

PHI2396 - Bioethics

Normative Theory; attempts to give general answers to “what makes right actions right”

- Actions:
 - motive (psychological roots of conduct and how it matters, from an ordinary perspective; bus example)
 - can be out of reputation, morality
 - can differ even if the effect is the same
 - → act (deontology focuses on this regardless of the effect)
 - → effect (consequentialism focuses on this)
- Virtue Ethics
 - comes in different varieties when answering what makes right action right
 - “right action is action produced by virtues, best available motives” (more typical)
 - need to understand why someone did something, and that makes a difference to moral evaluation
 - “right action is what the virtuous person would do in given circumstances”
 - need to possess some sort of idea about what the character is like
 - person used to as a yardstick to measure action
 - ex. WWJD
 - one problem is the deviation from this and other values
 - utilitarianism; pleasure and pain matter
 - in contrast, virtue ethics focuses on mental states
 - there is reason to doubt that we actually work this way, and that we can have this kind of ethics
- Religion
 - won't be talking about it
 - some people think there's a connection between morality and God, will seek advice of religious experts
 - Divine Command Theory
 - God's perspective of things determines good or bad
 - suggests things are right or wrong because God says so, or loves them (ties to perspective not commands)
 - action X is good/right because God loves action X/says so
 - encounters problems; makes a mess of ways we talk about values, and the things we want to say about God
 - if rejected, we talk about God in an ordinary way, so we reject it

September 19th, 2014

- What's the point of medicine?
 - to prolong and improve life
 - what's so great about prolonging/improving life?
 - to bring about some goods
 - in terms of contributions to life, or others

- Principle of Beneficence
 - similar to benefit, benevolent
 - is the conduct of bringing about benefits
 - not a principle directing medicals to become benevolent, but directing them to do good
 - consequentialist
- Principle of Nonmaleficence
 - a principle directing doctors to not bring about harm
 - don't make them worse
 - both principles are consequentialist principles
- Both of these are similar
 - nonmaleficence tend to be strict rules, unlike beneficence
 - nonmaleficence tend to come with penalties like legal penalties
- Medical Ethics
 - very young, after WWII
 - marked by ascendancy of another principle
 - important, but not the same as above
 - focuses on the patient; their perspective, role is important for legitimate medical interaction
- Autonomy
 - meaning patient autonomy
 - hard to capture in a sentence
 - respect patient as capable of his/her life (deserving)
 - respect patient in having final authority of having final say in their body
 - deontological principle
 - why is forced medical treatment wrong
 - doctors have to outline what their doing to the patient and gain approval before continuing or else its considered assault
 - not all humans are autonomists
- Positive/negative
 - definitions which say what a thing is/characterize things in terms of what it isn't
- Descriptive/normative
 - use concepts that are just descriptive, nothing about values or if what you're characterizing is good or bad/

September 23rd, 2014

- what does it mean for someone to be healthy? what is normal?
- statistical notion is merely a descriptive notion
- there are some diseases that we consider diseases but other do not
- individual health can change without individuals changing
- weird effect for statistical reasoning
- can use statistics as a foundation for defining health (not same as WHO, or Daniel Callahan)

- **“Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
 - has a negative and positive definition
 - positive definition uses the idea of well-being (normative notion)
 - state worth trying to achieve
 - partly descriptive
 - Callahan articulates some of the definitions deep problems and its attractiveness
 - health is surely not all happiness
 - when one goes to med school, they are not expected to be taught everything; yes mental and physical health but not social
- recognize that there are certain risks to health and there are benefits as well
 - social well-being can be hard to find in middle school, can cause depression
 - but the definition isn’t talking about this; social well-being is itself a health problem (don’t need to be depressed for it to become a health problem)
 - Callahan objects to this; overinclusive
- Cause/constituent
 - our normal way of speaking about social aspects of health has to do with social causes of health threats
 - rich family is a social content that leads to a health benefit and vice versa
 - there are social causes of health problems/benefits
 - distinct from the health issues themselves
 - social well-being is one of the constituent of health, not the causes
 - part of what health is, don’t have to tie it to physical ones in order to establish relevance to health
 - living in a bad neighborhood is itself a health topic
 - overinclusion; includes far too much
 - Callahan restricts health to physical well-being, which might be underinclusive
 - in the 70s it was more sceptical to include mental well-being into health
 - should it be included at all or is it considered physical well-being?
 - mental should be separate only when it is distinct from mental well-being
 - Callahan discusses founding of the WHO as an extension of the UN after WWII
 - utopian hope that if you solve problems of health, you’ll get peace
 - if we can address health issues on humans, maybe we can solve problem of war
 - war conflicts being fought become a health issue, and must be treated with medicine and disregard political situations
- **“Complete”** states of physical, mental and social well-being means what?
 - does it mean that someone who is stressed is not healthy?
 - basically, no one is healthy
 - any deviation from complete states of well-being counts as a deviation of health, so no one is healthy; worried about whether you’re going to make the bus home or not

- papercuts; so never in a complete of physical well-being, but surely you're still healthy
- social well-being means you can't disagree?
- strange notion; this definition is not very normal because most people think some people are healthy, some aren't, but don't have a very high expectation
- Callahan suggests just physical well-being, not "complete"
 - many things count as physical deficiencies but not health problems, raising the question of where is the line between these two
- W. Miller Brown "On Defining Disease"
 - same issues as WHO; negative component refers to absence of disease
 - trying to find normative definition, and objective definition
 - there is reason to think that the definition offered by Boorse is both overinclusive and underinclusive; see text
 - really important stuff comes at end of the paper
 - Brown wants to stand back from the failures and attempts to define disease
 - what is the presumption, what do we think about when trying to define those things
 - Brown says definitions can be made into parts of a theory; two options
 - maybe a philosophical theory about medicine; such a theory would take an empirical approach to usage of the relevant terms; the point would be to explain how these theoretical notions to other ideas and to practice
 - descriptive enterprise
 - problem is that it doesn't seem to be going on; non-philosophers are involved in the sense of who's doing what kind of intellectual labour, usually operated by people with health interest, NOT philosophical
 - most definitions are not philosophical, looks like something else
 - maybe a theory of medicine in a sub-portion of eg. biology
 - problem; these just aren't concepts of theoretical biology; health and disease capture the concerns of patients, and professionals who seek cures
 - complex, practical activity
 - how is it a problem to get ideas from different subjects
 - don't find these concepts when you look at the concerns
 - these concepts from subjects are from practical concerns, not theoretical
 - important for medical experts to not think they have all the answers but to leave room for patients to determine what they need

