

Chapter 24

Jewish Perspectives on Oncofertility: The Complexities of Tradition

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T.K. Woodruff et al. (eds.), *Oncofertility*, Cancer Treatment and Research 156, 307
DOI 10.1007/978-1-4419-6518-9_24.

<http://www.springerlink.com/content/978-1-4419-6517-2#section=759973&page=1>

Introduction

I begin this reflection on Jewish bioethical response to the dilemmas within oncofertility with a familiar caveat: there is no one particular authority on Jewish ethics, nor even on the legal, or halachic norms that govern Jewish community practice. Jewish bioethics has historically been an account of optimism about research, as a project of repair in a broken or unfinished world [1]. While Freedman has raised some cautionary caveats about the need for full consent and safety [2] and while others have raised some questions of justice (including this author), the main thrust of Jewish responses to both artificial reproduction and to new technology in treating cancer has been to celebrate the advances as a part of the general goal of human development, creativity, and capacity. Unlike Catholic moral theology, the moral status of the human embryo is not that of a person, or even a potential person. The embryo created in a Petri dish is an artifact, existing extra corporeally, and having no potential of being other than what it is, unless complex science, a women's hospitality, and a great deal of luck combine to allow a pregnancy to develop. Halachah, or Jewish law, is clear about both the duty to learn [3] and the duty to heal [4] and clear about essential commitments to a pronatalist position on creating embryos. All of this has driven both a robust support for research in medicine and a practical enthusiasm for public funding for research and its emerging therapies. International Hadassah, the Jewish Women's Organization, diasporic Rabbinic boards, and congregational organizations, as well as Israeli state policy clearly support research on embryos, stem cells, genetics genomic and made robust social and economic support of ART a matter of urgent policy. Thus oncofertility, a technology which builds on the fields of ART to treat cancer sequella, seems poised to be normatively supported by Jewish text and tradition.

Oncofertility in Jewish thought is framed by several constraints. A Jewish contribution to the debate on fertility and infertility is based both on what is written and what is preformed. Normative Jewish practice is based on textualized reasoning: an analysis of the problems of a tangible sensory and social world. Hence, both the concerns of historical context and the rigor of traditional canonical texts create social policy. When new historical situations arise, and the daily enactment of community and faithfulness shifts against political, scientific, or physical contingencies, a process of heightened discourse reshapes the new enactments. In critical ways, the questions of the environment, of population, are in constant flux. For Jews, the cultural and economic realities of modernity affect religious practice, social justice, and ethical norms. Family

life, families, childrearing, and sexuality are part of the practice of religion. In reflecting on Jewish ethics, one considers the whole of human activity and the whole of the community as well: women as well as men are moral agents, the lifeworld of the family, of women and of children, are central concerns of religion. This discourse is primarily contained in the extensive debate and exegesis of the rabbinic literature, which is primarily although not exclusively collected in a set of volumes called the Talmud. It is a record of an oral discourse, in which contention and casuistic narrative ethics both determine and discuss the Hebrew Scriptures and struggle to apply them to daily life. In an elaborate linguistically complex oral debate, later codified in the written Talmud, the teachers of the period described 613 commanded acts named as “the mitzvot” (200 BCE–500 CE). Both the study of this linguistic world and the ongoing efforts to shape and be shaped by the practice of the commandments defined the moral universe of observant Jews in the centuries since this time.

Jewish law developed in the 1,500 years since the redaction of the Talmud by an ongoing series of “responsa” to questions about the legal code discussed in the Talmud. Difficult cases of social crises of all types are brought before decisors and scholars who rule on the facts of the cases, on the methodological principles of logical discourse, and on certain key principles of relationships in the familial, ritual, civic, and commercial spheres. Each commentator is in discourse with those who came previously and yet is confronted by changes in context: political and cultural shifts as well as scientific understandings that could not have been available to previous generations. This process of query and response continues into the present. Nowhere is this more publicly evident than in the rapidly changing field of reproductive health.

