Ch 1: What Is Bioethics? Why Should I Study It?

Brendan's Big Book of Bioethics | Brendan Shea, Ph.D. (Brendan.Shea@rctc.edu)

Hello, Bioethics students! This is the course reader/textbook for PHIL 1135: Bioethics. It combines my (Brendan's) lecture notes with a selection of readings. I hope you enjoy reading it as I've enjoyed putting it together. It's still a work in progress, so please let me know if you find any errors or have thoughts on what might be added/changed.

In this introductory chapter, we'll discuss what "bioethics" is and examine some approaches to studying it. You'll be learning about the "four principles" approach to bioethics and some different ethical theories.

1 CONTENTS

2 WELCOME TO BIOETHICS!

> *I SOLEMNLY PLEDGE to dedicate my life to the service of humanity; THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration; I WILL RESPECT the autonomy and dignity of my patient; I WILL MAINTAIN the utmost respect for human life; I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient; I WILL RESPECT the secrets that are confided in me, even after the patient has died; I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice; I WILL FOSTER the honour and noble traditions of the medical profession; I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due; I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare; I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard; I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat; I MAKE THESE PROMISES solemnly, freely, and upon my honour. (World Medical Association, "Physician's Pledge", 2017 version).*

Welcome to the study of bioethics! This first section will cover some of the field's basics, including some fundamental definitions. These lecture notes were originally written to accompany Beauchamp and Childress's *Principles of Biomedical Ethics.* [1] (B-C from here on out, and you can refer to this book for more details (though I've tried to make these notes relatively comprehensive). By the end of the first part of the lesson, you should be able to:

(1) define *ethics* and *moral norms,*
(2) distinguish between *normative* and *nonnormative ethics,*
(3) describe the *common morality,* and
(4) discuss the relationship between moral norms and laws/policies.

[1] Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, 8th ed. (New York: Oxford University Press, 2019).

2.1 WAYS OF STUDYING ETHICS

Ethics involves the study of morality and moral norms and the institutions that encode these norms (such as laws, religious practices, etc.). In general, moral norms are concerned with how we treat others. The study of ethics can be broken down into two broad categories: **normative** and **nonnormative.** Normative ethics concerns which norms of conduct we ought to adopt and which moral standards are correct (in many cases, we don't actually live up to these). Normative ethics can be further broken down into the study of both **theoretical ethics** and **practical (or applied) ethics.** Theoretical ethics attempts to provide a general account of the sort of principles/rules that apply to ALL actions. In contrast, practical/applied ethics is devoted to the study of morality as it relates to specific situations (e.g., "biomedical ethics," "business ethics," and so on.)[2].

In contrast to normative ethics, nonnormative ethics studies moral practices without making evaluative judgments. Instead, it simply aims to describe how different groups of people actually reason about morality. It includes **descriptive ethics** (of the sort done by historians, sociologists, psychologists, and political scientists), which involves studying the moral norms actually used by a specific group of people. It also includes **metaethics,** which investigates the language, methods, and concepts used in studying normative ethics. Here is a table with some sample questions/problems from each area:

NORMATIVE ETHICS		**NONNORMATIVE ETHICS**	
Theoretical Ethics	**Applied/Practical Ethics**	**Descriptive Ethics**	**Metaethics**
Do all people have a fundamental "right to life"? If so, what does this mean?	When, if at all, is abortion morally acceptable?	How do Republicans and Democrats feel about ethical issues such as abortion and poverty?	What do moral terms really "mean"? (For example, some religious people think "Murder is morally wrong" means something like "Murder is against God's will." Other people disagree with this.)
What does it mean to be a *person* worthy of moral consideration? Is it possible for there to be non-human persons, or for there to be biological humans who are not persons?	Is it permissible to use non-human animals (such as rates or pigs) in medical experiments?	Do Western and East Asian cultures have the same attitudes towards animal rights?	How is it possible for us to learn about morality in the first place?
What *virtues* distinguish a morally good person from a morally vicious one?	When, if ever, is it morally OK to cheat on an exam?	To what extent, if any, do men and women have different values?	What types of evidence are appropriate to defend or justify one's moral beliefs?

In this class, we'll focus primarily on (normative) questions of applied/practical ethics, though we will at points be engaging with all four different areas of ethics inquiry.

