

# BIOETHICS READINGS

## CHAPTER 2

### UTILITARIANISM: JOHN STUART MILL

- Utility (Greatest Happiness Principle): actions are right in proportion as they promote happiness, and wrong if they reverse happiness
- Happiness: intended pleasure, absence of pain vs. Unhappiness: pain, privation of pleasure
- Pleasure and lack of pain is desirable
  - All desirable things are either for the pleasure inherent of themselves, or as a way to promote pleasure and prevent pain
- Epicureanism: a type of philosophy based on the teachings of Epicurus
  - The greatest good is to seek modest pleasures in order to attain a state of tranquility, freedom from fear and absence from bodily pain
- Comparison of Epicurean life to that of beasts is felt as degrading: a beast's pleasures do not satisfy a human's conceptions of happiness
- Utilitarians in general place superiority mental over bodily pleasures - cause of circumstantial advantages rather than in their intrinsic nature
- Some kinds of pleasure are more desirable and valuable than others
- Out of two pleasures, the one that is the most preferred, irrespective of any moral obligation to it, is the most pleasurable
  - If one is preferred over the other, even knowing it has a greater amount of discontent, and wouldn't resign it for any quantity of any other pleasure, we're justifying a higher quality over quantity
- An intelligent person wouldn't want to be being a beast if promised the full pleasure of one
  - As a higher being, more requires humans to be satisfied
  - Better a human dissatisfied than a pig satisfied
- Many who are capable of higher pleasures, if tempted, may postpone them for lower pleasures
- Men lose their high aspirations as they lose their intellectual tastes
  - Capacity for higher feelings (noble) is killed easily

### THE MORAL LAW: IMMANUEL KANT

- If a law is to have moral force it must also have absolute necessity
- Talents of the mind are good but they can become extremely bad and mischievous if what makes use of them (character) is not good
- A good will is good because of its virtue that is good in and of itself
- All moral conceptions have their origin in a priori reasoning
- Moral laws have to hold good for every rational being
- One categorical imperative: *Act only in that maxim whereby thou canst at the same time will that it should become a universal law.*
- Can be expressed as: *Act as if the maxim of thy action were to become by thy will a universal law of nature.*
- We must be able to will that an action of our maxim should be a universal law

- Some actions are such that their maxim cannot (without contradiction) be conceived as a universal law of nature
- Generally, any rational being exists as an ends, and not just a means to be used by this or that
- The worth of any object to be acquired by our action is conditional
- Non-rational beings are things, rational beings are persons
- Rational nature exists as an ends itself
- We should do things out of a sense of duty

## NICOMACHEAN ETHICS: ARISTOTLE

- All human activities aim at some end that we consider good
  - Most activities are a means to a higher end
  - The highest human good, then, is that activity that is an end in itself - happiness
- When we aim to achieve happiness, we do so for its own sake, not because happiness helps us realize some other end.
  - The goal of the *Ethics* is to determine how best to achieve happiness
- Happiness depends on living in accordance with appropriate virtues
  - Virtue is a disposition rather than an activity
    - That is, a virtuous person is naturally disposed to behave in the right ways and for the right reasons, and to feel pleasure in behaving rightly
  - Virtue is a mean state between the extremes of excess and deficiency
    - This mean varies from person to person
- Only voluntary actions are praiseworthy or blameworthy
  - Voluntary action: any action that originates in the agent and not in some outside force like a push or a stumble
    - Characterized by rational deliberation and choice, where the agent determines the best course of action by reasoning how best to achieve desirable ends.
- Justice in a sense encompasses all the other virtues, since being just consists of exhibiting virtue generally
  - There are two forms of justice:
    - Distributive justice: deals with the distribution of wealth or honors among a group of people and should be given according to merit
    - Rectificatory justice: deals with exchanges between two or more people and should always aim at restoring a sense of balance and equality between the people concerned
- Moral virtues dispose us to behave in the correct manner, it is necessary also to have the right intellectual virtues in order to reason properly about how to behave
  - There are five intellectual virtues
    - Three of them—scientific knowledge, intuition, and wisdom—consist of contemplative reasoning, which is detached from human affairs
    - The other two—art or technical skill and prudence—consist of calculative reasoning, which helps us make our way in the world
      - Prudence is the intellectual virtue that helps us reason properly about ethical matters
- Incontinence is a peculiar form of badness
  - Unlike vice, incontinence does not involve willing bad behavior
  - It consists of knowing what is good but lacking the self-control to do good
    - Incontinence is not as bad as vice, since it is partially involuntary

- There are three kinds of friendship:
  - based on utility
  - based on pleasure
  - based on goodness of character
  - The first two kinds of friendship are based on superficial qualities, so these sorts of friendship are not generally long lasting
  - Friendship based on goodness of character is the best kind of friendship, because these friends love one another for who they are and not for what they stand to gain from one another
  - Friendship generally exists between equals
- Political institutions rely on friendly feelings between citizens, so friendship and justice are closely connected
  - There are three forms of constitution based on different kinds of relationships
    - Of the three, monarchy is preferable to aristocracy or timocracy
      - Monarchy: a form of government in which a person, the monarch, is head of state for life or until abdication
      - Aristocracy: a form of government in which power is held by the nobility
      - Timocracy: a form of government in which rulers are motivated by ambition or love of honor
- Ideally, our feelings for our friends should reflect our feelings for ourselves
  - Self-love is more important than friendship, since only people who treat themselves with appropriate care and respect can achieve proper virtue and happiness
  - Though a happy person is theoretically self-sufficient, *friendship is an important and essential aspect of the good life*
- Pleasure accompanies and perfects our activities
  - A good person will feel pleasure in doing good things
  - The highest good of all is rational contemplation
    - A life that consists exclusively of contemplation is obviously impossible, but we should aim to approximate this ideal as closely as possible

## CARING: NEL NODDINGS

- Ethics in the past mostly had the “father’s voice”: in principles and propositions
  - The “mother’s voice” has been mostly silent: human caring
- Ethics has mostly been led by “Logos” (masculine spirit) and not “Eros” (feminine spirit)
  - However even Eros is masculine in its roots and fails to capture the receptive rationality of caring
- Many deeds of violence are often done in the name of principle
  - The approach through law and principle is one of the detached father
- Our pictures of the world is limited through our narrow language
- Faced with moral dilemma, women often ask for more information
  - Reasoning for moral decisions often points towards feelings and impressions rather than to universal principles and their applications
- Identifies joy as a basic human affect

## MORAL SAINTS: SUSAN WOLF

- A moral saint is “a person whose every action is as morally good as possible, a person, that is, who is as morally worthy as can be.”