The drama of the Biblical texts, it could be argued, is the problem of infertility. Far more attention is given to infertile women (note that women were historically seen as the source of infertility) than to war or conquest in the first five books of the Hebrew Scripture that are the Torah. The promise that is the basis of the covenant itself is the repeated assurance that the tribe of Abraham will be continued, made numerous, and that the Jewish future and through it, the human future is safe. The key text on the issue of family planning arises in Yevamot,¹ one of six tractates or sections of the Mishnah.² In this passage, the rabbis begin by discussing the problem of how to continue the line of a man who has died childless. While his wife can remarry, his line will end, and the concern of the Biblical text was to enact a system to avoid this. Hence, the idea that his closest biological kinsman will marry his widow, and she will claim the children born as her dead husband’s, entitled to his inheritance. The Mishnaic text deepens the question about the nature and meaning of the obligation to have children:

A man may not desist from (the attempt to) procreate unless he already has children. Bet

¹ Yevamot means “sisters in law” or levirate wives.

² The Mishnah is the first level of textual commentary on the text of the Bible and interpretive laws derived therein. The word means “to study.” With the Gemora, a later commentary on the Mishnah, it makes up the Talmud, a record of oral debates that spans five centuries, containing narrative, exegesis, and legal opinions on public policy and faith rituals.

Shammai says, two sons, but Bet Hillel says, one son and a daughter, for it says “male and female He created them.” [5]. If he took a wife and remained with her for 10 years and she did not give birth, he is not allowed to desist (from the attempt to have children). If he divorced her, she is permitted to marry someone else. And the second husband is allowed to remain with her for 10 years. . . A man is commanded to procreate but not a woman. R. Yohanan b. Baroka (disagrees and) says: About both of them it says “And God blessed them and said to them be fruitful and multiply.

What is occurring here? The biblical text sets the standard for the halachic requirement that a person must have children. There is debate among the sages of the Mishnah about whether a girl child will “count.” After these children are born, the text implies the duty to have sexual relations with his wife, clearly required in other places, may continue without procreative intent, which implies further that birth control can be used. (In texts of the Mishnah, there is reference to both women and men drinking a “sterilizing potion” to achieve this.) Some commentators add that it means that a man may, after he has had two children, and his wife has died, or he has divorced, marry a woman who cannot have children or that he may even stay single.³ The text continues with a concern about infertility. The implication here is that both women and men desire children, and hence, after a childless marriage, they both are permitted to marry someone else. The text ends with an argument about the obligations that women hold toward childbearing, and the argument stands.

The Gemora, the subsequent generational commentary on the Mishneh, continues where we left off. In the Gemora, the rabbis debate whether the command to “replenish and subdue the earth” is addressed to both women and men. Typically, there is a debate, first about gender and nature: Rabbi Ile’ a declaring that it is not “the nature of women to subdue.”⁴ After more debate, a consensus emerges. Women are not *required* to procreate. Then three critical cases are brought into the debate, stories that will allow for two centuries of discourse. In the first, a woman who is childless comes to ask for a divorce so she can marry and have children in another marriage.⁵ There is debate: if a woman is obliged to create then she must be given a divorce – but is she obligated? Or is it a matter of choice? Another story is told, in which a woman comes with a similar plea, her desperation evident in the text “What will become of a woman like myself in old age! (without children). . . Does not a woman like myself require a staff in her hand and a hoe for digging a grave!” It is a compelling plea: the rabbis decline her request at first, but when they consider her argument, they accept it and they allow her divorce – a woman may make her own decisions and take on this obligation to bear children. But then a third case is told: If procreation is a woman’s choice, may a woman decide to refrain from childbearing, *even if her husband wants more children?* Here, the textual account continues: Judith, the wife of Rabbi Hiyyah, endures an odd and painful twin pregnancy. As soon as she can, she disguises herself and comes to the house of study, where her

³ Hauptman, Judith, Rereading the Rabbis (p. 131).

⁴ “And then, about grammar: ‘subduing’ requires two. ‘Thou’ means two – so it must apply to both men and women!”

⁵ Alert readers will recognize this interesting reversal of the usual case.

husband is deciding cases of law. She asks about the halachic texts that define the obligation for procreation as having two children and queries whether one must continue childbearing once that has been fulfilled.

“Is a woman commanded to propagate the race?”—“No,” he replied. And relying on this decision, she drank a sterilizing potion. When her action became known, he exclaimed, “Would that you bore unto me only one more issue of the womb!”

As Rachel Baile notes: “Though Rabbi Hiyyah reacted with an outcry of grief, he did not challenge the legality of her actions.” For Baile, this idea is critical for understanding the limits and choices that women face when making critical reproductive decisions. For our purposes, such texts complicate the straightforward pronatalist account and will be important for our study of oncofertility.