2.2 WHAT IS THE COMMON MORALITY? HOW DOES IT RELATE TO PARTICULAR MORALITIES?

Different cultures, religions, and social or political groups often endorse somewhat different moral norms. They disagree about things such as sexual conduct, the amount one should give to charity, the moral status of animals, and so on. However, there are also many aspects that nearly all of the moralities agree on. According to B-C, these areas of agreement form a **common morality** that is the "set of universal norms shared by all

[2] Two good, free introductions to the basic ideas of normative ethics are James Fiester, "Ethics," in *Internet Encyclopedia of Philosophy*, May 2019, https://www.iep.utm.edu/ethics/; Peter Singer, "Ethics," in *Encyclopedia Britannica*, March 2019, https://www.britannica.com/topic/ethics-philosophy.

persons committed to morality" (3). That is, *every* person who cares about morality agrees that these rules should be followed. Some of these rules include things like the following:

1. Absent a compelling reason (such as self-defense), you should never intentionally kill an innocent person.
2. It is wrong to inflict pain or suffering on people merely to benefit yourself.
3. In general, you should not lie, and should try to fulfill your promises to others. You should not steal or cheat.
4. You should care for those who cannot defend themselves, such as children. You should rescue others from danger, especially if you can do so with little risk to yourself.

Note that just because common morality is "universal" in the sense that it applies to different cultures, times, and places, this does NOT mean that every *person* will necessarily follow the common morality (after all, some people aren't very moral!). Rather, it means that IF you are the kind of person who cares about behaving morally, THEN you need to (at least) adopt these norms.

The common morality also identifies certain **character traits** (or **virtues**) as commendable. These include things like bravery, kindness, honesty, and generosity. In addition to the common morality (which is shared by all moral people), there are also **particular moralities.** According to B-C, these moralities "present concrete, non-universal, and concrete-rich norms" (6) that specify and extend the more general rules provided by the common morality. Some examples of particular moralities include the following:

- The **professional moralities** adopted by groups such as medical staff, lawyers, engineers, business people, athletes, or teachers. In this context, a "profession" means more than just a "job." Instead, professions usually require specialized knowledge and have barriers to entry (i.e., you must have a certain level of education, pass exams, etc.). They are often self-regulated by specialized organizations (such as the American Medical Association, American Bar Association, etc.). The **Hippocratic Oath** taken by physicians describes (some of) the rules of one particular, professional morality.
- The religious moralities adopted by groups such as Christians, Muslims, Buddhists, and others also count as particular moralities (though not professional ones).

While adopting a particular morality may require that you do *more* than the common morality requires (it might require that you treat certain **moral ideals** as **moral obligations**), it should never require that you *break* the rules of the common morality. So, for example, it is acceptable to adopt a particular morality that requires you to "give half your money to charity" (since this exceeds the common morality). However, it would NOT be morally permissible to adopt a rule that said that it was OK for you to set cats on fire for fun or to eat human children for lunch (since these are actions prohibited by the common morality).

2.3 WHAT IS THE RELATIONSHIP BETWEEN PUBLIC POLICY AND MORALITY?

Public policy decisions (including laws, regulations, government funding decisions, enforcement, etc.) often involve questions of common and particular morality. However, these decisions also involve non-moral factors such as the costs of implementing/enforcing the law, the extent to which the law *could* be enforced, the acceptability of the law to both the voting public and powerful interest groups, and the potential for abuse:

- When, if ever, should abortion be legally permissible? Who can administer abortions? What age does a woman need to be to seek an abortion? [One relevant moral question: "Does a fetus have a right to life?"]
- How should health care be financed? Should the government provide a "baseline" of care to everyone? What role should private insurance play? [One relevant moral question: "Do people have a fundamental moral right to health care?"]

As these examples illustrate, morality does not determine the precise nature of public policy. Among other things, lawmakers must consider a law's possible side effects and costs. This is why, for example, some people who think abortion is always immoral might nevertheless believe that it should be legal (e.g., perhaps they think that passing a law against abortion might simply cause women to get unsafe abortions). It can also explain why people who believe that abortion is sometimes morally OK might nevertheless think it should be illegal (e.g., perhaps having a law allowing it will lead to too many abuses).