- The Loving Saint (*Utilitarianism*) - one who's happiness is always derived from helping others
- The Rational Saint (*Kantianism*) - one for whom happiness is always subjugated to the moral law
- Moral considerations should not always be overriding and that moral sainthood is neither a reasonable nor a compelling ideal
- Argues that in always elevating moral considerations above all others, one will fail to cultivate other virtues, interests and talents
  - this not only is not a reasonable or desirable aim for oneself, it is not something we would (or should) want to see in others either
- The conflict between moral sainthood and the development of other, nonmoral virtues is due to three things
  - amount of free time a person has
  - allocation of resources
  - the necessity of certain personality traits for the development of certain non-moral virtues; traits which it would seem the moral saint must eschew
- To believe that moral sainthood is an ideal, then, is to wish that everyone would be a moral saint
  - Wolf is pointing out is that despite what people may say, no one actually believes this or should
- Wolf considers several objections to her argument
  - *First objection*: Perhaps the problem isn't moral sainthood *per se*, but rather, single mindedness taken more generally
    - The weakness of this objection lies in the fact that the moral saint's obsession is all-encompassing, while the others are not
    - Moral sainthood seems to require that one have certain personality flaws or defects in a way that is not the case with chefs, tennis players, or oboists
      - The loving saint seems incapable of any number of types of joy
      - The rational saint seems unduly afraid of them or even, perhaps, self-hating
  - *Second Objection*: Perhaps our failure to find the moral saint admirable is due to a fault of ours, rather than his
    - If whatever we maintain is the good or flourishing life should also be one that we admire or find desirable, both in ourselves and others?
  - *Third Objection*: Moral sainthood does not preclude the pursuit of other interests and the cultivation of other virtues, because the pursuit of one's own interests and passions are conducive to one's own happiness and this is essential if one is effectively to pursue moral virtue
    - Moral sainthood should not be considered an ideal
      - Violates the Utilitarian's own greatest happiness principle

## CHAPTER 3

### PATERNALISM: GERALD DWORKIN

- Paternalism implies the limitations on personal freedom or choice, done to benefit the person whose freedom is restricted
  - Pure paternalism: only the person benefited loses freedoms (eg. prohibiting suicide)

- It is difficult to find cases of pure paternalism
  - Impure paternalism: others lose freedoms too (eg. limiting cigarette sales)
    - These restrict consensual behaviours
    - Because such regulation restricts the liberty of people whose welfare isn't protected by the restriction, it may require more justification
- Collective limitations in order to gain a collective good is similar to paternalism (eg. laws created through consent of the governed that prohibit working more than a certain number of hours)
  - We consent to these, but must coordinate our behaviour to obtain the benefits
- Mill's principle bans paternalism (but makes exceptions for almost everything else): Mill will only allow restriction on freedom of person A in order to prevent harm or to positively benefit person B, but NOT to prevent A from harming
  - Mill assumes that each person is
    - (1) the best judge of their own life
    - (2) each person is more concerned about themselves than others are
    - ∴ attempts to judge on behalf of others will have worse consequences than letting people judge for themselves
  - However Mill is wrong about both (1) and (2)
- Dworkin believes that paternalism should be allowed in some cases, and sometimes it's our duty
- "Paternalism is justified only to preserve a wider range of freedom for the individual in question"
- Ex: for children, parents have a duty to do what the child would want if the child was an adult
  - prevention of all kinds of harm
  - unpleasant activities that create later benefits (sending kids to school when they don't want to go)
- The standard here has to be one of [impartial] rationality: "we would be most likely to consent to paternalism in those instances in which it preserves and enhances for the individual his ability to rationally consider and carry out his own decisions"
- For adults, paternalism is rational when it restricts freedom in order to prevent "far reaching, potentially dangerous, irreversible" harm, or secure a future good
  - The adult does not know the risks/benefits
  - The adult knows, but has "weakness of will"
    - psychological or social pressure
    - irrational discounting of danger due to short vs. long term consequences

## THE REFUTATION OF MEDICAL PATERNALISM: ALAN GOLDMAN

- Paternalism is unjustified except in exceptional circumstances
- There are two kinds of harm:
  - Objective harm: something that is so bad most of us would consider it to be a step down
  - Inclusive harm: when our ability to choose is blocked. We can be harmed in this way whether we realize it or not, and even if our desires aren't frustrated
- Argument for paternalism:
  - Premise 1: Granting autonomy is sometimes going to be detrimental to a patient's health, even leading to death
  - Premise 2: Worsening health or death is something that patients would absolutely not want. They value life and health the most
  - Conclusion: Therefore paternalism is justified. Doctors may override autonomy in order to prevent the harm of death/illness

- If the patient is to be harmed by autonomy, is the harm bad enough to justify paternalism?
  - If the harm is bad enough, then paternalism is justified
  - If not, then paternalism is not allowed
- For Goldman, the problem with the argument for paternalism is with premise 2:
  - He thinks that sometimes health or life is not the absolute priority for patients
  - If health and life is always their top priority then paternalism is fine
  - If other values come up on top, then paternalism for the sake of life or health is not justified
- Goldman argues that most of us do not value bare life - mere existence
  - For most people, the quality and enjoyment of life is more important than simply living
- Goldman argues that life in and of itself is not valuable
  - Life in a coma is no better than death
  - It is the quality of life that counts, not just being alive
  - A life in constant pain and depression is not valued
- Therefore doctors are thus wrong to assume that life and health are of paramount importance to patients
  - Some patients may have different values
  - In being paternalistic for health reasons, the doctor is making choices that clash with the patient's own values and interests
- Arguments for medical paternalism:
  - Disclosure of information may increase the risk of depression or non optimal reaction
  - Disclosure of information may thus be detrimental to health
  - Health and long life can be assumed to be important for people who consult doctors
  - Worsening health or hastening death can be assumed to be contrary to the patient's own true value orderings
- Goldman thinks that the ability to make our own choices is "so important that normally no amount of goods, pleasures, or avoidance of personal evils takes precedence"
  - Concludes that health and long life are less fundamental values than self-determination
- We value autonomy for its own sake

## WHY DOCTORS SHOULD INTERVENE: TERRENCE F. ACKERMAN

- Main thesis: the goal of the physician-patient relationship is to restore autonomy by looking into the cognitive, psychological and social restraints
- Autonomy is one's ability to for self-governance
- There are two features of autonomy:
  - Involves deliberate plans of action
    - The autonomous person thinks about their actions
  - Choices people make based on their own life plans
    - Makes decisions based on the context of your overall view of your life plan
- There four effects of illness that can affect autonomy
  - Physical constraints: prevent them from acting on their plans (eg. confined to prison)
  - Cognitive constraints: lacks information about the illness or inability to understand the information
  - Psychological constraints: mental illness (such as anxiety or depression)
  - Social constraints: other people hindering the patient or a socially absorbed normality that hinders the patient (eg. institutionalized reasons or expectations)
- Goal: In order to return the control to the patient, constraints must be neutralized

- There are 5 strategies to neutralize the constraints:
  - Repeat information
    - To ensure the patient has heard it enough times
  - Discuss details
    - Put details in proper perspective (eg. if patient is in denial explaining the details may break through the barrier of denial)
  - Change the tone of discussion
    - Someone experiencing anxiety may need a calming, friendly voice
    - Someone in denial may need a strong, firm voice to get through to them
  - Influence the attitudes of other people
    - If an outside source of constraint is influencing the patient, a doctor should step in and address it appropriately (eg. family members, friends, news, media)
  - Modify the patients on view of their role
    - Make sure the patient knows they can think for themselves
- “Sick role”: patient is socialized to think they cannot make decisions for themselves because they are sick
- Legal mode: gives some procedures for dealing with conflicts
  - Negatives:
    - May not recognize impact of the illness upon autonomy
    - Not a good idea to use this model because it doesn’t fully restore autonomy

## CHAPTER 4: TRUTH TELLING AND CONFIDENTIALITY

### TELLING THE TRUTH TO PATIENTS: A CLINICAL ETHICS EXPLORATION: DAVID C. THOMASMA

- Argues that there are three reasons it is necessary, to tell the truth:
  - individuals have a right to the truth
  - individuals can make informed decisions from the truth
  - individuals deserve kindness by being told the truth
- Truth telling is important because it is a right utility and a kindness and so they can plan ahead
- The goal is to help patients by healing ailments, reducing pain, and increasing quality of life
  - eg. if a man’s family learns that he has cancer and the family may request to not tell him the truth as to not distress him, however, eventually the truth will come out so that the patient can make informed decisions about treatment options
- Also argues that other things may matter more than the truth and that the main task to maintain the health of the patient
- Reasons for necessary paternalism:
  - Patient autonomy
  - Non-maleficence
  - Beneficence
  - Futile treatment
  - Refusal to consent to treatment
- It is permissible to lie to patients when:
  - Intervention cases
  - Long term cases
  - Cases of dying patients
  - Prevention cases (prostate)