Stewardship and Technology

Unlike other religious traditions, Jewish thought also demonstrates a complex relationship to the natural world and the use of technology to alter human “natural” fates. Because brokenness and suffering due to illness or accident are seen as problems to be addressed, and not primarily as suffering to be endured, technology that alters nature and alleviates human suffering is embraced by the tradition. It is also clear that the text and the reception of the text of genesis has been a pivotal event in how technology is understood. Consider this quote from J. David Bleich [6]:

It is abundantly clear that human intervention in the natural order is normatively interdicted only to the extent that there are explicit prohibitions limiting such intervention. Moreover, there is no evidence either from Scripture or from the rabbinic writings that forms of intervention or manipulation not expressly banned are contrary to the spirit of the law. Quite to the contrary, Jewish tradition, although it certainly recognizes divine proprietorship of the universe, nevertheless gratefully acknowledges that while “the heavens are the heavens of God” yet “the earth has He given to the sons of man” (Psalms 115:16). In bestowing that gift upon mankind, the Creator has granted man dominion over the world in which he lives and over the living species that are coinhabitants of that world. Man has been given license to apply his intellect, ingenuity and physical prowess in developing the world in which he has been placed subject only to the limitations imposed by the laws of the Torah, including the general admonition not to do harm to others as well as by the constraints imposed by good sense and considerations of prudence.

The mandate to heal is so strong that even apparently prohibitive texts can be circumvented with narrowly constructed literalist readings. For example, the texts that prohibit cross-breeding of animals and mixing of linen and wool might have been seen to prohibit genetic engineering. But faced with the problem that this would prohibit genetically engineered insulin, the decisors chose to limit the hukkim to only the animals mentioned. Bleich suggests a general principle, called “enough,” based on a phrase in Genesis 17:1 in which God says “I, Shaddai” which is understood by a rabbinic word

game as an acronym: *she-amarti-le-olami* “*dai*” (Who said to my universe “enough”). In making the created universe, God did not complete every task (the example Bleich gives is that God could have created plants with little loaves of bread hanging from them, but did not, instead creating wheat and allowing for the arduous breadmaking process to be in human hands. In this way, we are “finishers” of the work. (He also notes the eschatology of Shabbat 30b in which at the end of days, God will alter creation and finish it all off).

In the interim, however, he has declared “Enough” i.e. he has precipitously interrupted the process of creation, and co-opted man, who must complete the process. [6]

In summary of the classic texts then, our initial research suggested that Jewish bioethics would support the research we had been asked to consider. Ethicists are asked to reflect on issues of ultimate meaning, for life and death decisions are a part of all healthcare choices, and such choices are a part of the normative discourse of the debate on human values that is the subject of ethics, not the sole concern of science, nor within the scholarly expertise of science. We argue and thus believe that we are “condemned to act,” as Korsgaard, Kant, and Aristotle argue, meaning that we have to make moral choices as moral agents in all that we do and that there is not a neutral place that allows us to refrain from actions and their consequences. Thus, we understand that it is this action that defines our characters as “actors,” persons, and as social beings. We explain to scientists that our world and ourselves are made by our work, and we seek to ask them what sort of selves and worlds their work is intended to bring. In summation, what can be said in general, about Jewish thought?

First we argue that oncofertility in general will be ethically acceptable because it is largely pronatalist and adheres to this aspect of the tradition. Sexuality within marriage is generally good; health is a nearly trumping value, but not the only value; there will be dissenting voices among, between, and within all traditions; and there will be a range of responses from liberal to conservative. Most Jews, like most Americans, experience moral actions as mediated by a view of themselves in relationship to others, and most Americans view life and death choices as also mediated and motivated by a view of themselves in relationship to God or Spiritual realities, often in terms of faith communities. All medicine and science take place in this context. Public science is funded by citizens who attend to moral considerations, and for Jewish thought, the major issue at stake in these considerations is not only the state of the embryo but social justice, treatment of the poor, widow, and orphan. Jewish thought asks after the “world to come” in two ways: by a text that sees children, families, and fecundity as signs of God’s presence and that sees our work and what we make of the world as a decent place of habitation as another sign of our covenant with God. Texts are important for they set in place narratives, promises, and aspirations, and also because they create laws and norms that offer the chance to live in the world as it should be, not only accepting it as it is now.

