

Unit 1

Lecture 1.1: Introduction to ethical theory and its foundations:

- Ethics: the study of right and wrong in terms of human action
- Ethical theory is subdivided into three branches:
 - Meta-ethics:
 - “meta” means beyond
 - asks about the very possibility and nature of ethics itself
 - Applied ethics:
 - new field of research
 - attempt to resolve controversial issues (ex: do animals have rights?)
 - most prominent fields of applied ethics are business ethics, environmental ethics, and biomedical ethics
 - Normative ethics:
 - philosophers present theories about what rules or principles should guide your behaviour
 - figure out what we ought to do or how we ought to be
 - there are five types:
 - Consequentialist theories:
 - most associated with John Stuart Mill
 - the most important question in terms of whether an action is right or wrong is the consequences of the action
 - example: “egoism” is best result for me
 - most important consequentialist ethical theory is utilitarianism (the overall happiness or well-being of anyone affected by the action)
 - JSM says: “an action is right if and only if its expected consequences are such that overall happiness or well-being is maximized”

- Deontology:
 - most associated with Immanuel Kant
 - consequences are irrelevant to moral status
 - believes that some obligations or duties should NEVER be broken even if breaking them seems to have a better outcome
 - we should do the right thing not because of the outcomes but simply because it is the right thing to do
- Virtue Ethics:
 - most associated to Aristotle
 - it is not about figuring out what to do in a particular situation but rather about figuring out what kind of person I should be across a lifetime
 - involves presenting a list of virtues (honesty, benevolence, courage) to cultivate and a list of vices (vanity, selfishness, cowardliness) which should be avoided
- The ethics of care:
 - roots in the feminist movement
 - the other theories focus on rational, individual, self-interested subjects where relationships are merely a secondary part of their lives
 - see the world according to the moral categories of care or relationships
 - we are all dependent on others at various times in our lives
 - suggest that we have a moral duty to our particular relationships: I may owe my mother or my child different levels of duties than I owe to strangers

Lecture 1.2: Meta-Ethics and Other Considerations

- morality: an explicit or implicit system of rules that governs the behaviour and values of a certain group of people
- ethics: the study of morality—its concepts, practices, and justifications
 - Ethics and the law:

Monday, April 24, 2017

- many moral rules do not have a corresponding law (ex: breaking a promise to a friend)
- the legal system itself is thought to have a moral foundation to structure a better society
- just because a law is passed by some government does not mean that it is morally justified (ex: slavery)
- moral rights: rights that are justified or required morally, by ethical reasoning, even if they aren't enshrined in a law
- Ethics and Religion:
 - there is a problem if we attempt to resolve moral dilemmas by appealing to the authority of a sacred text or a religious wise person
 - there are competing interpretations of any law or book, and in a multicultural society one cannot simply insist that one particular way of seeing the world or interpreting moral code is the right one
- Implicit meta-ethical positions:
 - ethical subjectivism is that there are no “moral facts” in the universe, and so ethical statements are not statements about the world at all. Rather they are best interpreted as statements about the emotions or opinions of the speaker
 - arises from the important recognition of autonomy or individual freedom
 - it fails to allow for genuine moral debate
 - emotions and opinions change but ethical judgments aren't supposed to change so easily
 - ethical relativism is when an ethical statement can be true or false beyond merely subjective feelings or beliefs because ethical truth or falsity is relative to the speaker's culture
 - there is no moral ground for criticizing another cultures practices even if they believe in slavery
 - lots of cultures have similar views but express them differently (ex: one is for and one is against abortion but they both share the value of “respect for life”

- ethical objectivism assumes some objective moral standards to which all persons of the world must be held, regardless of legal, political, or cultural differences. Recognizes a moral “fact” of human dignity.
 - soft-objectivism: enter into an ethical debate and investigation with a certain good will towards finding a better world without the false requirement that we have a final answer worked out

Lecture 1.3: Understanding and Applying Normative Ethical Theories

- Utilitarianism:
 - developed by Jeremy Bentham and John Stuart Mill
 - principle of utility: actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness
 - maximize good consequences and minimize bad consequences
 - shouldn't prefer their own happiness over anyone else's
 - problem example: killing one person that is suicidal anyways to use his organs to save 7 people...they are achieving the best outcome but how can this be right to do?
 - act utilitarianism: each case is evaluated according to the principle of utility
 - rule utilitarianism: keep rules that in general seem to make the world better but then to deploy act utilitarianism for less dire situations or when rules contradict themselves
- deontology:
 - we have a duty or an obligation to do certain things regardless of the consequences
 - Immanuel Kant argues that humans are rational creatures so ethics needs to be connected to the intentions behind an action rather than the consequences
 - since reason is the same regardless of who is reasoning, Kant says that we would all find the same universal ethical duties
 - the only reason we don't see eye to eye ethically is because we mistakenly let out reason fall under the influence of emotion, error, or superstition