- NonIntervention cases

## ON TELLING PATIENTS THE TRUTH: MACK LIPKIN

- It is appropriate for doctors to tell patients the full truth to the extent that they can comprehend it
- Lipkin believes that it is permissible to deceive patients and sees this as a form of suggestion
  - Lipkin mentions "placebo" treatment that has no specific physical or chemical action but affects symptoms by a psychological mechanism and is a very powerful agent to medicine.
  - However, Lipkin states that honesty should be evaluated in terms of intent. If the deception is intended to benefit the patient, it is okay, but if it is intended to benefit the doctor, it is not okay.
- Lipkin urges a decidedly paternalistic attitude toward truth-telling
  - Argues that because the stress of being sick can distort patients' thinking and because they lack understanding of medical concepts, it is usually impossible to convey to them the full medical truth.
  - Many times, telling the whole truth can do more harm than good.
    - Moreover many patients prefer not to know the full details about their condition.
    - "Often enough," Lipkin says, "the ethics of the situation, the true moral responsibility, may demand that the naked facts not be revealed."
- Lipkin's problems with truth telling:
  - Gap in knowledge between physician & patient
  - Inaccurate ideas of patient
  - The news of serious illness can cause irrational and destructive behavior
- The critical question is not whether deception occurs, but **whether the deception is meant to benefit the patient or the physician.**

## IS IT EVER OK TO LIE TO PATIENTS?: SHELLY K. SCHWARTZ

- Doctors withhold information because:
  - Beneficence: many physicians say at some point in their career they've failed to answer questions, given incomplete information, or avoided the "imminent death" conversation with the fear of it impacting the patient's physical or emotional state
  - Hard to tell someone they're doing to die
  - Takes a lot of time for the doctor to sit down with the patient and discuss all of the options in detail
- Primary reasons why doctors should disclose all relevant information to patients
  - Most patients in the Western world want to know what they have, the options, and what's going to happen to them
  - Patients want assurances that their doctors and nurses won't abandon them when treatment options run dry
  - Help person adapt to new reality and maximize time left
  - Disclosure enables patients to plan: create a living will, make wishes known to family, pass along what they've learned to loved ones, name a durable power of medical attorney, decide where they want to spend the rest of their life, make spiritual and family member amends
  - Studies have shown that people live just as long as those not fully-disclosed to, have better medical care, spend less time at hospital, and there are fewer "bad deaths" in ICU, ER, CPR; it is better for the loved ones to accept the loss

## WHY PRIVACY IS IMPORTANT: JAMES RACHELS

- Privacy is useful because:
  - Privacy is sometimes necessary to protect people's interests in competitive situations.
    - For example, it obviously would be a disadvantage to Bobby Fischer if he could not analyze the adjourned position in a chess game in private, without his opponent learning his results.
  - Privacy is needed because someone may want to keep some aspect of his life or behavior private simply because it would be embarrassing for other people to know about it.
  - Medical records should be kept private, as their disclosure could result in the loss of work, insurance availability, and various social benefits.
  - Disclosure of private information in a credit investigation can result in the denial of credit.
    - It is unfair for one's application for credit to be influenced by personal details such as an applicant's sex life, political views, etc.
- Argues that the four examples of the need for privacy all involve unusual, remarkable situations in which someone might be mistreated for disclosing information
- Argument 1
  - Premise 1: Common illustrations of the need for privacy involve relatively unusual situations, in which something embarrassing/shameful/unpopular about us is known to an external source. Premise 2: Even normal people, in casual, unremarkable situations value their privacy. Premise 3: Even invasions of privacy that do result in embarrassment or some kind of harm are objectionable on other grounds, because of a sense of one's own sense of privacy Conclusion: Therefore, an adequate account of the value of privacy need contain more than fear of embarrassment/shame, but an explanation of the deeper right to one's own "business"
- Argument 2
  - Premise 1: We vary our behavior and the information we share with different people, defining the social relationships that we have.
  - Premise 2: The various relationships we maintain are crucial to our lives, to allow us friendship, business relations, love, etc.
  - Premise 3: Because of Premise 2, we have good reason to object to anything that interferes with these relationships and makes it difficult or impossible for us to maintain them in the way that we want to, such that we can maintain social order in our lives.
  - Conclusion: Therefore, our ability to control our behaviors, who has access to us, and who knows what about us, allows us to maintain the variety of relationships with other people that we want to have, granting us social fulfillment and balance. **Thus, we can conclude that privacy is necessary to maintain our variety of relationships and is valued across a broad range of situations.**
    - Sometimes suggested that people wear various "masks" when they are maintaining their various relationships, and that these masks are used to conceal the "true selves" of the wearers.
- Privacy is necessary not just as a personal right, but also as a societal need, to maintain a spectrum of relationships between various people and maintain social order.
  - Since privacy allows us to regulate who knows what information about us, we can maintain a variety of relationships, both intimate and not.

- Privacy warrants us various levels of intimacy, which allows us to experience love, friendship, and trust. Thus, privacy grants us some of the highest pleasures of a fulfilling life.

## CHAPTER 7: ABORTION

### A DEFENSE OF ABORTION: JUDITH JARVIS THOMPSON

- for the sake of argument, Thomson grants that a fetus is a person from the moment of conception
- the "Extreme View" about the impermissibility of abortion:
  - it is wrong to abort a fetus even if it will shorten the life of the mother
  - since both have an equal right to life, killing (abortion) is worse than letting die (the mother)
- some people think that it is wrong to abort a fetus even when the mother's life is in danger (granting that both the fetus and mother have a right to life):
  - if they both have an equal right to life, abortion is directly killing the child and doing nothing would not kill the mother, but rather allow her to die
- Tiny House Thought Experiment:
  - Suppose you find yourself trapped in a tiny house with a growing child. I mean a very tiny house, and a rapidly growing child - you are already up against the wall of the house and in a few minutes you'll be crushed to death. The child on the other hand won't be crushed to death; if nothing is done to stop him from growing he'll be hurt, but in the end he'll simply burst open the house and walk out a free man. Now I could well understand it if a bystander were to say 'There's nothing we can do for you. We cannot choose between your life and his, we cannot be the ones to decide who is to live, we cannot intervene.' But it cannot be concluded that you too can do nothing, that you cannot attack it to save your life. However innocent the child may be, you do not have to wait passively while it crushes you to death."
    - bystanders cannot intervene but the person threatened can
- Also believes that a 3rd party is permitted to abort a fetus on the mother's behalf when her life is in danger
  - this is not a house accidentally rented to 2 tenants at the same time -> the mother owns the house
  - a 3rd party saying "I cannot choose between you" is not truly being impartial
  - 3rd party does have right to refuse to lay hands on people and say "I cannot act" it just isn't true saying "I cannot choose between you"
  - Smith & Jones coat:
    - "If Jones has found and fastened on a certain coat, which he needs to keep him from freezing, but which Smith also needs to keep from freezing, then it is not impartiality that says 'I cannot choose between you' when Smith owns the coat."
- having a right to life includes having a right to be given at least the bare minimum one needs for continued life
  - does not include the right to be given anything, but amounts to, and only to, the right to not be killed by anybody
  - having a right to life does not guarantee having a right to be given/allowed continued use of another person's body