- essay questions
 - show knowledge of the course material
 - reflect on it
 - “assess the pros and cons of the contract and association models of patient-physician relationship”
 - show what those are
 - say few things about stuff
 - no normative theory, deontology, etc
 - don’t do extra research
 - write in first person but not your opinion, talk about how the rational person would think/find appealing
 - what should we believe? argue it
 - heres what he says, heres what they say, this is what someone rational thinks
 - providing reasons and support in seeing things certain ways
- Patient-physician relation
 - related to what makes medical decision making difficult, what kind of values are needed to understand medicine
 - implications of health and disease provides new perspective on patient-physician relations
 - interested in basic relations; interaction can go ethically well/poorly
 - may model relation on other things
 - benefits and risks with this
 - highlights certain things as ones that matter in a central sense
 - can be open to thinking about multiple models that suit it
 - can be a slight tendency to recommend one model as uniquely important, but can use multiple tools to model relation
 - models include
 - collegial/partnership
 - interaction between colleges
 - distributes authority more equally between physicians and patients
 - try to achieve specific outcomes together, but not necessarily linked together
 - share an understanding of what’s important to what their doing and is defined by their shared context
 - engineering (plumber, technician)
 - doctor doesn’t make decisions at all
 - patient tells doctor what to do but doctor gives some expertise
 - patient ultimately makes the choice
 - emphasizes patient autonomy; may cause bad outcomes
 - priestly, paternalistic
 - medical professional has all decision making

- job of patient is to take direction from doctor (take guidance from priest)
- paternalistic points to parental relations
- decision is being made for a child by a parent
- appropriate when patient is a child
- can know each other very well and the decisions will coincide with patients ideals; if not, patient should be involved with decisions to get good health outcomes and avoiding bad outcomes (consequentialist theory)
- friendship
 - interaction between friends
 - friends don't really work together, or do things in joint pursuit of things that happen
 - united by care; missing from engineering and priestly model (arguably)
- contractual (important)
 - job contract, prenup; he thinks there is a particular way of thinking about patient-physician relationship
 - veech pinpoints marriage as a good model for patient-physician relationship; entered in because they care, not strangers; emphasizes that he's interested in more than symbolic notion
 - the usual models has very little room for care, compassion, etc, but marriage is different
 - contract is entered when both parties say yes, this is what we want; has specifications of money, services to be exchanged, etc
 - special apparatus for focusing attention on moral notion on autonomy; agreements are morally binding, and the legal part makes it practical
 - when people consciously enter agreements, it is seen as a good thing
 - definite time constraints, but most medical interactions do not have specific time durations
 - health doesn't have other concerns; you put your health before everything else, so who cares about consequence
 - you don't have a clear mindset
 - descriptively poor, doesn't capture the concerns in our lives (segler)
 - segler worry that the contract model, although it includes a role for valuing patient autonomy, but in the wrong way. for ethical medical to happen, patients have to exercise their autonomy (make decisions) but segler say that it is too much

pressure; paternalism in reverse, forces patients to exercise their autonomy even if they don't want to

- should allow patients to opt out of making decisions, out of the respect for their autonomy but contractual model shuts that down
- patients should be able to turn it down because they might have phobias for surgery, etc; out of concern for getting the best results for his or her health
- says ethical medicine only take place when patients consciously choose their medical options; this way of representing the value of patient autonomy in terms of something that has to be pursued, made it happen, and without that, ethical medicine isn't taking place
 - segler present autonomy as a limit or constraint as what the patient can do
 - you don't have to insist on its exercise on it for autonomy is respected
- two things that have to be met for patients to be respected as autonomists (see file)
 - patient must always be allowed the possibility of retaking control of his/her health care; still have to recognize that the patient is autonomist, and respect them by always allowing them to exercise their life
 - suppose the patient has turned decision making to physician, but that doesn't mean he has the full authority to do anything; patient autonomy constrains what the physician can do
- negotiation
 - relations between strangers, usually they're strangers
 - can be basis for forming contract
 - autonomy of personhood is seen as a constraint (...)
- keep strangers in mind

September 30th, 2014

- need to provide room for both parties; patient and physician
- collegial/friendship models; although it does make sense to think of patients and medicals as colleagues or friends, usually that doesn't work, so usually they won't know about each other, care about each other
- sometimes strangers is better
- the remaining models are contract and negotiation (see above)
- how do we make medical decisions for the non-competent? who has authority?
 - three answers to this question; differentiate in two things
 - what sorts of considerations are we looking at?

- what sort of standard should we use to evaluate these?
- 1) best-interest approach; although all three of the answers look at best-interests of patient, but this is called this
 - aka objective best-interest approach
 - incompetent people face life and death issues, pain, physical comfort like us, and can use our understanding of our own lives for how to make the decisions to the incompetent
 - the standard we use is the standard dictated by normal competent living, like our lives