2003–2006: The Joseph Project

When I first reflected on the project later named “oncofertility” it was before the project was funded or begun, and at stake was the problem of asking patients to participate in

very tenuous, very speculative research. We called this research “the Joseph Project,” named for the concept of storing seed against a dream’s theory of scarcity and justice. At stake was the moral question: can a society use its resources to create a project that may never turn out to be needed, or may fail, purely on the basis of a speculation – a “dream.” It is the question of nearly all of modern basic research. But it was made imperative by the urgency of cancer, which will steal the chance of fertility unless a swift intervention is made – the chance came only once, for patients will get a diagnosis and will begin therapy within days.

Our principle dream from our textual reading was to “bet on the dream” and make plans and policy in advance of possibility. Teresa Woodruff and her team had to collect data from patients long before results suggested by the research even in murine model. We used the text of the Joseph narrative as a source for this argument, noting that the Joseph stories are a core part of the Scripture texts of all Religions: Christianity, Islam and Judaism texts. Our question was the permissibility of speculative research. The text:

In my dreams I also saw seven heads of grain, full and good, growing on a single stalk. 23 After them, seven other heads sprouted – withered and thin and scorched by the east wind. 24 The thin heads of grain swallowed up the seven good heads. I told this to the magicians, but none could explain it to me. 25 Then Joseph said to Pharaoh, “The dreams of Pharaoh are one and the same. God has revealed to Pharaoh what he is about to do. 26 The seven good cows are seven years, and the seven good heads of grain are seven years; it is one and the same dream. 27 The seven lean, ugly cows that came up afterward are seven years, and so are the seven worthless heads of grain scorched by the east wind: They are seven years of famine.

The text then turns to who should oversee the plan:

And now let Pharaoh look for a discerning and wise man and put him in charge of the land of Egypt. 34 Let Pharaoh appoint commissioners over the land to take a fifth of the harvest of Egypt during the seven years of abundance. 35 They should collect all the food of these good years that are coming and store up the grain under the authority of Pharaoh, to be kept in the cities for food. 36 This food should be held in reserve for the country, to be used during the seven years of famine that will come upon Egypt, so that the country may not be ruined by the famine.

We argued that this first, speculative research could proceed with careful oversight. In the next several years, however, our consideration of these questions deepened. It is to these evolving problems that the rest of the chapter will now turn.

“WhoWas It that Said Yes?” Emerging Research, Truth Claims, and Identity as a Question in Jewish Bioethics

Oncofertility, as a concept and telos, presented no serious violations of principle for Jewish ethics. My question is about the fragility and uncertainty of scientific knowledge and about who should have entrance into that knowledge – who is the verifier, who the

watcher. I will use a narrative casuistry, using the literary halachic discourse to set in place a tentative response and to suggest a possible core principle in basic research, that of fidelity, which might guide our work at least as clearly as autonomy has shaped research ethics in the past and one possible method, that of *discordant narrative*, that might offer an addition to the Common Rule. Let us consider the case that first defined our work.

The Case

The researchers faced a complex dilemma. As the research was initiated, each patient was not only told about the procedure and about the experimental nature of basic science, but that they would be kept fully informed about their tissue samples. In the process of the research, 80% of their tissue is frozen directly after surgery to be available for use should the research experiments prove successful. The other 20% is donated for research. There now is question of what to tell patients about the fate of the 20% of tissue that they donated to research as the research begins to yield results. Recently the protocol was rewritten, and now, like many protocols all tissues are de-identified, and researchers are not specific about the fate or condition of one person's tissue, phenotype, or genotype. In Northwestern University's genomic banking project samples, are stored and archived along with physical histories, but elaborate codes are kept to maintain complete anonymity. There is no relationship, between researcher and physician. In these cases, if a finding is uncovered that may impact a person's health, the plan is to give a generalized account of the research being done in the lab in the form of a newsletter that would alert all physicians and all subjects about the facts, with a vague, general admonition to seek private, nonresearch testing of personal genomes at personal expense. However, the first sets of Woodruff's patients were told that they would be kept abreast of their tissue status in a personal and direct way. The procedures are not anonymous – they are done by a known physician, the tissue is well labeled and each case is personal and contextual, and thus a great deal of information is known. In some cases, tissue “looks good” and the researchers are excited by this. In others, they consider the tissue, in the language of the lab “crappy,” meaning it is of visually poor quality. This is how all IVF and stem cell researchers talk – human eggs are graded like chicken eggs, on a scale of 1–4, with 1 being described “plump” and 4 generally being discarded, a scale entirely subjective, part of the oral tradition of the IVF clinic. But should they tell the patient, who is paying for tissue storage, for the other 80% and will pay, perhaps, for decades? At stake is it the language and initial promise can be changed for new patients, and if so, what is the duty toward the first patients? Do the researchers have to rediscuss and re consent the patients and tell them of protocol changes? In plain terms they would have to explain why they are undoing a promise made to them.