- Violinist example: you have the right blood type to help a famous violinist. If you unplug he dies, but if you stay plugged to him it's only for 9 months and then he would have recovered
  - Mimicking pregnancy due to rape: nobody is required to make large sacrifices for any amount of time to keep another person alive
- Burglary example: leaving a "window open" (bars, birth control)
  - Pregnancy due to sex while being intoxicated/dressing provocatively
- People seeds:
  - "People-seeds drift about in the air like pollen, and if you open your windows, one may drift in and take root in your carpets or upholstery. You don't want children so you fix up your windows with fine mesh screens, the very best you can buy. As can happen, however, and on very, very rare occasions does happen, one of the screens is defective; and a seed drifts in and takes root. Does the person-plant who now develops have a right to the use of your house? Surely not - despite the fact that you voluntarily opened your windows, you knowingly kept carpets and upholstered furniture, and you knew that screens were sometimes defective. Someone may argue you are responsible for its rooting, that it does have a right to your house, because after all you could have lived out your life with bare floors and furniture, or with sealed windows and doors."
    - \*person-seed: pregnancy even while using birth control
    - living without furniture: abstinence\*

## WHY ABORTION IS IMMORAL: DON MARQUIS

- **both believe the truths of their claims to be obvious and that establishing their claims is sufficient to show that abortion is good/bad**
  - anti-abortionist: "it is always prima facie seriously wrong to take a human life" & "it is always prima facie seriously wrong to end the life of a baby"
  - being a person is what gives an individual intrinsic moral worth
  - it is only seriously prima facie wrong to take the life of a member of the human community
- **anti-abortion argument too broad, pro-choice argument too narrow**
  - anti-abortionist: "it is always prima facie seriously wrong to end the life of a human being"
  - is the fetus a human being? unclear
- **if pro-choice tried to say that a "person" extends to infants/young children then it seems just as arbitrary as an anti-abortion strategy that extends "human being" to fetuses**
  - both suffer from ambiguity
  - pro-choicer argues for anti-abortionist to explain connection between biological character of a human being and the wrongness of being killed
  - anti-abortionist argues for pro-choicer to explain connection between psychological criteria for being a person and the wrongness of being killed
- Argues that the following anti-abortionist principle is ambiguous: "It is prima facie seriously wrong to kill a human being."
  - it is not clear if the fetus is a human being
- Also argues that the following pro-choice principle is ambiguous: "Only persons have the right to life."
  - "person" refers to psychological characteristics
  - Why should psychological characteristics make a moral difference?
- The wrongness of killing :

- deprives one of futures experiences (**FLO**!), activities, projects and enjoyments
- not only of what one values but, through change of time and perspective, what one would've valued
- Marquis's theory avoids the charge of speciesism:
  - because if an alien has a future like ours, then we shouldn't kill it
- He defends the future-like-ours account of the wrongness of killing, but he pauses to consider two alternative theories, namely the discontinuation account and the desire account
  - Discontinuation account: people value the experience of living and wish for that valuable experience to continue
    - pro-choice advocate: does not justify anti-abortion position because fetuses don't have experiences, activities and projects
    - Marquis rebuttal: when combined with FLO account, it is valuable because fetuses have the potential for valuable experiences and projects in the future
  - Desire account: people strongly desire to continue to live
    - Pro-choice advocate: a fetus lacks the strong desire to live, if a person doesn't want to live we still think it's wrong to kill that person; we believe it is wrong to kill the unconscious or sleeping
    - Marquis rebuttal: when combined with FLO account, it changes to that the entity will have a desire to live in the future

## CHAPTER 8: REPRODUCTIVE TECHNOLOGIES

### IVF: THE SIMPLE CASE: PETER SINGER

- Steps of IVF:
  - The infertile woman is given a hormone to produce more eggs.
  - Eggs are removed.
  - Eggs are put in a culture dish and fertilized with sperm obtained from the father.
  - Some/an embryo/s are placed inside of the mother's womb.
- Seven arguments against IVF
  - IVF is unnatural
    - Almost all modern medicine is unnatural. If everything were still natural in medicine, people would still die from the plague or the flu
  - IVF is risky for the offspring
    - IVF statistically has no more or less risk than regular conception
  - IVF separates procreative and conjugal aspects of marriage = damages marital relationship and IVF is illicit because it involves masturbation
    - Both of these aspects are based on religion and are hard to argue outside of religion
  - Adoption is a better solution to problem of childlessness
    - In an ideal world, we would all want the unwanted children before even creating our world, but that is not the world we live in.
  - IVF is expensive luxury and resources would be better spent elsewhere
    - People get money from other procedures
  - IVF allows increased male control over reproduction and threatens status of women in the community

- Most professionals involved in IVF are women, and most IVF research is done by women as well. It's a very "women dominant" field.
- Simple case of IVF: infertile couple uses egg from wife, sperm from husband, all created embryos inserted in womb of wife
- Arguments for IVF:
  - IVF is empowering for women, gives them a choice through ectogenesis
  - application of IVF is a classic example of application of human intelligence
  - Overcoming infertility, ability to have biologically related children
- Drawbacks of IVF
  - Low success rate, expensive, health risks for woman and child, unused embryos, and the commodification of children.
- Singer is pro-IVF

## IVF AND WOMEN'S INTERESTS: AN ANALYSIS OF FEMINIST CONCERNS: MARY ANNE WARREN

- Disadvantages don't outweigh benefits
  - Neither the patriarchal power structure nor pronatalist ideology makes women incapable of reasoned choice about child rearing

## "GIVE ME CHILDREN OR I SHALL DIE!" NEW REPRODUCTIVE TECHNOLOGIES AND HARM TO CHILDREN: CYNTHIA B. COHEN

- "Be fruitful and multiply," is the command that God is said to have given to people
  - Rachel, in *Genesis*, was unable to conceive and is said to have cried out to Joseph, "Give me children or I shall die!"
  - According to Cynthia Cohen, this is the basis for a great deal of the new reproductive technologies that provide otherwise barren women and couples with the ability to bear children
- **Harm to children argument:**
  - Studies indicate that a substantial number of children conceived and born through the new technologies may suffer from serious deficits.
    - There are very few studies of physical defects as a result of technological conceptions, and those that do exist seem to contradict one another.
    - As of yet, no long-term studies of possible psychological damage that results from IVF and other non-conventional forms of conception and birth.
    - Lack of studies does not indicate that there are not serious deficits attributable to conception with the new technologies.
  - Critics of these methods of conception and birth are concerned that children so conceived will view themselves as commodities rather than individuals with human rights and responsibilities.
    - Feel that there is not enough data to prove that these technologies are truly valuable and they insist that the burden of proof must be on the shoulders of those who are in favor of these alternatives to sexual intercourse.
- **Interest in existing argument:**
  - Claims that "since it is, in almost all cases, better to be alive than not, and these children would not be alive but for the employment of these techniques, using them to bring these children into the world is justified."