October 10th, 2014

- Essay assignment
 - show knowledge of course material, show knowledge that you use the course material and answer the question
 - have to say what position the writer of the readings takes on the issue
 - when you cite something, provide the particular pages you are using
- should clinical research ever be performed? by clinical physicians? what are some reasons for and against doing research on sick patients?
 - should by, but not by physicians, but by external researchers to prevent bias and make sure the subject pool is more varied
 - we need research or else we wouldn't have health care
 - empirical reason, need to test if treatments work, and usually its done on things that don't have a cure anyway
 - if it gives them a way to hang on a little longer, they normally don't object
 - they might think they need to give back, and that could potentially be a problem; the burden that the person feels
 - could be an advantage for patients because they will be closely monitored
 - could be good for homeless who normally don't get better care; may be the reason we call it 'preying'
 - could be seen as inhumane
 - part of the ethical territory is that the benefits are usually benefits for other people, not now, and the burdens are felt by the people undergoing the current research
 - need consent; respect for patient autonomy
 - may be something problematic to use the present sick people as tools for the future
 - under what conditions can that be legitimate?
- what is the RCT dilemma? is it a real dilemma?
 - randomized clinical trial
 - ethics of research and therapy are intertwined;
 - dilemma is either we stop doing research or acquiesce with unethical treatment happening
 - Miller and Brody suggest that this isn't a real dilemma, and there are ways are running research ethically;

- clinical trials are scientific experiments that aren't involving routine medical practice; make you think that they're working but they're not
- therapeutic misconception
- what is clinical equipoise? why is this idea appealing? what are some problems for it?
 - proposed as a way of resolving dilemma
 - clinical equipoise has to do with facing treatment options that are equally positioned
 - particular doctor might not know which two treatment options are superior, and are individually in equipoise; doctor might be incompetent
 - we have clinical equipoise when the medical profession does not know which two options are better
 - research on patients involves trying to figure out whether something works or not
 - its legitimate to do research when there is clinical equipoise; ethics of research must follow ethics of therapy; can't give your patient something that is worse than something else you can give them
- miller and brody give a lot of attention to placebos in the discussion of the ethics of research. Why?
 - patient never knows when using a placebo
 - placebo effect is known to actually work
 - placebo use in studies is very common, but it violates clinical equipoise
 - are used even when they know a treatment that works better than placebo
 - are they ethically valid despite their conflict with clinical equipoise
 - miller and brody think its perfectly ethical to do research despite these violating clinical equipoise
 - the limitation put on research is a mistake (shouldn't need clinical equipoise)
 - therapy and research are two different kinds of activity, according the Miller and Brody, and so they have to be governed by different rules (difference position vs similarity position)
 -
- miller and brody think that the similarity position puts obstacles in the way of patients giving informed consent to participation and research. Explain their positions. Are they correct?
- can you think of any possible problems with separating assessments of risk and benefits of clinical trial participation from therapeutic assumptions and hopes for the trial participants?

October 21th, 2014

- do newborn humans have moral rights?
 - think about
- use of non-human animals in experiments
 - singer is opposed generally
 - tom regan absolutely opposed
 - cohen is for use of nonhumans in medical research
 - rg fry is more cautious

- cohen's article is bad, argumentally
 - important cluster of problems to be aware of
- Singer
 - well-known work is in applied ethics and medical ethics
 - controversial
 - moral status of non-human animals; wrote a book called animal liberation
 - first few chapters were about details about how nonhuman animals are treated (normative theory) in north america; usually you shouldn't do this
 - helped the animal rights movement, which led to the environmental movement
 - generally opposed to use of nonhuman animals in medical research, but thinks it can be justifiable
 - insists that for purposes of moral deliberation, we have to consider humans and nonhuman animals to be equal
 - does he think that humans and nonhumans have the same rights?
 - no; not an argument for equal rights
 - does he think that humans have the same rights?
 - no;
 - so in what sense are all animals equal?
 - he's interested in asking "we do moral reasoning all the time, what should show up?"
 - we make judgements about right and wrong all the time
 - how should we do moral philosophy
 - answer is "reflective equilibrium"
 - idea is that you start with particular patterns of moral thought, how people make judgements, but not all are equal, and of those things
 - so start with the moral judgments that you're most confident with, and think about what you can say about them; construct a normative theory
 - then extend that theory to other cases/judgements that we're not confident about, and see if you can refine these judgments, until you don't need to modify anymore; theory and judgment reach an equilibrium that has been achieved through reasoning
 - singer is doing this ^; starts with a view of moral reasoning and takes it and uses it as a lynch pin for his theory
 - singer says moral reasoning is about interests
 - could be subjective; generated by individual tastes
 - could be objective; something that makes a difference as to whether life is going well or poorly (could involve subjective interests)
 - "its in my interest to eat vegetables even though I hate it"

- financial stability
- thought independent
- what is singer's answer to the question what's the preconditions for having an interest
 - sentience; capacity for suffering
 - if you can suffer, then you have at least one interest; not suffering
 - when you're not suffering, life is going better
 - sentient creatures have interests; avoiding pain
 - what counts as sentient? humans, but not coffee cups (existence can't be better or worse than it is, it cannot feel)
- he is for abortion because the fetus cannot feel sentience
- what thinks count, what doesn't? default that singer is opposing is
 - speciesism; draws the boundary of moral community, and limits
 - singer deliberately gives it this name because its fairly accurate, and also he's trying to draw parallels between speciesism and racism and sexism
 - speciesism; use of species membership as a tool for limiting the boundaries of moral community
- notion of a species is a biological groups that perpetuate themselves through time through reproduction
 - should focus on potential for reproduction as a pass for species
 - two people are in the same species if they can reproduce with each other (if right gender)
 - some from different species can reproduce but produce either dead or sterile offspring
 - one of the needs for reproduction is genetics
- openness but general opposition to use of nonhuman animals medical research, but might be more justifiable to do it on the human
 - issues on extrapolating nonhuman animal results to humans

October 24th, 2014

- if species membership is morally irrelevant then it doesn't matter if you kill humans
- Singer argues on the basis of his idea that whatever sentience is about, its about interests
 - in regard to experimentation, it is justified if the results are for the greater good, but that is rarely the case
- Tom regan looks like he may agree with Singer the most
 - but is a complete abolitionist about the use of nonhuman animals for experimentation
 - rejects Singers criterion of moral relevance; offers a different view for what it is to count morally
- Fry differs from both; focuses on different issues
 - gives nuance view about experimentation
 - gives a blend of recommendations