2.4 QUESTIONS FOR REVIEW

1. Give two examples (each) of questions of normative ethics and questions of nonnormative ethics.
2. The "Physician's Pledge" (see the beginning of the chapter) is one modern version of the ancient "Hippocratic Oath." It was first introduced in 1948, partially in response to unethical actions by Nazi doctors/scientists. Is there anything that you would add/remove? Why?
3. Consider the following thought experiments. For each case, (1) describe what you think the right/ethical thing to do is, and (2) say *why* you think this. Make sure that your explanation for one case doesn't contradict your answer to another case.
    a. **Running out of drugs.** You are an emergency room physician trying to deal with an outbreak of a rare and deadly disease. The disease can be treated, but you are running low on drugs. Four patients have just come in. The first has a drug-resistant form of the disease, but his life could be saved if you gave him *all* your remaining drugs. Alternatively, you could use these same drugs to save three other patients (who have the "normal" form of the disease). How should you distribute these drugs? (If you say "exactly equally," all four will die.)
    b. **Organ transplant.** You are an emergency room physician trying to deal with a serious accident that injured many people. You have three patients you know will die without immediate transplant organs (one needs a heart, one a liver, and another two working lungs). Just by chance, you *also* know that there is a patient who has just been admitted with very minor injuries and whose organs would be a perfect match for these three people. You realize that you could easily "accidentally" kill this patient and use her organs to save the other three people. What should you do?
    c. **Organ Transplant 2.** The same as above, with one key difference. In this case, you don't need to kill the potential donor. Instead, you could simply let them die from some easily preventable cause (by delaying treatment long enough). Then, you could use their organs to save the three others.

3 PRINCIPLES AND THEORIES OF BIOETHICS

In this section, you'll learn to

1. Describe moral dilemmas, and explain the different ways in which they can arise,
2. Identify B-C's four moral principles, and explain what it means for them to hold *prima facie,*
3. Explain how moral disagreement can arise, and identify solutions for resolving this disagreement, and
4. Describe how moral principles can be applied to particular situations using specification, weighing, and balancing.

B-C define **moral dilemmas** as "circumstances in which moral obligations demand or appear to demand that a person adopt each of two (or more) alternative but incompatible actions, such that the person cannot perform all the required actions" (11). They argue that these can occur in TWO distinct ways:

1. A person believes there is strong evidence that an action is morally right AND other strong evidence that it is ethically wrong. [For example, some people think that abortion is like this. There is *some* evidence that the fetus is relevantly like an adult human and *other* evidence that the fetus is NOT relevantly like an adult human.]

2. A person believes that they are morally obligated to do two different, mutually exclusive actions. [Example: Some people feel that acts of removing life-support from patients in persistent vegetative states are like this since they believe they are obligated BOTH to refrain from killing AND act in a person's best interests.]

In some cases, moral dilemmas can be resolved by thinking carefully through the issues; in other cases, however, it may be that there is no perfect solution and that we simply must do "the best we can."

Moral dilemmas should be carefully differentiated from **practical dilemmas,** which occur when a moral obligation ("I should pay for my parents' medical care") runs up against personal desire ("I want to buy a new car."). Even in practical dilemmas, though, it may not always be clear what to do (e.g., what if morality requires that I sacrifice my own life? Do I really have to do this?).

3.1 Some Common Ethical Theories

One way to approach moral dilemmas (and ethics and bioethics more generally) is by applying a general **ethical theory** to try to resolve them. These theories—like scientific theories—attempt to explain *why* specific actions are right or wrong and provide guidance on what to do.

Figure 1 Medical staff with patient (Brendan Shea x Dall-E).

While the ethical theories we'll be learning about have intimidating-sounding names, the basic ideas should be familiar to nearly everyone, regardless of culture, religion, etc. The basic concepts are as follows:

1. An ethical action maximizes the happiness felt by everyone in the long run. My happiness isn't any more important than anyone else's. (**Consequentialism)**
2. An ethical action should respect other people's general rights as human beings and their more specific rights as my clients, family members, coworkers, etc. It's wrong to use force or deception to achieve my goals**. (Deontology)**
3. An ethical action should reflect the sort of person I want to be. People aren't born "good" or "bad" but become so by repeatedly practicing good/bad actions. **(Virtue ethics).**
4. An ethical action follows the rules everyone would *agree* to follow if they were allowed to choose without fear or bias. Ethics is, in essence, a sort of agreement to "play by the rules." **(Social contract theory).**

We'll be covering these in more detail below. It's important to note that you don't necessarily need to choose a single ethical theory to adopt. Instead, you might be a **pluralist** (who thinks that different ethical theories should be used in different situations). In fact, the **four-principles approach to ethics** (described below) is a form of pluralism. The problem for pluralists is to explain why/how they can combine ethical theories without contradicting themselves or "cherry picking" whichever approach gives them the answer they "want" to be true.