- imperative: a type of sentence that tells us to do something
- hypothetical imperatives: not everyone might fit the hypothesis so it is not necessary to always follow these commands (ex: if you are hungry by the cookie... if you are not hungry then do as you wish)
- moral rules are not hypothetical they are categorical: some universal rules that apply to us regardless of who we are, what we want, or what culture we belong to
- “universal law of nature”: act in such a way that you can at the same time desire that the principle of your action become a universal law of nature (kant believes lying is always wrong because you are treating others as a mere mean)
- practical imperative: act so that you treat humanity, whether yourself or others, always as an end, and never merely as a means (end is a goal, means are the steps or tools we used to get there)
- Imperfect vs. perfect duties:
 - perfect duty: a duty that I must follow in all cases
 - imperfect duty: duty that we have to do only some of the time (ex: beneficence)
- Prima facie duties:
 - WD Ross believed that ethics was made up not of a single duty but rather of a set of prima facie duties
 - prima facie duties are duties that are binding unless they are overridden by some other important considerations or competing duties
 - some duties are fidelity, reparation, gratitude, justice, beneficence, self-improvement, nonmaleficence and the most pressing ones would have to be respected
- Virtue Ethics:
 - an understanding of how I ought to live my life and what kind of character traits are best
 - I only have the virtue of honesty when I have developed a stable character trait to tell the truth in most situations unless there are very strong reasons to lead me to the opposite
 - Aristotle believes: there is a golden mean or “middle ground” between an excess of courage (brazenness) and a deficiency of courage (cowardliness), and this

mean is the virtue of “courage.” The mean, then, or middle ground, is what is reasonable, and the virtuous person acts virtuously both because it is the right thing to do (reasonable) and because they gain fulfillment in living a virtuous life

- Normative Ethics:
 - Carol Gilligan: argues that most men tend to see moral situations in terms of rights and justice while women tend to see moral situations in terms of care and relationships
 - a care based moral theory is superior to the traditional approach because it is not based on abstract rules but rather on the actual situation between people
 - situations, relationships, society, etc all play a role

Lecture 1.4: The principles of Bioethics

- The Hippocratic Oath and other codes:
 - each conversation between an HCP and a patient is a potential for ethical or unethical action and decision-making has to take place sometimes in a split second and carries with it extreme consequences
 - codes of ethics have been made to help with split second decision making but just because they are called codes of ethics does not mean they are all justified
 - Hippocratic Oath: above all, do no harm
 - You can see that an oath is a place to begin a debate, not to end one
 - the oaths are not binding in a legal or professional sense
 - codes of ethics have to constantly be revised
 - There are 3-5 basic principles of bioethics
 - Autonomy and respect for persons:
 - All persons are autonomous beings worthy of respect, and as such have a fundamental right to self-determination that is limited only by unjust infringement on the rights of others
 - it is still prima facie duty so it can be over-ridden
 - The principle of nonmaleficence:

Monday, April 24, 2017

- Everyone has a duty to prevent harm to others insofar as this is possible without undue risk to oneself, where the nature of the harm is in keeping with the competently held values of the recipient of the action in question
- people have a duty to not cause harm to others but not at the risk of themselves
- harm is not universal (one is considered harm for one is not harm to another)
- The principle of Beneficence:
 - Everyone has a duty to advance the good of others if it is possible to do so without undue risk to oneself, where the nature of the good is in keeping with the competently held values of the recipients of the action in question
 - human beings are social animals and they start from having a general duty to help others
 - this is an imperfect duty meaning it does not always have to be done
- The principle of justice/equality:
 - All persons, insofar as they are persons, are equal and should be treated the same
 - all people should have equal access to care and everyone in similar situations should be treated the same way
- “when trying to decide which principal takes priority in a given case – and therefore which right or duty is in fact a right or duty – one should take into account not only the nature of the relevant act in question but also the personal, social and material parameters in which the relevant individual is embedded.”