- Cohen is the most vehemently opposed to using nonhuman animals in experiments and tries to defend speciesism
- Regan
 - there is deep fundamental disagreement between Regan and Singer
 - Singer says sentience is what matters; starts with reflective equilibrium (looks at patterns and what they imply); what kinds of things have interests?
 - Regan objects to this view; makes a mess of other aspects of life
 - says there's a kind of way of valuing each other that is important to everyday reasoning and that's what we should attempt to explain and provide reasoning for
 - when we interact with each other, we value each other as special kinds of thing in the world; wants to capture this idea of individual humans that have focal points of legitimate moral concern
 - Singer says that individuals themselves have experiences; it's the experiences that matter
 - he thinks Singer portrays persons as a cup; my cup doesn't matter, its contents do
 - persons don't matter, their experiences do, and Regan rejects this
 - if you possess rights you have a special sort of status and they bring some sort of moral protection
 - they have different ideas about what's important about our everyday moral matters
 - who has the rights that Regan is talking about?
 - we do; normal competent adults
 - do newborn humans have moral rights? Regan says they do

October 26th, 2014

- Death; end of life issues
- physician-assisted suicide and euthanasia
- terminological details
 - assisted suicide
 - suicide is self-killing
 - assisted suicide is self-killing with assistance
 - physician assisted-suicide is killing yourself with the help of a physician/medical professional
 - the ethical issue is whether this is morally permissible, and more specifically, whether it is morally permissible for medical professionals to do this
 - might think there is a deep problem with medical professionals to take people's lives given the whole point of medicine is to keep people alive; theories of beneficence and maleficence
 - maybe we should create a profession for ending life?
 - euthanasia
 - eu-thanatos; eu meaning good, thanatos meaning death

- the concern is about having a “good death” vs “bad death”
- euthanasia can be thought of as mercy killing; bringing about the person’s death for the good of the person
 - to help them avoid something that seems worse than death
 - killing someone for their wallet is NOT euthanasia
 - has to be for the person’s good, not your good
- euthanasia is not suicide; it is killing someone else, NOT assisting that person in killing themselves
- there are a few distinctions
 - active; doing something active to bring about the end of someone’s life in order to spare the person some misery
 - injecting something into someone to bring about the end of life
 - steps are taken to introduce something into someone’s body to end their life for their own good
 - naturally thought of as killing
 - passive; ending someone’s life by removing life-maintaining treatment
 - naturally thought of as letting the person die
 - what kills the person is whatever they’ve been suffering from
 - let nature run its course
 - issue in Rachel; is there a difference between letting them die/killing them?
 - is active more problematic than passive?
- another set of distinctions include
 - voluntary; wanted/chosen by the person whose life is ending
 - has to do with the will of the person whose life is ending
 - voluntary active euthanasia is wanted/chosen active killing of one’s life
 - voluntary passive is wanting to getting off of life support
 - involuntary
 - killing against the person’s will
 - nobody is interested in this
 - nonvoluntary; pretty useless and unimportant in this class
 - in the absence of a will in the psychological sense
 - if the child is young and has never thought of things like end of life issues/death
 - its not voluntary or involuntary
 - not against the will, not with the will
- physician assisted suicide is more similar to passive euthanasia than active is to passive
 - you are sick, one doctor has been treating you the entire time, and you’re out of options, and you say to the doctor thank you for all the

work, I'd like to die now, and the doctor comes back with a syringe to kill you and gives it to you to inject yourself, and you die ← this is physician assisted suicide

- or the doctor could inject you ← this is active voluntary euthanasia
- passive will differ more greatly because it doesn't involve introducing things, and instead taking something away

- argumentative details

- slippery slope argument

- a form of argument is regularly invoked
- the kind of argument that is brought up when people talk about changing a law, etc
- slippery slope arguments are bad, don't make them
- the image of the slippery slope is real; picture a hill with ice
 - you're at the top of the hill, and are considering changing your position (position in itself is ok) but the problem is that this is the first step on the hillside covered with ice, and you could fall
- the two kinds are
 - causal; if you move your position, it will cause you to fall
 - hard to make well
 - causal link hasn't been demonstrated, but maybe the person is right
 - causal link is being urged in the change in policy and the bad consequences (falling)
 - if you allow active euthanasia, people will be killing in the street
 - should we take this seriously?
 - we need evidence to suggest that there is a link between the two events; without evidence, we have mere speculation
 - precedent (fatal flaw in its heart)
 - logical link
 - court cases; decisions in a court case can set a precedence on how other cases will be judged in the future
 - position is ok in and of itself, but it will lead to the fall
 - since a precedent can only hold for moral precedents, (~68)
 - whenever someone urges this, they are automatically wrong
 - language of precedence may be used, but it is not actually this, but rather a causal link
- come in a variety of kinds; two more common
 - one can be made well (causal)
 - one can't be made well; suffers from a fatal flaw in its heart (precedent)
- just avoid these arguments

- legal details
 - suicide is legal
 - assistance in suicide is illegal, whether its assisted-physician suicide or not
 - should the law be changed
 - someone was diagnosed with ALS (gradual loss of motor and muscle function of the body, but with the preservation of mental capacity; lose the ability to walk, move your hands, digest, etc; can't do anything for yourself)
 - there was going to come a point when life wasn't worth living anymore; it was going to be a point after she lost all functions, and someone would have to kill her
 - courts decided against her, and she eventually died in 1994, using physician assisted suicide
 - it was years later when she decided to die
 - Gloria Taylor also was diagnosed with ALS and wanted to get assistance with killing herself because she knew there was a time when she didn't want to live with herself
 - she won and had the legal entitlement to kill herself
 - died from an infection; her condition killed her before she needed to exercise her legal right
 - euthanasia; of the countries in Baton's paper, the one to think about is the US
 - the US is similar to us, but there are differences between states (in Oregon, euthanasia is legally permitted) and it comes out in textbook
 - both passive and active euthanasia are technically illegal
 - however, although active euthanasia is illegal, many deaths happen through passive euthanasia
 - voluntary passive euthanasia; if you don't allow it, you are forcing medical treatment against someone's will
 - it is a form of assault, you can't force medical treatment on someone
 - most deaths happen through passive euthanasia, like in the US