- Makes a distinction between "*devastating harm*—harm that brings such suffering into a person's life that this life is worse than no life at all" and "*serious harm*—harm that does not render life worse than death, but that includes such detriments as major physical impairments, severe mental disability, and/or considerable pain and suffering."
  - Those who espouse this position believe that the benefit of existence must always and rightfully outweigh the alternative.
  - Cannot be used in the situation where a surrogate mother is fighting with the rearing parents, as there is a different way to resolve the issue so as to cause less harm to the child
- The harm of not existing argument:
  - There is really no harm of not existing unless one presupposes that "children with an interest in existing are waiting in a spectral world of nonexistence ..." (Text. p. 688)
  - If this were the case, then the failure to use all possible technologies to allow these specters to exist would be an error of grave consequence.
  - Prior to conception, there is no spectral existence and children have no interest in being born.
  - The argument regarding the interests of the fetus, once conceived, is in a separate realm from that of those who are arguing the harm of not existing.
  - While it is true that most people consider life more precious and less frightening than non-life, this is only the case after a person comes into existence.
  - In the case of the Harm to Children Argument, the decision to use the new technologies is made before the fact.
    - What is at the heart of all these arguments, and what cannot be left out, is precisely the issue of "*whether these children ought to have been conceived and born.*"
    - It is interesting to note that very few lives meet the standard for devastating harm that qualifies them as less preferable than non-existence.
  - Therefore, the Interest in Existing Argument would seem to encourage many births that would seem to be ethically less than acceptable.
- **The "Wrongful Life" Standard of Substantial Harm**
  - Death at the end of life concerns us, according to many of the earlier philosophers, because death deprives us of our most valuable commodity, our life. Preconception nonexistence does not deprive of us of anything.
    - This being the case, we are indifferent to preconception nonexistence. In addition, death happens to each person and it reminds us, inexorably, of our vulnerability.
    - Death, as a result of its conditions, is considered bad.
  - Preconception nonexistence has none of the properties of death and it is neither good nor bad.
    - Though possible children may be determined to never have the opportunities afforded them through life, they have not lost anything if they are never born.
- **The Inadequate Opportunity for Health Standard of Substantial Harm**
  - How do we determine the lines between serious, less serious and devastating harm?
  - In different cultures, in different times and in different situations, what appears to be harmful for one individual may in fact be negligible for another.
  - Reverse of this is equally true:
    - Even those who are trying to propose useful standards of substantial harm seem to have a difficult time arriving at satisfactory conclusions.

- Aside from cultural differences, there is no denying that some children are born with conditions that may be reversed and remediated if they are in a situation where the parents have the opportunity to do so.
  - There are serious disagreements among the proponents of these arguments as to what constitutes a morally acceptable situation for conception and birth of children with deficits.
- **Obligations to Actual and Possible Children**
  - There are differences in our obligations to children who are alive and to those whom we have not yet conceived
  - This reverts to our conceptualization of nonexistence and our obligations to possible people who have no place in our world.
    - We have no obligation to them nor do we have any inherent obligation to conceive them, as their existence would materially harm our culture and our society
  - There are some people who believe that it is our moral obligation to conceive and to bear only those children who will never become a burden on the greater society.
    - No one, however, believes that, once born, a child who needs societal help for her/his continued existence should receive less than the maximal amount that society can provide.
  - According to Cohen, is that we have no obligation to conceive and bear children whose existence is less than optimal.
    - We may suggest that the individuals themselves might be better served if they were never born.
    - Not the same thing as suggesting that society would be better served if the individual children were never born
    - May be regrettable that these children, who do exist and who have the rights incumbent on all people, have these disorders, but their actual existence, once it is a fact, is not regrettable.
  - This may be attributed to the fact that children with disabilities remind us, constantly, of our own vulnerability ... something we all wish to avoid.
- **Taking Harms Seriously**
  - The Bible does not insist that we should and must do everything we can in order to maintain the species
  - It is unfortunate that the Interest in Existing Argument leads to a belief that the use of the new technologies provides its own justification simply because it produces more children
  - This view of producing children because all existence is better than nonexistence never concerns itself with the welfare of the children who result from the intervention of technology ... or with the general welfare of many children who are born into less than optimal circumstances

## CHAPTER 10: EUTHANASIA AND ASSISTED SUICIDE

### DEATH AND DIGNITY: A CASE OF INDIVIDUALIZED DECISION MAKING: TIMOTHY E. QUILL

- Quill recounts the story of Diane, a patient of his with terminal cancer who wanted to face death with dignity and on her own terms

- He admits that although he did not directly assist her in committing suicide, he "helped indirectly to make it possible, successful, and relatively painless."
- Quill says that from this experience he learned about, among other things, "the range of help I can provide if I know people well and if I allow them to say what they really want."
- 7 safe guards
  - the patient must be of his own free will and at his own initiative clearly and repeatedly request to die rather than continue to suffer
  - 2. The patient's judgment must not be distorted.
  - 3. The patient must have a condition that is incurable and associated with severe unrelenting intolerable suffering.
  - 4. The physician must ensure that the patient's suffering and the request are not the result of inadequate comfort care.
  - 5. Physician-assisted suicide should only be carried out in the context of a meaningful doctor-patient relationship.
  - 6. Consultation with another experienced physician is required to ensure the voluntariness and rationality of the patient's request, the accuracy of the diagnosis and prognosis and the full exploration of comfort-oriented alternatives.
  - 7. Clear documentation to support each condition above is required.

## ACTIVE AND PASSIVE EUTHANASIA: JAMES RACHELS

- Rachel's thesis: **active euthanasia is not any worse than passive euthanasia**
  - Active Euthanasia = taking a direct action designed to kill a patient
  - Passive Euthanasia = deliberate withholding of treatment that could prolong patient's life, allowing the patient to die
    - **Important assumption:** the justification for "letting die" is to reduce harm & suffering of the patient.
- In situations for which passive euthanasia is permissible under this justification, there are no morally sound reasons for prohibiting active euthanasia, and in some cases, active euthanasia is morally preferable to passive euthanasia.
  - Rachel says that he can understand someone who opposes **both** active and passive euthanasia as immoral practices, but cannot make sense of approving of one and not the other.
- The basis of the conventional doctrine is the distinction between "killing" and "letting die," together with the assumption that the difference between killing and letting die must, by itself and apart from further consequences, constitute a genuine moral difference.
- Although most actual cases of killing are morally worse than most actual cases of letting die, we are more familiar with cases of killing (especially the terrible ones that are reported in the media), but we are less familiar with the details of letting die.
  - This gap leads us to believe that killing is always worse.
- **First argument** against the conventional doctrine is that many cases of "letting die" are WORSE (for the patient) than is killing them. If the patient is going to die either way, why is it morally permissible to dehydrate them to death? Either way, the patient is dead. But the conventional doctrine often adds a requirement of suffering before dying.
  - The refusal of treatment to some "defective" newborns, and the subsequent death by dehydration, shows that some cases of letting die are worse than killing.
- **Second argument is the Bathtub Example of Smith and Jones.** It demonstrates that some cases of letting die are at least as bad as killing.

- **Therefore**, the "bare" difference between killing and letting die doesn't always make a moral difference.
- **Therefore**, in many cases where it is right to let a patient die, it is also right to practice active euthanasia.
- Note: Rachels does not defend active euthanasia (killing), because he never defends the morality of passive euthanasia. His goal is to challenge the distinction. In a case where "letting die" is immoral, killing may also be immoral. If "letting die" is always immoral, then one might have a sound moral reason to object to active euthanasia, too
- We tend to think killing is worse than letting die because usually bad guys kill and physicians let die. But this doesn't mean that there is something intrinsic to killing which is worse than letting die.
  - Counter-argument – In PE the physician does nothing and the disease kills the patient. In AE the physician does something to kill the patient.
  - Rachel's Response:
    - Physicians do do something when they allow people to die—they let them die. That is a type of action.
    - It is bad to cause someone's death because death is ordinarily thought bad for them. But if death has been deemed preferable, then bringing about death is no longer bad.
    - MDs may have to go along with the law, but the distinction between active and passive euthanasia cannot be defended philosophically.