3.2 WHAT ARE THE FOUR PRINCIPLES? HOW DO THEY RELATE TO SPECIFIC MORAL RULES?

In contrast to bioethicists who assume ONE of the ethical theories just mentioned as a starting point, B-C have proposed that four overarching **moral principles** can be derived from the common morality. This version of pluralism holds that no principle is inherently more important than any other.[3]:

- A principle of (respect for) **autonomy** requires respecting and supporting people's right to make their own decisions.
- A principle of **nonmaleficence** that forbids causing physical or psychological harm.
- A principle of **beneficence** requires we provide certain types of assistance and aid.
- A principle of **justice** that requires we distribute benefits, costs, and risks fairly.

To apply the four principles, they must be **specified** in terms of **substantive rules** about particular actions ("always tell the truth"), **authority rules** ("at least two physicians must sign off on procedure X"), and **procedural rules** (rules regarding the distribution of organs for transplant). Various people (or groups of people) will specify moral rules differently, leading to the creation of different particular moralities. Always remember: *while all moral people should agree on the principles of the common morality, not everyone will (or should!) agree with you on the precise specification of the rules relevant to a particular morality.*

To see more about what specification means, consider the principle "Do No Harm," which relates to nonmaleficence. What does this mean for medical professionals? To give it any content, we first have to say *who* it applies to (Physicians? All medical staff?) and then say *what* sorts of specific actions it prohibits them from taking (does this mean they can't give shots?). For many norms, there will be tricky cases (so, for example, does "Do No Harm" allow for medical staff to help a terminally patient die if this patient is already in pain). There are relatively few moral norms (such as "Do not torture" or "Do not rape") that can be applied without any specification.

It is also important to remember that most moral principles hold only **prima facie** (i.e., unless they conflict with other principles) and that there will always be "tough cases" in which it is difficult to determine what to do. There are ALWAYS going to be some cases in medicine for which we don't have a single, well-specified "rule" that tells us what to do. In these cases, you must **weigh** and **balance** the relevant principles and rules by considering carefully all the features of the individual circumstance you are considering.

Overruling principles. To justify overruling one prima facie moral norm in favor of another,

1. you must have good *reasons* for doing so [Example: "I want to save the patient's life"]
2. a realistic chance of achieving your moral *objective,* [Ex: "I really can save the life by ignoring the patient's stated wishes"]
3. carefully considered *alternative* courses of action, [Ex: "I tried to get the patient to agree and failed."]
4. *respected* the violated moral norm so far as it was possible, [Ex: "I documented my action, and am willing to accept the penalty."]
5. *minimized* the adverse effects of infringement on everyone involved, and [Ex: "I made it clear that it was *my* choice, and that neither my coworkers nor the patient should be blamed."]

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[33] For a short introduction to applying these principles in a fictional context, see Brendan Shea, "The Medical Ethics of Miracle Max," in *The Princess Bride and Philosophy: Inconceivable!*, ed. R. Greene (Chicago, IL: Open Court, 2015), 193–203, https://philpapers.org/archive/BRETME-3.pdf. For an extended debate/analysis of how they work in medicine, see "Journal of Medical Ethics:: Festschrift in Honor of R. Gillon," *Journal of Medical Ethics* 29, no. 5 (October 1, 2003): 265–312. https://jme.bmj.com/content/29/5

6. treated everyone involved *impartially* (and have not shown favoritism to anyone). [Ex: "I would do this for *any* patient; I'm not treating this person differently because he/she is my spouse/parent/sibling."]

Also, remember that principles that get "overruled" in a moral decision do not simply disappear but leave a **moral residue.** For example, suppose you promised to help some classmates with a group project but decide that you are morally obligated to stay home with a sick child. In this situation, you must find some way to "make it up" to your classmates; you can't simply say "Oh well, there's nothing I can do." Finally, remember that not every moral decision involves a dilemma. In many cases, the principles and rules will be perfectly clear (for example, it is rarely OK to run dangerous experiments on patients without their consent).

3.3 WHAT CAUSES MORAL DISAGREEMENT? HOW CAN WE DEAL WITH IT?

Moral disagreement is a fact of life—well-meaning people can (and do) disagree about what the "right thing to do" is. This disagreement might result from any of several causes:

1. It may result from incomplete evidence or from factual disagreement about the resources that are actually available ("how much money do we have?"), the likely results of a policy ("what might be the side effects of this policy if we were to adopt it?"), or other things of this type.
2. The parties may disagree on which moral norms are relevant, how the norms ought to be weighted, or which specific rules should be applied in this case. For example, in cases of triage (where there are more people than can be treated using available resources), one person may emphasize duties of justice ("being fair"). At the same time, another may consider beneficence ("doing the most possible good").
3. There may be disagreement on the **scope** of a moral norm ("Does the principle of beneficence apply to animals?" "Does killing a human fetus violate nonmaleficence?") or about the nature of a critical moral **concept** ("Does disconnecting a feeding tube count as *killing*?")
4. The case may be one of the "tough" moral dilemmas that concern a fundamental aspect of a general moral principle or rule. These are the toughest to resolve since the disagreement concerns a "deep" or "fundamental" question of morality. ("Do we have obligations of beneficence to strangers? Or do these only apply to people that we have relationships with?")