The team is divided on how to proceed. The issue of disclosure may be one of the largest issues they face. There is a conflict between wanting to support full disclosure as a participatory model. Patients want to know what's going on with what is an intimate part of their body, and upon which their future is engaged. In fact, the team will need to keep in contact with them for a long time to come and the question will inevitably be raised about whether it is realistic to hope for a genetic family. More issues will emerge, such as

the problem of finding that she has genetic diseases that might affect fertility or that may cause her not to be able to reproduce with her own eggs, such as Tay Sachs, or oncogenes themselves. As more research uncovers more knowledge, the knowledge will become more important. But more knowledge may change the standards too. What if 5 years hence a new breakthrough is made and the “bad” tissue is no longer “bad” for it could be stimulated in some different manner. Once you begin to speculate about the future, either good or bad, then you are engaging in speculation of the most ephemeral sort, risking hype or fear-mongering. The fact that the knowledge base is mutable on all fronts means that any information is potentially misleading.

Moral appeals are made from many directions in this case, and we debate it fiercely. It is argued that patients cannot be allowed to think they have a therapeutic advantage from a clinical trial. Yet in this case, the entire premise is based on the sense of hope and promise, and is it a clinical trial at this point? If the research team ever moves to clinical trials for pregnancies, then it is precisely these women who will need to be recontacted and asked to be subjects. It would only be just thus, and of course you could not put non-matching embryos into women, for that would defeat the premise of the research. But to some extent, the tissue once separated from the patient as “research material” is now in a separate category – it is more akin to any other tissue or material used in basic research, such as HELA cells. Promises should be kept, we insisted, and telling the entire truth is important – this is their tissue, they are intimately connected to it, thus why hide relevant information as you learn it? In double-blinded clinical trials anonymity is key to remove bias, but in this case, is blinding possible or necessary? We remind them that minimizing harm and having compassion to the actual persons facing an actual human tragedy is a core value of medicine and we avoid paternalism by understanding that we cannot protect patients from “being upset” and thus do not hide difficult news. Should this be a part of our considerations? The problem is that patients and research subjects and tissue donors are all promised different things and the relationship varies. Their issues ideally should not be confused. Yet in this protocol – *they are all three at once at different times in the course of the experiment*. Is Northwestern University promising to act as the broker for “families after fertility”, or is it using the tissue for a basic research trial? Are the doctors still the doctors of patients who are in clinical trials – especially if they will be the human subjects to first bear children from this protocol, should it work in the future? In this case, the research is deeply and inevitably intertwined with the lives of the women.

There are three options:

1. Maximal, transparent disclosure of all details of the procedure, outcome, and research findings as you proceed, including your complete sense of uncertainty.
2. Complete anonymity. A newsletter monthly on progress if desired and only if desired. An invitation to yearly or every 5-year review of the progress or lack thereof.
3. A combination of truthful elements with some information hidden, with full disclosure of what information is withheld.

Humanities to the Rescue: The Text

We are faced with uncertain knowledge, and the deep uncertainty on every front, when seriously considered, threatened to destabilize the work. Here is where I turned to literature, in this case rabbinic literature to create a frame for our response:

MISHNAH.

THE OFFICER SAID TO THEM: GO FORTH AND SEE WHETHER THE TIME FOR KILLING [OF THE MORNING SACRIFICE] HAS ARRIVED. IF IT HAD ARRIVED THEN HE WHO SAW IT SAID: *IT IS DAYLIGHT!*

MATHIA B. SAMUEL SAID: *THE WHOLE EAST IS ALIGHT.*

EVEN UNTO HEBRON?

AND HE ANSWERED 'YES'.

AND WHY WAS THAT [CONSIDERED] NECESSARY?

BECAUSE ONCEWHEN THE LIGHT OF THE MOON ROSE THEY THOUGHT THAT THE EAST WAS ALIGHT AND SLAUGHTERED THE CONTINUAL OFFERING, WHICH AFTERWARDS THEY HAD TO TAKE AWAY INTO THE PLACE OF BURNING.