## THE PHILOSOPHERS' BRIEF: RONALD DWORKIN ET AL.,

- Main aim and principle behind the philosophers' brief:
  - To prove there was no difference between killing and letting die
  - Focused on autonomy
- Context:
  - In 1997, to the surprise of everyone, two federal appeals courts (9th and 2nd Circuit courts) recognized the right of competent people to obtain physician-assisted suicide.
  - The Supreme Court allowed various groups ("amici") to submit briefs to the Court, and a group of philosophers led by Ronald Dworkin submitted "The Philosophers' Brief".
- Cruzan vs Missouri case:
  - Nancy Cruzan was in a permanent vegetative state and her parents wanted her taking off life support. An argument used was that if there was a right to refuse treatment then there was also a right to assisted suicide from a willing doctor. Rejected because of a 'common-sense' distinction between acts and omissions.
    - Result: ***The Supreme Court recognized a constitutionally protected right, under the Due Process Clause of the 14th Amendment, to refuse life-sustaining medical treatment.***
- Arguments:
  - Individuals have a constitutionally protected interest in making grave judgements for themselves, free from the imposition of any religious or philosophical orthodoxy by court of legislature.
  - States have a constitutionally legitimate interest in protecting individuals from making irrational, ill-informed, pressured, or unstable decisions to hasten their own death.
  - But states may not deny people the opportunity to demonstrate that their decision to die is informed, stable, and fully free.

- State's argument against the Philosophers' Brief:
  - To preserve life.
  - To protect the integrity of the medical profession.
  - To protect vulnerable groups— including the poor, the elderly, and disabled people.
  - To prevent sliding down the slippery slope to legislation of voluntary and even involuntary euthanasia.
  - ***There is a crucial difference between letting people die and aiding people in their suicide.***
    - They talked about the kind of cases that motivate people to make a distinction between actions and omissions—e.g. denying an organ to one patient to give to another vs. killing one patient to give his organ to another.
- Philosophers argue that the state:
  - They argue that the State's government is misunderstanding a crucial moral distinction.
  - Doctors cannot either act or refrain from acting with the purpose of killing a patient.
  - More importantly, when a competent patient wants to die, the moral situation is quite different from those cases in which we have to worry about the right of the patient not to be killed.
  - From such a patient's point of view, it does not matter whether the doctor is hastening his death by withholding life-sustaining medical treatment or by helping him to die by providing lethal pills.
- Difference between foreseeing and intending death
  - Foreseeing: Denying a patient a life-saving organ in favour of another patient.
  - Intending: Taking an essential organ from a non-consenting patient.
  - ***The philosophers' brief maintain this distinction and do not like intending.***
- What the philosophers' brief essentially says:
  - Everyone has morally grounded and constitutional rights to make intimate/personal choices
  - These rights include to exercise control over their own timing of death
  - States can respect these rights while also regulating & limiting it to state's interest in protecting individuals from irrational decision to hasten one's death
  - Physicians assisted suicide regulation is just as justifiable as is voluntary passive euthanasia
  - Individuals have a right to choose when to die (by active or passive)
  - Blanket prohibitions are morally illegitimate

## CHAPTER 11: JUSTICE AND HEALTHCARE

### IS THERE A RIGHT TO HEALTHCARE AND, IF SO, WHAT DOES IT ENCOMPASS?: NORMAN DANIELS

- Positive rights
  - Those rights that require overt government action.
  - Harder to justify b/c they require people to do things vs not.
  - Requires others to do something beneficial
  - Examples: Public education and Health Care
- Negative rights
  - Affect only yourself.
  - Refrain from doing something.

- Examples: Property rights, free expression
- His aim:
  - Scope out theory of justice that could possibly ground the right to healthcare.
  - If we have the right to healthcare then that follows from broader theory of Justice.
- Theories considered:
  - Utilitarian Theory:
    - Max Utility (Not good) - Can't require others to do something.
    - Moral obligation grounded in right to healthcare needs even if it means a net cost.
    - Right to HC will forgo max utility to satisfy moral obligation.
  - Libertarian Theory:
    - Not any good because they take seriously people's property rights (violates them).
    - Violates rights if society coerces them into giving people what they need.
  - Rawls's Contractarian Theory of Justice
    - (Best one)
    - Right to HC grounded in the principle of fair equality of opportunity.
    - Social positions are open and fairly allocated.
    - Right to HC protects normal human functioning and in turn protects equality of opportunity.
- Objections to allowing supplementary tiers
  - Undermine providers away from basic tier, or raise costs in basic tier, reducing ability of society to meet its social obligations
  - Undermine political support for basic tier
  - Objection to structure of inequality that results from supplementary tiers
- Social obligation
  - Assure everyone has access to a tier of services that promote normal functioning and thus protects equality of opportunity

## THE RIGHT TO A DECENT MINIMUM OF HUMAN HEALTHCARE: ALLEN E. BUCHANAN

- His main point was to question the widespread assumption that a cohesively backed government decent minimum policy has to be backed by the right to a decent minimum healthcare
  - If government is justified in conversely taxing people to ensure all citizens have healthcare then what justifies that is right to decent HC for all
- Buchanan thinks that the right to healthcare couldn't justify a cohesively backed minimum policy
- The right to a decent minimum of healthcare: an entitlement to a decent minimum of healthcare that is backed by sanctions and that if valid, would trump concerns over social utility
  - Buchanan claims that the right to health isn't under social control
- It is attractive because:
  - what counts as a decent minimum will be relative to a society's resources
  - the idea of a decent minimum is more plausible than the idea of a right to a maximal level of health care
- Approach to justifying society's duty to provide a decent minimum of healthcare in terms of special rights :
  - (1) a number of groups in society have a special right to a minimum of health care based on past injustices, such as minority groups, women, etc.

- (2) groups that have been exposed to pollutants, etc. causing illness have a special right to compensation
- (3) groups such as the military who have made sacrifices should be compensated
- Argument of prevention of harm:
  - Given the successes in reducing mortality and morbidity, health care that prevents harms arising from a large society where people interact with industry should be provided - supports all groups
- Prudential arguments
  - Providing a decent minimum of health care to the public makes good practical sense since this ensures a more productive labor force.
  - If people are always sick, productivity will decrease.
- Arguments of enforced beneficence
  - Given the high level of medical technology in our society, people who are better off should contribute to the well-being of the less fortunate.
- Buchanan argues for enforced beneficence because:
  - People would say: If others are contributing enough to take care of the health needs of the less fortunate, then I can better use my money elsewhere - since otherwise I am wasting it.
  - But, argues Buchanan, if everyone were to reason in this way, then no-one would contribute to taking care of the health needs of the less fortunate.
  - ***Thus, the more fortunate should be forced to give a certain percentage of their wealth to the health care of the less fortunate.***

## BIOETHICS CASE STUDIES

### CHAPTER 3: PATERNALISM AND PATIENT AUTONOMY

#### CASE I: FAITH-HEALING PARENTS ARRESTED FOR DEATH OF SECOND CHILD

- Involves a religious couple who were already on probation (The Schaibles)
  - On probation for choosing prayer over medicine
    - Resulted in the death of their toddler son Kent
      - Died from bacterial pneumonia
- Faced similar charges again with their newest child who also died
  - Passed away after 8-months
  - Suffered from diarrhea and breathing problems for at least a week
- Kent Death (Older kid)
  - Schaibles refused to take him to the doctor when he became sick, relying instead on faith and prayer.
  - Couple convicted of involuntary man-slaughter and sentenced to 10 years on probation.
- Brandon Death (Younger kid)
  - Couple told police they prayed for God to heal Brandon rather than taking him to a doctor.
  - They may get charged with a crime after the autopsy.

- Overall ethics of the case
  - Not the first time parents have gone on trial for child abuse or neglect for refusing their children medical attention
  - The practice of religion does not give followers license to break the law - especially when the result is injury or death to a child.

