make sense, because it would allow more time for intellectual growth, creativity, and relationships.

But if we conceive of human life as both, then what we truly desire is to live a life greater and more fulfilling than can be achieved in this world of existence. As Christians, this is the truly human and faithful perspective that we should strive for. Yes, we have the gift of natural life, in which we love and serve one another and, especially, confess the saving deeds of the Lord in the midst of the world. Death, however, both symbolizes our limits and starkly establishes them. Only by being redeemed from death will we enter into the quantity and quality of life that our heavenly Father intended for us and desires for us. No technology can accomplish this for us, but only the flesh and blood of our Lord Jesus. The single greatest challenge in bioethics is living the natural life God has given us, with faith, thanksgiving, and love, while also recognizing the limits of this life when they come and hoping for the life of the world to come. [▲](#)

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