Lecture 1.5: Paternalism and the Health Care Professional—Patient Relationship

- paternalism: authority or decision-making as if by a father in order to further the good but it is in the father’s conception of what is the best interests
 - its also an absolute authority, the final say
 - in a medical context, the doctor is seen to take the fatherly role...this is because of the feeling that “doctors know best”

- this runs the risk of getting in the way of the patients autonomy
- paternalism should not be used unless the patient is unconscious or incompetent
- paternalism defined as: The intentional overriding of one person's preferences or actions by another person, where the person who overrides justifies this action by appeal to the goal of benefiting or of preventing or mitigating harm to the person whose preferences or actions are overridden
- Weak or soft paternalism: respect the patient's decisions if they determine that the apparently non-optimal decisions are in fact the result of autonomous informed consent
- Hard or strong paternalism: suspension of autonomy in order to prevent harm or in order to benefit a patient even though the risky behavior or decision is indeed a result of informed, voluntary, and autonomous deliberation
 - How to justify hard paternalism:
 1. A patient is at risk of a significant, preventable harm.
 2. The paternalistic action will probably prevent the harm.
 3. The projected benefits to the patient of the paternalistic action outweigh its risks to the patient.
 4. There is no reasonable alternative to the limitation of autonomy.
 5. The least autonomy-restrictive alternative that will secure the benefits and reduce the risks is adopted.
 - [6.] ... a paternalistic action would not damage substantial autonomy interests.
- The paternalistic model:
 - physician holding final decision-making power, assuming that their informed and objective perspective enables them to decide what is in the best interests of the patient
 - doctor might just tell a patient a treatment is necessary without fully asking for permission
 - doctor might not tell a patient about a procedure their insurance doesn't cover
- The agency model:

- a physician may in fact act simply as a technical consultant who performs whatever actions requested by the patient
- arguably too much authority is given to the patient and the physician's autonomy is not sufficiently recognized
- The contractual model:
 - pictures the HCP-Patient relationship as a contractual one, in terms of an explicit or implicit contract
 - the physician here can choose to enter into the contract or not
 - physicians who are forced to operate within the constraints of the contractual model will often feel a pull between what they are permitted to do and what they feel obligated to do
- The friendship model:
 - just like a friend, the physician is free to argue with or pressure the patient when they are not treating themselves in the manner the friend believes appropriate
 - just as friends sometimes know when to withhold information or to tell white-lies, this model too allows for physicians to be more playful with the truth
 - a friend must respect the final decision of the friend, and so unlike the paternal model this model has the patient as the ultimate decision-maker
 - the problem is that people cannot get to know their HCP well enough to consider them friends or even just develop a sort of relationship with them
- The fiduciary model:
 - means trust
 - doctor and patient are in a relationship of mutual trust
 - this is often seen as the best model

Lecture 1.6: Introduction to medical decision-making: autonomy, competency, and feminist critique

- autonomy:

- means self-governance; autonomous individual is free from outside control to create and direct their own life-plan
- Given the temporary cognitive influences of an illness, depression, coercion, or oppression, a normally self-governed individual could very quickly find themselves not acting autonomously
- autonomy must be intentional, understanding, and free of external influences
- sometimes there are negative influences upon medical decision-making: fear, anxiety, guilt, depression, culture, finance, etc
- autonomy is fragile
- competence:
 - evaluates not the content of the decision but also the process of arriving at the decision
 - a competent person is:
 - rational and mentally mature individual
 - free from any substantial internal or external influences or constraints
 - able to make a decision that reflects his or her longer-term values
- surrogate decision-maker:
 - when a patient isn't competent enough to make their own decisions
 - normally a family member who is asked to make a decision maker based on the patients long term goals and what they believe the patient would have wanted
- Being informed:
 1. Disclosure: the patient must receive thorough disclosure of relevant information.
 2. Comprehension: the patient must understand the information being given.
 3. Voluntariness: the patient must not be coerced into giving consent or refusing treatment.
 4. Competence: the patient must be competent to consent or refuse treatment.
 5. Consent: the patient must actively give consent or refuse treatment.

Monday, April 24, 2017

- Sherwin: there are “enormous practical barriers to informed choice”
- “not only false but impoverished: much of who we are and what we value is rooted in our relationships and affinities with others”
- Sherwin, relational theory suggests a duty to work towards social, cultural, economic, and political changes by which “oppressed people can be helped to develop the requisite autonomy skills”