In many cases, moral disagreements can be cleared up if each person involved takes the time to clearly articulate their reasons (and to listen to what the other party has to say). However, there may be no easy solution in a few tough cases. In these cases, one must try to adopt an attitude of *tolerance*—recognize that that other person (even though they may disagree with you in this particular case) is genuinely trying to do the right thing.

3.4 QUESTIONS FOR REVIEW

1. Give an example of a rule/law/moral norm related to each of the four abovementioned principles.
2. The principle of nonmaleficence holds that it is *prima facie* morally wrong to cause physical or psychological harm to someone. Can you describe a case where this principle is overruled by one or more other principles? In this case, how would respect the "moral residue" left over by the principle of nonmaleficence?
    a. Example: Giving a patient an injection hurts (and thus violates nonmaleficence). It is morally OK because….The way I deal with the "moral residue" (of causing pain to patients) is by…
3. Do you agree that the four principles are "equally important"? Or do some seem more important than others?

3.5 BIOETHICS AND THE LAW: BABY K[4]

"Baby K was born at the Hospital in October of 1992 with anencephaly, a congenital malformation in which a major portion of the brain, skull, and scalp are missing. While the presence of a brain stem does support her autonomic functions and reflex actions, because Baby K lacks a cerebrum, she is permanently unconscious. Thus, she has no cognitive abilities or awareness. She cannot see, hear, or otherwise interact with her environment.

When Baby K had difficulty breathing on her own at birth, Hospital physicians placed her on a mechanical ventilator. This respiratory support allowed the doctors to confirm the diagnosis and gave Ms. H, the mother, an opportunity to fully understand the diagnosis and prognosis of Baby K's condition. The physicians explained to Ms. H that most anencephalic infants die within a few days of birth due to breathing difficulties and other complications. Because aggressive treatment would serve no therapeutic or palliative purpose, they recommended that Baby K only be provided with supportive care in the form of nutrition, hydration, and warmth. …

The treating physicians and Ms. H failed to reach an agreement as to the appropriate care. Ms. H [because of her religious beliefs] insisted that Baby K be provided with mechanical breathing assistance whenever the infant developed difficulty breathing on her own, while the physicians maintained that such care was inappropriate. … The Hospital filed this action to resolve the issue of whether it is obligated to provide emergency medical treatment to Baby K that it deems medically and ethically inappropriate. Baby K's guardian *ad litem* and her father, Mr. K, joined in the Hospital's request for a declaration that the Hospital is not required to provide respiratory support or other aggressive treatments. Ms. H contested the Hospital's request for declaratory relief." **Who do you agree with—the hospital (and father), or the mother? Why**?

[4] Matter of Baby K, 16 F. 3d 590 (Court of Appeals, 4th Circuit 1993).

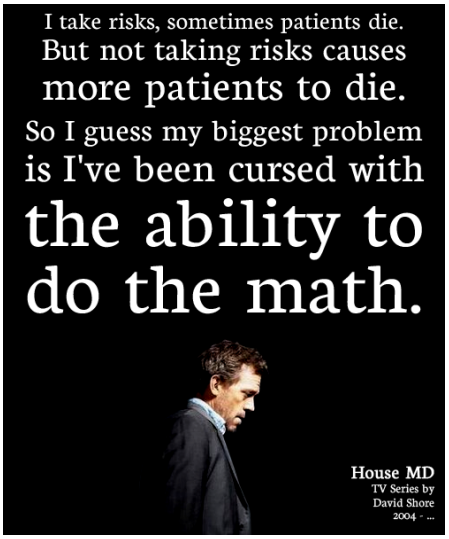
4 PUTTING ETHICAL THEORY TO WORK

In this section, we'll be looking at four historically significant approaches to ethics and how these approaches can help you become a better ethical decision-maker. We'll be focusing on answering the following question:

1. What exactly is **consequentialism** or **utilitarianism?** How does this differ from **ethical egoism,** for which it is sometimes mistaken?
2. What is **deontology,** and how does it differ from consequentialism? What's the big deal about Kant's **categorical imperative?**
3. What is **virtue ethics** and its close relative, **natural law theory?** How does one become more virtuous?
4. How does the **social contract tradition** approach ethics? What are the advantages of this approach? The disadvantages?
5. Besides ethical theory, what else does one need to consider when attempting to resolve an ethical dilemma?