## CASE II: STATE PATERNALISM AND PREGNANT WOMEN

- Public schools cannot test pregnant women for drugs and turn the results over to police without consent
  - Declared by the Supreme Court
- Women tested positive for drugs at South Carolina public hospital
  - Arrested from their beds shortly after birth
  - Justices ruled 6-3 in favor of such testing violating the constitution even though the goal was to prevent women from harming their fetuses by using crack cocaine.
- Priscilla Smith
  - Lawyer for the Center for Reproductive Law and Policy
    - Represented the South Carolina women who took the drugs.
    - Claimed that it's very important to protect the privacy of Americans.
- John Paul Stevens
  - One of the Justices
  - Wrote for the court that while the ultimate goal of the hospital's testing program may have been to get women into drug treatment "The immediate objective of the searches was to generate evidence for law enforcement purposes in order to reach that goal."
    - "While hospitals gather evidence for the specific purpose of incriminating those patients, they have a special obligation to make sure that the patients are fully informed about their constitutional rights."
- General Charles Condon
  - Local prosecutor in Charleston
  - Began the testing program, issued a statement saying that the program can continue if police get a search warrant or the patient's consent.
  - "There is no right of a mother to jeopardize the health and safety of an unborn child through her own drug abuse"
- The decisions made by Condon and fellow officials reversed the federal appeals court ruling that said the South Carolina hospital's drug-testing policy was a valid effort to reduce crack cocaine use by pregnant women.
- Hospital began drug testing in 1989 during the crack cocaine epidemic. If a woman's urine test indicated cocaine use, she was arrested for distributing the drug to a minor.
  - In 1990 the hospital gave drug-using maternity patients a choice between arrest or enrolling for drug treatment
  - Ten women sued the hospital in 1993, saying the policy violated the Constitution
    - The hospital dropped the policy the following year, but by then police had arrested 30 women.

## CASE III: MEDICAL FUTILITY

- 17-month-old deaf, blind and terminally ill child on life support was the latest focus in an emotional fight against a Texas Law that allows hospitals to withdraw care when a patient's ongoing treatment is declared "medically futile"
  - Since December 28th, baby Emilio Gonzales had spent his days in a pediatric intensive care unit
    - Children's Hospital there declared his case hopeless last month, and gave his mother 10 days - as legally required - to find another facility to take the baby.
    - After the 10 days the hospital would shut off Emilio's respirator resulting in his death.
- Child's mother Catarina Gonzales and her lawyers persuaded a Travis County judge to force the hospital to main Emilio's care while the search for a facility to accept him continues.
- County Probate Judge Guy Herman appointed a guardian ad litem, or attorney, to represent Emilio's interests and issued a temporary restraining order prohibiting Children's Hospital from removing life-sustaining care from the child.
  - Gonzales said she believed there was a hospital that is going to accept her son. She wanted to spend what time she had left with her son, and to let him die naturally rather than by shutting off some machine.
- Hospital contacted 31 facilities without any single indication of interest in taking the transfer.
  - Gonazales and her lawyers were searching for a transfer for the child, who was diagnosed with a terminal neurometabolic disorder called Leigh's disease, to a hospital that would perform a tracheotomy and insert a feeding tube so that Emilio could live his life in the facility or at home with his mother.
    - Hospital said continuing treatment would just prolong the suffering
- Case received support nationwide, siblings of Terri Schiavo, the woman who was in a persistent vegetative state and who died in 2005 after doctors, acting on a court order, removed her life-sustaining feeding tube.

## CHAPTER 4: TRUTH-TELLING AND CONFIDENTIALITY

### CASE I: DISCLOSING INFORMATION ABOUT THE RISK OF INHERITED DISEASE

- Mrs Durham was diagnosed with an invasive epithelial ovarian cancer and, in conjunction with conversations about her treatment, was offered genetic testing.
  - Was revealed that she carried a harmful mutation that is known to increase the lifetime risk of breast and ovarian cancer significantly (BRCA1)
- Durham's primary care physician was Dr. Bartlett
  - He asked Durham how her sister had taken the news that Durham had cancer.
  - Durham told the doctor that she hasn't told her yet and doesn't plan on it because she wants to keep it private and she doesn't get along well with her sister.
  - Doctor was pulled in two directions.
    - As a healthcare professional Durham's sister had a right to know because she could also have a similar mutation.
    - He also wanted to protect the patient-doctor confidentiality

## CASE II: HIV AND A RESEARCHER'S DUTY TO WARN

- John, a licensed psychologist, is Principal Investigator for the "Assist" Project.
  - Project designed to identify behavioral trends among HIV+ adults in the New York City area.
  - Participants were recruited from HIV/AIDS support groups, HIV/AIDS advocacy and service organizations, and through publicity in local bars, clinics and media outlets.
  - Looks at help-seeking behaviors, physical and emotional symptoms, nutrition and diet habits, sexual behavior and knowledge of HIV/AIDS.
- John uses an individual interview format as the method for the study
  - Each participant is asked to sign an informed consent form, which guarantees that all information revealed during the interviews will be kept confidential.
  - Each participant is paid \$50 for the interview.
  - Participants are interviewed three times over a two-year period
- John asks a participant during one of the initial interview about her current sexual practices
  - The participant tells John that she was having unprotected sex with her boyfriend
  - She says her boyfriend doesn't know she has HIV and she has no plans to reveal her condition
  - She mentioned the boyfriend's name at one point, and John secretly wrote it down.
- John was left with the dilemma between the participants' confidentiality and the boyfriend's welfare.

## CASE III: EMERGENCY DEPARTMENT DILEMMA

- A 25-year old young man was dropped off by a friend at the emergency department and stated that he was in a motor vehicle accident 30 minutes before arriving.
  - Says his car was extensively damaged but that he was able to get out of the car and walk around at the scene
  - No loss of consciousness
  - He was not significantly injured enough to justify a radiograph or computed tomography scan of his head.
  - Doctor smelled ethanol from his breath, turns out he was drunk.
    - Should the physician maintain doctor-patient confidentiality?
    - Should he tell the police that his impaired patient probably broke the law and may have hurt others?
    - What moral principles are relevant to deciding what to do?

## CHAPTER 7: ABORTION

### CASE I: ABORTIONS FOR MINOR DISABILITIES

- More than 50 babies with club feet were aborted in just one area of England in a three-year period, according to new statistics

- Thirty-seven babies with cleft lips or palates and 26 with extra or webbed fingers or toes were also aborted
- Data raises concerns about abortions being carried out for minor disabilities that could be cured by surgery
- In 2003 Joanna Jepson, a Church of England curate, instigated a legal challenge against West Mercia police for failing to prosecute doctors who carried out an abortion on a baby with a cleft palate at 28 weeks' gestation
  - Challenge failed but raised public concerns over terminations for minor disabilities
- Julia Millington, political director of the ProLife Alliance said
  - "It is incomprehensible that a baby would be rejected for what amounts to little more than a cosmetic imperfection. Equality for the disabled cannot be achieved until we remove this discriminatory provision in the law.

## CASE II: SEX-SELECTION ABORTIONS

- More than 10 million female births in India may have been lost to abortion and sex selection in the past 20 years, research published in the Lancet has claimed.
- The research by Prabhat Jha of St. Michael's Hospital and the University of Toronto and Rajesh Kumar of the Postgraduate Institute of Medical Research in Chandigarh, India, found that there was an increasing tendency to select boys when previous children had been girls.
  - In cases where the preceding child was a girl, the ratio of girls to boys in the next birth was 759 to 1000. This fell even further when the two preceding children were both girls.
- Prabhat Jha said conservative estimates in the research suggested half a million girls were being lost each year.
  - "If this practice has been common for most of the past two decades since access to ultrasound became widespread, then a figure of 10 million missing female births would not be unreasonable."
- A top Indian doctors' association disputed the report. The Indian Medical Association said pre-birth gender checks had waned since a Supreme Court crackdown in 2001. A spokesman acknowledged that prenatal selections used to take place, but said they were not as widespread as before and that the Lancet report was exaggerated.