November 4th, 2014

- cite articles
 - page number of the article itself
 - must provide clear accurate descriptions from things from course material and reflect on the course material
 - essay questions on the exam
 - "as discussed in class"
- abortion
 - talking about intentional termination of pregnancy that leads to the death of the fetus
 - problematic; presupposes that it makes sense to speak of the death of the fetus as a lifeform
 - but we will work with this definition

- no law about abortion; unregulated, and it leaves it up to hospitals, provinces to deal with it
- when the law was in place; when a women wanted an abortion, she was legally entitled to it, but she would have to apply to an abortion committee, and they would assess whether the woman's pregnancy had health risks
 - the law restricted access on the basis of health
 - if you have a health risk when you're pregnant, an abortion will take care of this
 - before you can get that abortion, you have to apply to the committee
 - this extends the time with the life threatening pregnancy; law posed risk to the pregnant women
 - could apply to more than abortion committee in some places, but not in others
 - this had an unequal access and lead to some women risking more of their life than others
 - some would define health as a physical health, others would be physical and mental well-being
 - this is a problem; for a law to be justifiable, it has to be applied equally, and this is not being applied equally
 - if there is going to be a law about this, it has to be relevant to some values, but this law doesn't do that
- argument from potentiality
 - don't have sentience as a kid; you have the potential to have it
 - they don't have rights to vote
 - potentiality won't build a bridge between being a citizen and actually being a citizen
 - serial killer example; have the potential, but are you treated like an actual serial killer? no, punishment is only legitimate to prior wrongdoing
- fallacy of the heap
 - related to above
 - no real distinction between the two things that have potential
 - personhood requires development of psychological aspects
 - there is no set time when they get these aspects, so we should treat the cells that don't have this as the same as ones that do
 - bad argument
 - "no such thing as a heap of sand"
 - wrong
 - snow drift example
 - no point at which we have a snow drift, so there is no such thing as a snow drift; this is wrong
 - everybody is bald
 - add a hair; there is no point at which you can add a hair and you go from having no hair and hair
 - so does this mean no one has hair? no

- black and white example
 - intermediate shift; no point where the change happens
- what is going wrong is the supposition that in order for there to be differences between two things, there has to be a clear moment where the difference is made; this is false

November 11th, 2014

- Warren

- personhood is defined by psychological definitions; potential person
- pro-choice
- does the potentiality count for something?
- Warren says that potentiality counts for something, but value it has doesn't change our position
- human tissue is not a potential person, and fetus is different from that as well
- the kind of value that comes with potentiality cannot outweigh the kind that comes with actuality
 - uses science fiction scenario; abducted by an alien, she would have no obligation to stay there due to the potentiality of them being able to turn her skin cells into a clone of you (you will die)
 - before you go through the machine, you are actually one person, but potentially millions of others; if you escape, you prevent those millions from existing
 - does the moral values of all those persons outweigh your moral values?
 - Warren says that its permissible for you to escape; the interest of one person outweighs the interest for all others
 - now imagine its not a machine; its a natural tree; does it make any difference? no, you're still allowed to escape
- therefore, abortions are morally permissible

- Thomson

- overall argument
 - Thomson's is; assume that the fetus has a right to life, but this doesn't settle the moral status of abortion because it involves the mother
- overall issue
 - what does a right to life include? there are limits, and we can get a sense of when its permissible of getting
- chocolates (not important)
- violinist
 - wake up connected to a violinist, if you unplug the machine, he will die, but if you leave it for 9 months both will live
 - have to use their kidneys for 9 months, and has to be same blood type, and the only person that worked was you
 - is it morally permissible to detached yourself from the violinist? thompson says yes

- the violinist has a right to life; this means that detaching yourself isn't connected with your right to detach yourself
- a right to life does not bring with it a right to use someone else's body to maintain life against that person's will
- change the variables; Thomson says that right to life doesn't turn up on how much you can use the body
 - however, 9 minutes vs 9 years example; ~46
- this is analogous to pregnancy due to rape; body is taken against your will and you're saddled with this person against your will
- can change the violinist case; instead, you were approached, and you choose to join, and then you decide you don't want to
 - do you now have moral right to detach? Thomson says yes, violinist's right doesn't change
 - the violinist's need for your body doesn't change your moral right
 - withdrawing consent means that you were ok with being pregnant, then deciding you don't want it, and the fetus still has no independent right to this territory
- house and the growing child
 - first version: in a one room house with small windows, and an expanding child and you might die because the child is growing
 - would you be acting within your rights to kill the child? are you obliged to let the child crush you to life? Thomson says yes
 - analogous to life-threatening pregnancies
 - second version: you can't kill him yourself, but the person outside with a gun can
 - does the guy with a gun have any moral reason to prefer that the child die rather than you or not? do they have objective grounds to prefer whether one lives and one dies? Thomson says no; no reason for the third party to prefer life of the child over yours
 - Thomson wants to argue that abortion and pregnancy is different
 - argues with disanalogy
 - you and your child both have equal rights to life
 - the third party is analogous to doctors
 - child has no claim to woman's body, unlike woman, and a third party can say that life-threatening territory is happening in the mother's territory (child has no claim to the territory against the mother's will)
 - important version
 - different to all the other cases; here differences between cases are being pointed out
 - have to go through active measures to end the life of the child, and abortion is more like this than in the violinist case
- burglars/people seeds