It's important to remember that the ethical theories we'll be learning about today are intended to be *tools* to help you make better decisions. So, you don't (necessarily) need to think that a particular theory gets "everything right" to make good use of it. Instead, you'll want to consider which sorts of approaches work best in which kinds of situations, what the limitations of each method are, and how the different theories can be combined to make good decisions.

4.1 CONSEQUENTIALISM: THINKING LONG-TERM



Consequentialism holds that the rightness or wrongness of an action depends only on the consequences. One popular consequentialist theory is **utilitarianism,** which holds that an action is morally right if and only if it maximizes overall happiness and minimizes overall suffering. Utilitarians are, in some circumstances, willing to sacrifice the few to save the many. So, for example, a utilitarian would likely be willing to kill one innocent person to save 20 people.

Advantages: Consequentialism is probably the most straightforward ethical theory, and it can serve as a good "baseline" theory since almost everyone (regardless of religion, culture, etc.) will agree that things like happiness and suffering matter. Consequentialism also does an excellent job with "big picture" social issues, where it balances **efficiency** (the more stuff we can produce, the better off we will be) and **equality** (sharing stuff "evenly" makes people happier). For this reason, consequentialism plays a significant role in public policy regarding healthcare, economics, business, etc.

Disadvantages: While consequentialism is a simple theory, it can be tough to apply in practice since it requires we make long-term predictions about the effects of our actions. Some critics have argued that it is too demanding (i.e., it requires we devote our lives to helping the worst off since this is what "maximizes happiness"). Others have argued that it leads us to treat others unjustly (when we sacrifice someone "for the greater good"). While many critics think consequentialism captures *part* of what it means to behave ethically, they argue that it also leaves something fundamental out.

A Common Confusion—Egoism v. Utilitarianism: When people first hear that utilitarians care only about "happiness," they sometimes think it is a *selfish* theory that justifies doing whatever they want. Nothing could be further from the truth. Utilitarians (unlike **ethical egoists**, who equate "doing the right thing" with "whatever makes me happy in the long term") care about *everyone's* happiness and not merely their own happiness. In fact, one common criticism of utilitarianism is that it is far too demanding since it seems to require that people donate massive amounts to alleviate poverty (since your loss of happiness will be more than made up for by the pleasure this would bring to other).

Example: Dr. Gregory House (the lead character of the TV show *House MD*) is an excellent example of a consequentialist. For those who haven't watched the show, he is a brilliant physician who cares about only one thing: curing the patient. In pursuit of this goal, he regularly lies to patients, breaks into their houses, breaks hospital rules and regulations, mistreats his staff, and so on. He thus demonstrates both the strengths and weaknesses of consequentialism: he gets "results," but only by doing things that other people find intuitively "wrong." House also illustrates a danger with consequentialist thinking: it can be more challenging than it looks. House's brilliance ensures that the vast majority of his seemingly immoral gambles "pay off" and end up saving lives. However, in real life, there are all too many consequentialists who only *think* they are as brilliant as House, but actually make decisions that *harm* people.

4.2 DEONTOLOGY: FOLLOW THE RULES

Deontology holds that the rightness or wrongness of an action depends on factors besides (or in addition to) the consequences. So, for example, some deontologists argue that it is *always* wrong to kill an innocent person, even if this was the only way to save ten other innocent people. Simple versions of deontology include things like the **Golden Rule** ("treat others as you would like to be treated") or rules such as the Ten Commandments (don't murder, steal, etc.). In academic philosophy, the most influential version of deontology is that of Immanuel Kant. His **categorical imperative** requires that we do NOT treat people as "mere means" for our own purposes. Instead, we must always treat them as "ends in themselves" (who have their *own* desires, interests, and life plans). Among other things, Kant argued that this forbids our deceiving or tricking people or using force to make them go along with our schemes.

Advantages: Deontology can account for agent-specific **duties** (parents have a "duty" to care for their *own* children) and **rights** (innocent people have a "right" not to be unjustly killed). As noted earlier, consequentialism struggles with these. Compared to consequentialism, deontology may be easier to apply since it doesn't require that we try to make predictions about the distant future. Finally, depending on which version of deontology is adopted, the theory may be less demanding and leave more room for us to do things in our life other than worry about morality.