## CASE III: ABORTIONS AND PRENATAL TESTING

- Sarah Itoh, a self-described "almost-eleven-and-a-half", betrayed no trace of nervousness as she told a roomful of genetic counselors and obstetricians about herself on recent afternoon
  - One of many instances where Parents with children who have down-syndrome go out to inform others that their children are healthy and live just like everyone else.
  - About 90% of pregnant women who are given a Down Syndrome diagnosis have chosen to have an abortion

# CHAPTER 8: REPRODUCTIVE TECHNOLOGY

## CASE I: THE FATE OF FROZEN EMBRYOS

- The moral status of the human embryo is particularly controversial in the United States, where one debate has centered on embryos created in excess at in vitro fertilization clinics. Little has been known about the disposal of these embryos.

## CASE II: SURROGATE VERSUS FATHER

- Despite a court ruling against them, a Florida couple vows to continue their legal battle to gain custody of a child born by the woman they hired as a surrogate, but who then decided to keep the baby.
- Tom and Gwyn Lamitina are fighting for their rights as the father and mother of the child.
  - Believe the child is ultimately theirs.
- Florida law gives the surrogate the right to decide to keep the child up until 48 hours after the birth, even if they signed a surrogacy contract.
- Lots of ethical concerns.

## CASE III: CLONING TO BRING BACK A CHILD

- Katherine Gordon of Great Falls, whose 17-year-old daughter, Emily, was killed by a drunk driver five years ago.
  - Katherine became obsessed with bringing a part of her daughter back in some way.
- Dr William Hurlbut, a bioethicist at Stanford University and member of President Bush's Council on bioethics, urges parents to look at cloning from the perspective of the child.
  - "I don't think anyone should have to live their life in the footsteps of someone else."
- Gregory Pence, a pro-cloning bioethicist at the University of Alabama defends that choice.
  - "People have a replacement child all the time. It's as good a reason as any to have a child sexually. Why are people creating children anyway? To create a sense of family, someone to take care of them when they're older. There are many self-centered reasons people have kids, parents just normally don't have to spell out these reasons."

# CHAPTER 10: EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE

## CASE I: DOCTOR-AIDED SUICIDE AND "VULNERABLE GROUPS"

- Contrary to arguments by critics, a University of Utah-led study found that legalizing physician-assisted suicide in Oregon and the Netherlands did not result in a disproportionate number of deaths among the elderly, poor, women, minorities, uninsured, minors, chronically ill, less educated, or psychiatric patients
  - Of 10 "vulnerable groups" examined in the study, only AIDS patients used doctor-assisted suicide at elevated rates.

- Fears about the impact on vulnerable people have dominated debate about physician-assisted suicide.
  - They find no evidence to support those fears where this practice already is legal
- The study deals with the so-called “slippery slope” argument that has been made by critics of doctor-assisted suicide and has raised concern even among proponents.
  - The argument is that by making it legal for medical doctors to help certain patients end their lives, vulnerable people will die in disproportionately large numbers.
- The findings fell into three categories, based on the strength of the data
  - Direct evidence that elderly people, women, and uninsured people do not die in disproportionate numbers where physician-assisted death is legal, but AIDS patients do. (The insurance data is from Oregon only; everyone is insured in the Netherlands.
  - Evidence that is partly direct and partly inferred showing that physician-assisted death does not kill disproportionate numbers of people who are poor, uneducated, racial and ethnic minorities, minors, or people with chronic physical or mental disabilities or chronic but not terminal illnesses.
  - Evidence that is based on inference or that is partly contested showing that people with psychiatric illnesses - including depression and alzheimer's disease - are not likely to die in lopsided numbers.
- The researchers noted that in both Oregon and the Netherlands, people who received a doctor’s help in dying averaged 70 years old, and 80 percent were cancer patients.

## CASE II: SUICIDE PACTS AMONG FRIENDS

- Jenni Murray, the presenter of BBC Radio 4’s Woman’s Hour, has made plans to end her life if she became a burden to her family.
  - “When my time comes I want to be able to decide about my destiny.”
- She is sealing a pact with two friends that they will assist each other to die if any of them is diagnosed with a debilitating and incurable illness. Methods they might use include injections or smothering with a pillow.
- This is despite a law outlawing assisted suicide, which Murray says is sustained by a religious minority.
- Murray is the vice-president of a society that concerns itself with Parkinson’s disease, which her mother suffers from. Her father is a carer.
  - In the programme she emphasises that, while she supports her friends helping her to die, she would find it hard to do the same if her mother told her “Let me go.”

## CASE III: “BABY EUTHANASIA”

- When Frank and Anita’s daughter Chanou was born with an extremely rare, incurable illness in August 2000, they knew that her life would be short and battled against the odds to make her happy.
  - Chanour was suffering from a metabolic disorder that had resulted in abnormal bone development.
  - Doctors gave her no more than 30 months to live “We felt terrible watching her suffer” Anita said at their home.
- Frank and Anita began to believe that their daughter would be better off dead.
  - “She kept throwing up milk that was fed through a tube in her nose”
  - “She seemed to be saying, ‘Mummy, I don’t want to live anymore.’”

- Eventually doctors agreed to help the baby die at seven months. The feeding was stopped. Chanou was given morphine.
  - She died peacefully
- Each year in Holland at least 15 seriously ill babies, most of them with severe spina bifida or chromosomal abnormalities, are helped to die by doctors acting with the parents' consent.
  - A committee was set up to regulate the practice of child euthanasia in Holland.

## CHAPTER 10: EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE

### CASE I: BLACK MARKET IN ORGAN TRANSPLANTS

- Talks about kidney donors in the Black Market.
  - Isn't a real story so hard to make notes on.
- Police say kidney donors can earn between \$1,250 and \$2,500 while recipients pay as much as \$25,000.
  - Very prevalent in third world countries

### CASE II: EXPENSIVE HEALTH CARE FOR A KILLER

- A story concerning Oregon taxpayers being "forced" to shell out more than \$120,000 a year to provide life-saving dialysis for a condemned killer.
  - Horacio Alberto Reyes-Camarena was sent to death row six years prior for stabbing to death an 18-year-old-girl and dumping her body near the Oregon Coast.
  - At the Two Rivers Correctional Institution in Eastern Oregon, Reyes-Camarena, 47, got hooked up to a dialysis machine for four hours three times a week to remove toxins from his blood.
  - Without dialysis he would die because his kidneys were failing.
  - Costs a lot of \$\$\$\$\$\$
- Reyes said he wanted to sever his ties to the dialysis machine. He wants to be the first Oregon inmate to receive a taxpayer-financed organ transplant.
  - "It's much better for me, and them, too," Reyes said, referring to his desire for kidney transplant.
- Lifesaving care for Reyes-Camarena raised questions about the bounds of medical treatment for prisoners.

### CASE III: SHOULD WE HAVE UNIVERSAL HEALTH CARE?

- Since the dawn of the twentieth century a debate over health care has raged in America.
  - Debate centered around the argument over whether the federal government is obligated to ensure that its citizens have health care, thus preventing them from economic headaches associated with rising costs of basic medical care.
- Canada boasts a single payer system with striking similarities to the United States Medicare system. Progressives had hoped that the Medicare system would serve as a precursor to a more wide-reaching program to establish a system for all Americans, offering insurance akin to the coverage offered to seniors in Medicare.
- Main theme is that Americans are truly divided over the role government should play in their lives.