- at least four cases
- whether willing participation in risky activities for physical pleasure changes these rights; thompson says no
- first burglar case
 - live in a dodgy neighbourhood, and burglars happen, and you open a window on the ground floor; you know this increases the risk of burglars coming in and taking stuff
 - burglar comes in, and says since you opened the window, the burglar now has the right to your stuff
 - thompson says this is wrong; you do not transfer your rights to your stuff by opening the window
- second burglar case
 - you're prepared and you've put bars on your windows, and you can open the windows now
 - open the window and burglar comes in and says they have a right to your stuff since you opened the window
 - has this made a difference? do you lose a right to your laptop? obviously not
- people seeds case
 - ties back to henry fonda or violinist
 - humans reproduce by seeds that are picked up in the wind and grow
 - seeds are a person from the moment of implantation
 - this is a hassle since you don't want people seeds, but when you open the window, you run the risk of people seeds coming into your house
 - but you open the window since its really hot, and a people seed comes in
 - if it lands in your carpet, is it morally permissible for you to remove the people seeds and destroy it (it has a right to life)
 - the people seed has no right to occupy/be present against your will, and the removal of it is permissible, but its probably impermissible to destroy the people seed (same way with the burglar, can't kill the burglar)
 - if it lands in your hair, can you remove it/destroy it?
 - destruction is more plausible because it involves the use of your body
 - if the people seed needs your body to survive, removing it will kill it; and it doesn't have the right to use your body
 - second case; you put tons of screens on your windows, and people seeds are kept out
 - one gets in anyway; protection has failed
 - does this make a difference? does your voluntary activity give the people seed a right to be there?

- Thompson says no; you have a right to remove it
 - this is analogous to voluntary sex, with protection and without, and this doesn't change the fetuses right to the woman's body
- Henry Fonda (movie star)
 - same case as the violinist except in violinist, you were asked to take position of the mother, but in this one, you are asked to take the fetuses position
 - you have the medical problem, and the only thing that will save you is a moment's touch of Henry Fonda
 - he doesn't want to touch you, and you have a right to life (as all humans do)
 - does your right to life give you a right to the momentary use of his body? Thompson says no
 - pregnancy could be due to anything (doesn't specify how you got to be sick; neutral about the kind of pregnancy)
- Good Samaritan and Minimally Decent Samaritan
- coat (not interesting)

November 14th, 2014

- Marquis
 - anti-abortion
 - this article is only kind of about abortion, but mainly about what makes killing wrong in general
 - he points to depriving one from their future goods as the thing that makes killing wrong
 - has nothing to do with being a human, but because it deprives one of future goods of consequences
 - future goods could include FLO (future like ours) which is good experiences (could include complex experiences like getting a university degree, or simple ones like nice weather)
 - FLO includes animals too; it matters that it has capacitance for experiences, not what it is (although Marquis doesn't necessarily say so)
 - premature deaths; murder
 - worst of crimes
 - involves depriving them of something in a final way
 - euthanasia: when we have people who are facing a small amount of life left which isn't going to contain anything good, killing them won't be wrong and you won't be depriving them of any future experiences
 - abortion: do we deprive a fetus of future of experiences if we kill it? yes
 - when you kill a human and a fetus it is the same thing
 - if it is permissible, then the person dying has no future good experiences
 - a few things to note
 - he says it is a potentiality position; it is not a potentiality argument in the same sense as the other ones we've looked at

- classic one is that at conception you don't have the psychological capacities so it isn't a person, and it has potential, and because of this potentiality, we observe this thing as a person because of its potentiality to become one
- potentiality topic recognizes two things
 - things that actually have it (X)
 - and things that don't actually have it (not X)
 - potential Xs and because of this, a bridge may be build to bring the moral status over to the not X side
 - some people say that the bridge is not sound and will fall (citizenship, serial killers)
- Marquis' functions in a different way
 - things that can have good experiences (GE things) and that brings with it moral status (makes one count)
- is it really true that being deprived of future experiences is wrong? yes its sad but is it wrong? if it is not always wrong, under what conditions is it wrong?
- do we behave on the current state or the future state? (current; when the hand is showing, don't walk)
- if you are going to Australia, and police stop you, that is wrong
 - this is wrongful deprivation of experiences
- or suppose that you are going to Australia, and you are failing to get the money to go
 - this is not wrongful deprivation of experiences
 - this means that not all ways of depriving someone of future experiences is not wrongful
 - what determines when it is wrong? when premier/whatever doesn't give you money to go, thats not violation because you have no right to that money
 - when the RCMP tear the airline ticket, they are violating rights
 - being deprived of good experiences is wrongfully done when one has a right to those experiences, and not when one does not have a right to those experiences
- is it true that we have a right to good experiences?
 - transforms the discussion to one about personhood or humanity
 - whatever it is that has rights has to be addressed in terms of present circumstances
 - Marquis doesn't address this; takes it for granted that the fetus has a right to the future experiences
- Marquis fails to find novel territory from which to address the abortion issue
- usually things that determine what has rights don't include the fetus, especially in the early stages

November 18th, 2014

- final
 - essay questions (2-3 with choice drawn from material on abortion, emerging technology)

- other kinds? probably (short answer memory questions covering entire course; definitions, key arguments, etc)
- show knowledge of course material, and show reflection
- Sherwin
 - feminist look at abortion
 - more emphasis on the method rather than the point
 - feminist philosophy is to emphasize women's experiences/perspective
 - this means that we prioritize their perspective, and pay attention to the ways in which pregnancy and abortion enter women's lives
 - who can understand these decisions? who is in the best position to decide? the answer is the women whose lives are affected (best possible position)
 - ask about information; why should we think the abstract position at the policy level has access to the right kind of information
 - ~ 1; policies, laws which abstract away from women's lives are epistemically dubious and their authority is questioned
 - advocating a pro-choice opinion
 - made by an analogy by the movie The Cider House Rules
 - rules written for migrant workers in orchard for a plantation; written by people who own the property far away and don't know how it feels to work
 - workers question information people have, and the authority of the rules
 - maybe owners know something because they own the property? but in the case of abortion, people making the rules don't own the property and know nothing about it
 - in what ways does pregnancy enter women's lives?
 - consensual sex
 - non-consensual sex
 - IVF (means of becoming pregnant)
 - failed birth control
 - ignorance
 - have a family
 - money
 - governmental financial support
 - other (surrogacy, rich relatives want a kid, etc)
 - social pressure (from family and friends)
 - lineage based reasons (heir for inheritance)
 - medical reasons
 - you need organs
 - another child needs something
 - relationship maintenance
 - caregivers
 - culture (maybe religion)
 - unconditional love
 - project (someone to live out your dreams)