Disadvantages: In comparison to consequentialism (which doesn't leave much room for interpretation, though the right thing to do will obviously vary according to one's particular situation), there are a large number of deontological theories, and these differ radically according to culture and religion of those who defend them. So, for example, some deontological theories hold that we have almost *no* duties to help strangers ("the rich have no duty to give money to the poor"). In contrast, others (such as most religious versions of deontology) hold that we have much stronger obligations in this regard. A committed

deontologist will need to argue why her particular version of deontology should be preferred to others—the mere fact that it "feels right" to her (and to people like her) won't count for much.

A Common Confusion—Deontologists and Consequences. Pure deontologists like Kant argue that the consequences of an action are *entirely irrelevant* for judging its rightness or wrongness. People often find this counterintuitive since we tend to think that actions like lying or killing are wrong, at least partly because of how they affect others (lies might lead the person lied to make a bad decision, and killing leads to a person being dead). Kant argues this is a flawed approach since the effects of our actions always depend on factors outside our control.

Example: Why Superman Doesn't Kill. A staple scene in many action movies gives the film's hero a chance to kill the (temporarily defenseless) villain, which the hero refuses to take because it would "make them just like the villain." So, for example, Superman refuses to kill Lex Luther, even though it would be easy for him to do so, and Lex will *obviously* do bad things if he isn't killed. According to a consequentialist, this sort of thinking is absurd. After all, the hero has every reason to believe that the villain will inevitably kill many people if they escape. However, the deontologist feels that some rules—such as "don't kill a defenseless person"—cannot be broken, regardless of how dire the long-term consequences may be.

4.3 VIRTUE ETHICS: BECOMING A BETTER PERSON

Virtue ethics holds that the right action is the one that a *virtuous person* would do in this situation. Where utilitarianism and deontology focus on "doing the right thing," virtue ethics focuses on "being a better person." This generally means choosing a *role model* (who may or may not be a real person) and then *practicing* behaving like this person until we can do so consistently. In the context of virtue ethics, a moral **virtue** is a HABIT of DOING THE RIGHT THING for the RIGHT REASONS. So, for example, being an *honest* person (a virtue) requires that one tell the truth without a second thought and that we do so in a manner appropriate to the situation (no telling three-year-olds that Santa isn't real). It also requires that we do so *because* we think the other person deserves to know and not because we are afraid of getting caught lying or want to get something out of the other person. Becoming honest is NOT something that can be done in a day (in fact, the first few times you tell the truth in a difficult situation, it will be pretty uncomfortable). However, the more one practices, the easier it will become.

Advantages: Virtue ethics may deal better with the nuance of personal relationships (parent-child, romantic, friendship, doctor-patient, etc.) than the other ethical theories, since it leaves quite a bit more "wiggle room" on how one ought to behave in a particular situation. It also helps to show the benefits of acting ethically for us and how our capacity to be ethical can depend on our upbringing and society. These are factors the other theories don't talk much about. For virtue ethicists like Aristotle and Confucius, there was no apparent disconnect between "what's good for me" and "what's good to others." For both theorists, the best way to lead a successful life is to practice being generous, courageous, honest, etc. And this, in turn, helps makes *other* people's lives better and makes it much easier for *them* to be virtuous. (Short version: Virtuous individuals create a virtuous society, making it easier for *more* people to be virtuous.)

Disadvantages: Consequentialists and deontologists often complain that virtue ethics is vague to the point where it becomes uselessness. So, for example, plenty of people throughout history have said they were trying to be more like the Buddha, Mohammed, or Jesus, but these people often had wildly different ideas of how

one should behave. A similar problem concerns the choice of one's "role model" or one's decision about what particular character traits count as virtues or vices. Aristotle thought one should aim to be like a brave Greek warrior, Confucius like an honest, competent bureaucrat, and different religions have held up various gods, saints, etc. Like deontology (and unlike consequentialism), there is simply no guarantee that one person's version of virtue ethics looks anything like another person's. An advocate of virtue ethics will need to provide reasons for thinking that his choice of role model is *correct*.

Common Misunderstandings. Other ethical theories tend to distinguish between two senses of leading a "good" life. On the one hand, a person might have a "good" life by being happy and successful; on the other hand, they might lead a "good" life by treating others well and following the demands of morality. Virtue ethicists often argue that these two things are, at bottom, the same, given the way human biology, society, and psychology actually work. They think true happiness (sometimes called **eudaimonia)** is only possible if one is generous, kind, brave, and so on. Virtue ethics is closely related to a number of other approaches to ethics, including **natural law theory** (which is often closely associated with the religious belief that humans have the natures they do because God made them this way) and feminist-inspired **care ethics** (which identifies the most critical virtue as that of *caring* for others).

