

20 MCQ

5 Short Answer

1 (with the option of 2) long answer)

Whats going to be on the test for sure:

1. What does Mill (utilitarian and consequentialist) mean by “Better to be Socrates dissatisfied than a pig satisfied?”

- Essentially, no one wishes to drop down to a lower grade of existence in order to escape the pressure of human life. If we decide to be something of lower status, such as a pig, higher level pleasures are impossible to experience
- Furthermore, as humans we are able to experience pleasures and happiness at various levels (a pig in shit may be happy, but is it the same magnitude of happiness as a human winning a hard earned and prestigious award?)
- Mill cannot fathom the idea of someone wanting to live a life under a lower status of existence just for the sake of comfort
- In this quote, Mill tries to distinguish the fact that there are levels and differences of pleasure, given the chance, a person will pick the option which will give them the greatest amount of happiness
- Mill believes that pleasures on the mind are considered higher ranking emotions and it includes pleasures on intellect, imagination and the appreciation of beauty (sensational pleasure is not as rich as that which is intellectually stimulating)

2. Informed Consent with Faden and Beauchamp

- They believe that true informed consent has 2 parts:
 - **Sense 1:** informed consent as autonomous authorization → informed consent is an informed consent that authorizes a professional to either involve a subject in a medical experiment or to authorize a medical procedure or both
 - what distinguishes informed consent from other autonomous acts is the fact that it is the notion that we authorize a professional to do an intervention
 - the person who authorizes, uses all the rights and power to control they in that situation to then authorize someone else to act *which means you (the person authorizing) are going to take some responsibility for what they do, they are acting as your agent on your behalf for what you let them do*
 - **Sense 2:** is the practice effective consent → conforming to whatever set of rules you have between the particular institution you conform to
 - is is effective because: it has been attained through a procedure that gratifies the rule and requirements defining a specific institution or practice
- the difference is that sense 1 is focused on the person who is authorizing and sense 2 is focused on the regulation of behaviour of the consent seeker
- example would be the identical twins *** 19 years old, no question that is was autonomous authorization (sense 1) but in the state you need to be 21 to make medical decisions, so you would need parental consent according to institution regulations (sense 2)

3. “The Concept of Informed Consent,” Ruth R. Faden and Tom L. Beauchamp

- According to Faden and Beauchamp, what is the difference between Sense₁ and Sense₂ of informed consent? (answered above)**
- What do they think is the necessary element of true informed consent?**
 - the necessary element of true informed consent, according to Faden and Beauchamp is as follows; “real informed consent involves more than a patient

merely agreeing to, or acquiescing in, some suggested course of action”

- Faden and Beauchamp believe that the patient must autonomously, actively and intentionally authorize the intervention that is proposed
- To actively authorize the intervention that is proposed, the patient must come to their decision....

- a. with full knowledge and understanding of the procedure
- b. without any persuasion or control influenced by others
- c. with understanding of all of the risks, benefits and alternatives of procedure
- d. with **consent and must fully authorize the procedure**

c. **What is their criticism of equating informed consent with shared decision-making?**

- Faden and Beauchamp disagree with those that equate informed consent with shared decision-making and believe that those who believe that the two are interchangeable, are confused
- The two ideas are separate entities because shared decision-making is biased
 - although the physician may provide the patient with information, that information may favour a certain aspect and may be lacking in necessary facts in order for a patient to make an educational and reasonable decision
 - a patient must give informed consent
 - patient should be able to make decisions that are fully autonomous without the biased opinion of a physician contaminating the patient's decision

4. Transparency: Informed Consent in Primary Care,” (Howard Brody)

a. **What is Brody’s criticism of the “conversation standard” of informed consent?**

- I will maintain that accepted legal standards, at least in the form commonly employed by courts to send physicians the wrong message about what is expected of them. An alternative standard that would send physicians the correct message, a conversation standard, is probably unworkable legally.
- no one else was in the conversation but you and the patient so it's your words against three
- he believes that in retrospect it would be hard for a jury to determine if a conversation was adequate enough for both parties involved
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b. **What is his assessment of the “reasonable patient” standard?**

- does a much better job of indicating centrality of respect for patient autonomy and the desired outcome of the informed consent process
- revealing the information that a reasonable person would need to make an informed and rational decision
- valuable when modified to include the specific informational and decisional needs of a particular patient
- must exhaustively layout all possible risks as well as benefits and alternatives of the proposed procedure
- if one remembers discuss fifty possible risks, the patient in a particular case suffers the fifty-first, the physician might subsequently be found liable for incomplete disclosure
- incomplete disclosure will trigger a lawsuit from the patient

c. What reasons does he give for preferring the “transparency standard”?