- workers
- fame
- more children
- distraction
- child replacement
- family traditions
- repopulation
- attention
- too much money to spend
- surrogacy (might not be for money)
- revenge
- for what reasons do they seek abortion?
 - unplanned pregnancy
 - health based reasons
 - fetal
 - maternal
 - job
 - lack of means (financial, social, emotional)
 - conflict with lifestyle
 - age (13 vs. 43)
 - social pressure
 - sex selection
 - relationship change
 - abusive environment
 - physical concerns
 - self-identity issue
 - unwanted changes to your body
 - unwanted origins
 - revenge
- prioritize the woman; how does this change things?
 - ~12:32 pm about abstraction

Genetic Technologies

- ~12:34 pm
 - second thing; some things are particular to who we are changing
 - taking blood from child, changing it, returning it to the child
 - see slides
- genetic engineering is unnatural
 - may be impossible to find anything morally significant about this
- the natural is morally irrelevant
 - unnatural isn't a problem, natural isn't better
- if we say unnatural=artificial
 - this is bad because it means that anything we do is unnatural

- this makes all of medicine unnatural

November 21st, 2014

- Playing God
 - Certain things God can do and not humans
 - There is no biblical mention of being against genetic engineering
 - People who are outside that belief of a God would not care and have no reason for them to take it seriously
 - Sometimes this is taken metaphorically
 - What does it amount to?
 - Comes back to us overstepping our role in the world and playing with rules of the natural and unnatural
 - Powerful thing we are dealing with and we might not be able to handle the risks
- Risks
 - We need to figure out what possible risks and beliefs and see what outweighs which
 - Consequentialist reasoning, far from the "playing God" reasoning
- Glover
 - Might come into power, gives limited number of people controlling this power to influence those to be in the future generations
 - What if they make mistakes influencing all of our future generations?
- Genetic Supermarket
 - Go to the people designing genes and pick from the characteristics that they provide you with to make your child
 - Problem: what if everyone decides they want the same characteristic traits according to fashion? This limits our future and causes a homogeneous society
- Don't use the unnatural/natural and "Playing God" statements to defend the use against genetic engineering since they are very dubious
- Therapy vs. Enhancement
 - Can the distinction between therapy and enhancement aid in deciding which is moral and which is not?
 - According to Resnik there will be problems when analyzing the details of the differences between therapy and enhancement
- Goering
 - If we are going to separate the two then we need to show whether something is therapy or enhancement or both
 - She talks about atherosclerosis as a type of therapy or enhancement?
 - Are we using treatments for atherosclerosis to help us fix the problem or so that we can still have unhealthy diet with no consequences because we improved our system?

- If you want a practical tool in distinguishing between therapy and enhancement you need one that can't be classified in both or else it is just focusing on their similarities- problem with Therapy Enhancement Distinction
- This is like having a contradiction
 - Contradictions are huge problem and anybody who connects to this is false
 - In order to have a true contradiction you need to have a conjunction
 - Ex. Premise 1) A and not A
 - A
 - Not A
 - A or Anything
 - Anything <- ?!
 - From premise 1 - 2 we are saying that A and not A are both true
 - But from premise 3- 5 we are saying that statement A is not true so if A is not true than anything written on the other side of the OR statement must be true, in this case it's Anything.
 - But if we saying Anything is true than you are agreeing that everything is true and that encompasses all falsehoods are true which causes problems
 - Therapy Enhancement Distinction is the same idea
 - If we say therapies are moral but enhancements are not then what about those treatments that are both therapies and enhancements?
 - Does that mean they are both moral and immoral? No, of course not. This makes no sense.
- Goering agrees with the contradicting theory
- Her questions are we changing something back to the normal or are we enhancing the normal?
- This depends on the details of the situation
- She believes we should use intervention which abstracts from genetic engineering
- It is acceptable to remove traits that will be forever harmful and influencing our future generations and add traits that are only beneficial so they benefit generations
- Not permissible to use genetic engineering if it is removing traits that are sometimes harmful and sometimes beneficial
 - So to not deprive the future generations
 - Veil of ignorance
 - Being abstracted away from society's influence
 - This can lead to the same idea as therapy enhancement distinction
 - We need details of a situation instead of abstracting away from it

November 25th, 2014

- stem cells

- are of theoretical and practical interest because of their ability to become other kinds of cells
- some come from adults
- some terminology
 - totipotent cells; capable of becoming any kind of cell
 - pluripotent cells; capable of becoming many kinds of cells, but not totipotent
 - unipotent cells; capable of becoming one kind of cell
- therapeutic hopes raised by pluripotent and totipotent cells; many diseases might be halted and health might be restored if such stem cells could be used to generate healthy cells
- there are two sorts of ethical issues here
 - 1) the uses to which stem cells are put; the general considerations about genetic engineering typically apply to these uses as well
 - 2) the sources of stem cells; it is possible to get stem cells from adult humans, but it is better for many reasons to get them from embryos
 - however, this process is inconsistent with the life of the embryo
 - the issues here overlap with those that arise in connection with abortion
- Robertson
 - categorizes ways in which we might acquire stem cells from embryos in three different categories
 - i) from embryos that are being aborted independently; is it permissible to use these stem cells?
 - embryos are being destroyed anyway
 - ii) what goes on in technological means in pursuing reproduction
 - in IVF, embryos are made outside the womb, there is usually left over embryos
 - is it permissible to use these leftover embryos when it requires the destruction of the embryos?
 - embryos are being destroyed for stem cells
 - iii) deliberate creation of embryos as sources of stem cells
 - is this permissible?
- 1) list and discuss possible moral problems with the use of human tissue from embryos or aborted fetuses
 - cruel and unusual punishment; if the fetus is considered a person, they didn't have a chance
 - no benefit for the fetus
 - no guarantee that the life will be saved; benefits vs risk
 - pro-life discussion all applies
 - market; getting pregnant to abort to sell stem cells
 - getting paid for your adult stem cells
 -
- 2) are there any moral problems with the use of adult stem cells?
 - could put the person in harm
 - there is consent happening here