It was taught: R. Ishmael said: The morning [star] shines. R. Akiba said the morning [star] rose.¹ Nahuma b. Afkashion said: The morning [star] is already in Hebron. Who was it that said 'yes'? The man standing on the roof! Is he the dreamer and the interpreter? Should it, then, be he who is standing on the ground, whence would he know?

If you like say it is he who stands on the roof, and if you like say it is he who stands on the ground. If you want to say it is he who stands on the roof; he says: THE WHOLE EAST IS ALIGHT, the one standing on the ground answering: EVEN UNTO HEBRON?

Whereupon the former says: 'YES'. If you like say that it is he who stands on the ground:

He says: THE WHOLE EAST IS ALIGHT? Whereupon the other responds: EVEN UNTO HEBRON? And the former answers: 'YES' [7].

What is going on in this text? Who are these people? The rabbis consider the case of having to make normative decisions based on realities of the natural world – when the sun comes up – in the face of uncertainty of stance and method and in the face of competing truth claims. At stake is when it is time for the first prayers and sacrifices in the morning. But there is a disagreement. Someone is standing on the roof, and someone on the ground. It is hard to tell who is who, and hard to deny anybody their claim – and

we, readers, are watching of course. But the natural world is a difficult thing – yes, there will be clarity in the future, when everyone is awake and off to work, but now: has the morning star appeared? Is it alight?

As in medical research, there have been false sightings – the moon gave the appearance of the sun, there was a mistake, false hope, and the apparatus of healing and salvation – the temple service itself – was ramped up, in error. You must be careful – thus the two locations, on the roof and on the ground. But who said “yes?” they ask. Perhaps the guy on the roof, but perhaps not; perhaps the guy on the ground. One is the “dreamer, and the interpreter” and one decidedly not. But note that the answer is not given – only the instructions for how to conduct an argument. Whatever is said is countered – and that is the point – you need both locations to determine the reality. And in the text, the positions are changeable, uncertain who is who. Is it the dreamer and interpreter that confirms? Or the one on the ground? And who are we, the ethicists watching all of this? I am entirely uncertain of this point, of who is seeing the future better, more accurately.

The text suggests a role for ethics based in discord, counter narratives and discourse, and this is what we have found compelling about the project, the possibility of raising the discordant narrative. We did offer a recommendation, in our usually disagreeing about it way.

The Recommendation: Here Is What I Wrote

I recommended option one. It is resonant with moral appeals for full truth-telling. It fosters autonomy with the fullest respect for persons. It is consistent with the complex and multiple roles of the subjects. The tissue is, by definition, not anonymous, it is a part of a multiyear trial in which the subjects will need to be fully informed at all times. Adults should be able to decide what to do with their own body with the full range of medical and scientific information, including information about scientific uncertainty. I would urge you to reflect carefully on how robust your information is when you call a tissue “bad.” Since you will be keeping closely in touch with your subjects, and since you would need to for scientific and medical reasons, the case is different than the collection of large libraries. In fact, the entire idea of genetic privacy is being challenged [8]. The research subjects in this case are not the equivalent of research subjects in clinical trials. They will need to be a part of the research itself, and because they will be enmeshed in the research as it develops. Their new status, tripled in moral location, requires a different set of relationships.

Conclusion

In a world so uncertain, and in research conducted in the midst of tragedy so fraught, we have little, really, to offer patients. Research is only the gaze, the observation, trying to see in the dark. What we have, we argued, is fidelity, meaning the promises that are made for as much clarity as possible. This principle works on all levels – I *promise* to tell you the truth, to tell you everything I know. In the text, the one on the roof needs the one on the ground; either one cannot exist as the sole narrator of the story.

Let me conclude by saying this works on many fronts and it goes for us, the researcher in ethics, as well. The fidelity we counseled between the participants and the researchers is as important as the acceptance of our different views. We have had significant struggles

with some of the physicians, to whom we have promised only the certainty of our argument, not the certainty of agreement for whatever they do. In the last months, the NIH program officer reminded us that the research subjects are also the scientists, and even to tell this story needs a signed consent form my researcher, my friend who I study. I imagine myself handing the form up to her to sign, she is on the roof, I am on the ground. Or is it the other way? Who says yes?

Acknowledgments This research was supported by the Oncofertility Consortium NIH 8UL1DE019587, 5RL1HD058296.

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