- Brody criticizes the legal standard of informed consent as an unhelpful model for physicians
- since the ideal model, a conversation standard, is not legally viable he opts for the “transparency” standard as a compromise
 - In this model, adequate information has been disclosed to the patient and the physicians basic thinking has been made transparent to the patient
 - This ensures that the patient has comprehended all crucial facts to an extent where they can use the information to make an autonomous decision

5. How are nurses expected to resolve conflicts of interest?

- When conflict arise between the patient’s preferences and those of others, the nurses primary duty is to the patient

- **the concept as a nurse as a autonomous professional - read newtons article:**

- traditional role of the nurse is to assist the doctor: the nurse has a decision of how a treatment or plan should go but she doesn't have the ability because she is directed because its the attending physician that has the ability to choose which path he or she takes

- a. **Why does Newton reject the model of a nurse as an “autonomous professional”?**

- Although doctors care for the patients physical health, nurses make healthcare more holistic by addressing the fear, grief and frustration (of both the patient and their family) that accompanies a hospital stay and recovery period
- Nurses are a source of moral support for their patients, as they are the “last hope for human present in a hospital”

- b. **Why does she think that physicians alone must be in charge of patient care?**

- Role of Nurses “... doctor is the only one who knows how to deal with serious medical situations that arise without warning”

- c. **Does Newton believe that a physician’s authority should never be challenged? Explain.**

- Challenging the judgement that doctors can make in order to restrict patient access to desired treatment raises obvious concerns about protecting autonomous patients from unwanted and unnecessary medical paternalism

6. How does Kant’s moral theory differ from Mills utilitarianism?

- Mill: the concept of utilitarianism explains that the most moral/good action is one that uses the greatest utility in order to produce the most amount of general happiness, for the greater good of society even if it means that the distribution of happiness is smaller in proportion per individual because overall, ‘the good’; covers more people
- Kant: moral law states that one preforms good actions because the act itself is good and it will lead to the best results

7. How are we supposed to apply Kant's means-end principle to situations involving a lying promise?

- Kant's "means-end principle" states that it is moral to use another person as a means to an end (end meaning certain outcome)
- An individual must use himself as a way to an end
- The means-end principle is applicable to the scenario of the lying promise because when a person makes a cold promise to someone in order to obtain a certain desire with the intention of not keeping their word, they are using the other individual as a means to an end and this is identified by Kant as immoral (but what about the scenario where a person has demands and agrees to let hostages of if those demands are 'said' to be met)

8. According to Kant, what is the only good thing that is good without qualification?

- goodwill is the only thing that is good without qualification and cannot be tarnished by the 'end' concept
 - for something to be considered universally good, it must be good in every instance of occurrence, and goodwill is exactly that. Good from the start of its occurrence to its end

Exam long answer: **What would you do? (5 paragraphs)**

Chapter 4 - Confidentiality Example

- HIV positive patients only have their anguish worsened if others know about their condition. They demand medical confidentiality and physicians are obligated to comply but their "duty to warn" others of risk of infection hurts both the physician and patients
- The choice for Carlos' physician was then to choose between preserving confidentiality and breaching it to warn Consuela (his sister and dad) of the risks involved in caring for an HIV-positive patient
- **Act-utilitarianism:** the morality of truth telling and confidentiality must be judged case by case (it is not universal; in the sense that each situation is the same and the exact principle can be applied each time with no exception), the right action being the one that maximizes the good for all concerned. Physicians must weigh all the effects of their choice on the patient, the patient-physician relationship, third parties who may be harmed by maintaining confidentiality and themselves (who may have to be obliged to legal consequences)
 - in this case concerning the 4 parties involved if he kept patient confidentiality: he, the physician would maintain the patient's persona, do no damage to the patient-physician relationship, however, if his sister somehow contracted HIV while treating her brother and found out the physician knew this was a possibility, the doctor could run into major legal issues. Thus keeping confidentiality does more disruptive harm (health issues, and legal matters) than it does good (a person's persona, I am not saying that's not important but in this case I would personally rank it as not as important).
- **Rule-utilitarianism:** tries to regulate rules by what would generally if followed result in the best consequences for everyone considered. A rule can be made for mandating the fact that physicians must adhere to patient confidentiality but what it also demands full

respect for patient privacy except when maintaining confidentiality could put someone's life in danger. I have learned through the hard way in life that every secret will come out at some point in time. I don't think any secret would be worth putting your sister's life at risk when she is taking the time out of her day to take care of you when you no longer have insurance for the money to take care of the problem yourself.

- **Virtue ethics**: if the physician poses the virtue of so on

- **Consequentialist view**: moral theories that insist on the rightness of actions based on their consequences —> if the physician didn't tell the sister and she contracted HIV then his action for not telling her would have been seen as morally wrong

Chapter 3: Paternalism and Patient Autonomy Example

- the woman who wishes to stop life-sustaining treatment in order to die because she has a horrible disease, nothing to live for, no family for support, no home, no money and no life.

- Kantian ethics rejects paternalism; and the means-to-end principle insists on respect for the rights of an autonomous person - respect that can not be weakened despite the physician's beliefs for the patient's own good; to ignore any of these requirements would be treating the patient as a mere means: he would argue that if a physician believes a treatment is pointless and that giving treatment is unethical and inappropriate then the physician's right to withdraw treatment is morally permissible.

Chapter 5: Informed Consent

- therapeutic privilege: withholding information for the sole good for the patient

- Rawls' contract theory: equal liberties for all which supports the doctrine of informed consent —> treating people without their informed authorization would be a violation of such liberties