- definitely a person
- issue of consent; is the person able to make their own decision about their stem cells, or is it like a blood bank thing?
- 3) if adult stem cells were not available, would the use of embryonic stem cells be morally permissible? does the availability of adult stem cells affect the moral permissibility of using embryonic stem cells at all?
 - no; not having the supply of one does not make it more morally right to use the other
 - yes; with adults we know their moral status and can obtain informed consent, but with embryos there is a debate whether we need consent
- 4) in debates over emerging medical technologies, how much credence should be given to (philosophically, biologically, etc) uninformed or mistaken views about complex issues involving, e.g., biology?
 - little to no credence
- Robertson is very interested in finding consensus
 - looking for ideas that will apply to the question of acquiring stem cells from aborted fetuses and appeal to people who are ok with abortion and not okay
 - is ok to use organs if you die from murder? yes; people think abortion as homicide, but its ok to use the fetus in that case
- tries to find a middle ground between people who want to treat embryos as a full person, and people who don't think they're have any value
 - symbolic value; value derivative from the value we have
 - we should treat it with respect because of symbolic relations to us
 - how do we balance that against real/full value?
 - seen this with Warren's discussion as a space traveller
 - this kind of value is worth taking into account when that is all that matters, but when the value of potentiality comes into contact with the real person value, real person value always wins
 - Robertson doesn't say this, but it's probably what he means
 - maybe it is just a way of saying people think of the embryo in different ways

November 28th, 2014

- cloning
 - what is the most fundamental question/ethical concern about cloning?
 - Robertson (and other guy) talk about cloning as a reproductive problem
 - some say this is a mistake
 - Baylis says that its some other way
 - the process of cloning is known as somatic-cell nuclear transfer
 - a somatic cell from existing organism is inserted into an egg of the same species whose nucleus has been removed
 - the result is a duplicate that is nearly 100% genetically identical
 - small portion of DNA comes from uterine environment
 - from clone donors and clones this is different

- cloned cat named CC (copy cat)
 - had a different coat from her clone-donor because they had gestated in different uterine environments
 - we should not assume that cloning means that the same organism is produced by technological means
 - with regard to humans, lots of things affect identity
 - therapeutic cloning; cloning of embryos for stem cells
 - reproductive cloning; cloning to produce fully-fledged organisms, including humans
 - is this morally permissible?
 - what are the moral issues relevant to figuring this out
 - Annas and Roberston
 - annas against cloning, Robertson is for it
 - Robertson
 - we already allow people wide leeway to reproductive choices, and provide aid, and there is no reason to treat cloning technology any differently
 - not specially problematic or impermissible
 - maybe cloning as a technological tool will affect our attitude regarding parenthood/children (in Annas's paper) (~20)
 - maybe we don't see them as children but as objects that serve our purpose
 - see online notes
 - what kind of reception will clones find in the world? this is a worry of Robertson's
 - will they be shunned? treated by respect?
 - just shows that we have to be careful about evil in the usual sorts of ways
 - ties to broader worries of justice
 - Annas
 - concerns focus on problems on the identity of the clone
 - or problem with regard to the change to biological relationships that cloning will bring and changes to the identity of the clone
 - this clone comes into the world with someone who has already lived as this clone (the original); this is a threat to authentic existence of the clone/personality
 - this is unfair/a violation of rights
 - if a child dies, parents could clone him to replace him
 - death of a child is no longer seen as a tragedy under these conditions
 - generally we should not conclude that wanting more of something means that the thing is thereby devalued
 - also, usually the reduction of a tragedy is typically seen as a good thing
 - clones have just one genetic parent unlike normal people, and this threatens uniqueness because cloned children are identical to their one parent
 - this is incorrect; clones have two parents just like anyone else
 - but their genes are passed through another organism before reaching them
 - the biological relation between clone-donor and clone is very much like the relation between twins; i.e. they are biological siblings
 - who is the parent of this clone? the parents of the clone-donor

- he worries that allowing cloning amounts to genetic reductionism (the idea that everything important about the development of an organism is a result only of genes; people are just gene containers)
 - he assumes that having one genetic parent threatens uniqueness
 - this might be the case if everything important about the development of e.g. humans resulted only from our genes
 - however, a lot about us is due to environmental features
 - if Annas recognized this, he would not be so worried about the threats of cloning to uniqueness
- cloning threatens our right to information about facts about our origins; this is problematic because such knowledge destroys a clone's conditions for authentic growth
 - it is doubtful that we have such a right, but even without this there might be risks
 - whether there is a problem here probably depends on the likelihood and extent of detrimental facts of such knowledge. these are not the same in all cases
 - first case: the clone-donor and clone are very close in age
 - there is relatively greater risk that the clone will be like the clone-donor, because they are quite like twins
 - but this means that there is not much for the clone to know about the clone donor's life, which lowers the risk to the clone
- Baylis
 - cloning is typically discussed in terms of the ethics of individual reproduction
 - this is understandable, but a mistake
 - cloning (combined with other emerging genetic technologies) offers us unprecedented means of enhancing the species; i.e. it should also be discussed as enhancement technology
 - however, cloning (and related technologies) also offer the means of pursuing intentional species enhancement
 - reproduction of individuals with particular biological strengths regarding survival in a fast-changing environment
 - reproduction and modification of individuals to overcome the psychological roots of interpersonal conflict
 - production of humans with improved cognitive capacities in order to keep up with the information-processing capacities of computers
 - production of humans with specific genetic profiles for research aimed at understanding individual-environment relations and at eventually improving human lives
- who's right about what we should focus on?
 - reproductive terms
 - what is missed in this case?
 - eugenics (changing kind of people produced; species enhancement)

- what is missed in this case?