Example: In the Harry Potter series, much of Harry's, Hermione's, and Ron's moral education at Hogwarts resembles virtue ethics. They have certain role models (Dumbledore, their teachers, the Weasley parents.) who they aspire to be like, and are given frequent opportunities to *practice* the virtues they see in these people. In the beginning, the children occasionally make mistakes and are given opportunities to try again. By the end of the series, they can make complex, stressful moral decisions without outside help. By contrast, Voldemort (the villain of the series) shows the opposite progression: he begins life by practicing minor misdeeds, which becomes a habit. Over time, this habit of vicious behavior leads him to commit more serious crimes. At this point, he he no longer feels any regret.

Moreover, just as virtue ethics predicts, one's environment can make a big difference in how one turns out. It is (relatively) *easy* for the Weasley children to develop virtues, given the role models provided by their parents. By contrast, Draco Malfoy (the child of a Death Eater) finds it much more difficult. Finally, virtue ethicists would point out that the virtuous characters (even Snape!) seem happier than their selfish, cruel competitors.

4.4 SOCIAL CONTRACT THEORY: FOLLOW THE RULES YOU AGREE TO

Social contract theory starts from the idea that ethics can be most usefully seen as a sort of agreement between rational people. So, for example, suppose that Bob and Belinda live on neighboring sheep farms and don't especially like one another. All things being equal, Bob would like to steal Belinda's sheep, and Belinda wants to steal Bob's. However, neither Bob nor Belinda likes living in continuous fear of having their own sheep stolen (or even worse, of being attacked or killed). So, they agree that each will respect the property, and the life, of the other. This idea explains why it is morally wrong to steal, lie, kill, and so on: on the whole, most of us would much prefer to live in a society where these things aren't done to us. So, we shouldn't do them to others. Social contract theories emphasize that this "agreement" isn't explicitly given. Instead, it's a "tacit," "implicit," or "hypothetical" agreement that comes as part of living in a society. The social contract theories of **Thomas Hobbes, John Locke, and Jean-Jacque Rousseau** played a significant role in inspiring the democratic movements in the U.S., France, and Britain.

Advantages. Social contract theory draws a connection between abstract moral norms and the more concrete agreements and laws with which most of us are familiar. It also provides a helpful way of approaching ethical issues ("is this the sort of rule that a group of unbiased, rational people would actually agree to follow?"). Finally, it provides a helpful way of thinking about the source of *authority*. So, for example, social contract theory the *reason* political leaders have power is to use it on behalf of the citizens (since this is

what the citizens would *agree* to). One might say something about the source of a CEO's authority (which derives from the owners and community), or even of the right to private property (which exists in order to enable an efficient allocation of goods and services).

Disadvantages: Critics have argued that the rational, self-interested people assumed by social contract theory fail to capture a lot of our moral lives. Historically, social contract theory has "left out" lots of people (enslaved people, women, Native Americans, etc.) on the ground that their preferences weren't "rational." While modern versions of the theory address this particular worry, it is unclear how social contract theory can take account of the interests of young children, animals, those with cognitive disabilities, and so on.

It's also unclear how social contract theory might deal with the fact that people might have profoundly different ideas of what counts as a "fair" society, or what rules ought to be agreed to. While social contract theorists have offered various ways of trying to get around these problems, it's important to remember that a law/rule that seems perfectly rational to you might not seem so good to someone from a different background.

Example: In the *Hunger Games* books and movies, an authoritarian government places teens in isolated areas and forces them to fight each other to death. This resembles Thomas Hobbes' (a famous social contract theorist) description of the hypothetical **state of nature** before people agreed to follow moral rules. The *Hunger Games* also illustrates how contractarians see the *benefits* of behaving morally: it is only when the children (and later, the adults) agree to put aside their differences and fight their real enemy (the government) that they can achieve results. However, they also point to problems with social contract theory. In particular, while contractarians might be right that people benefit *overall* from living in a society where people "follow the rules," it is nevertheless the case that some (perfectly rational and self-interested) individuals can make themselves better off by breaking the rules and harming others. This is especially true of powerful people, who can often "get away with it." So, near the conclusion of Hunger Games, Katniss discovers the rebellion's leaders are doing the same horrible things that the old government had.

4.5 REVIEW QUESTIONS

1. Suppose you can distribute 10 points to represent how much of your personal "ethics" is captured by the following theories. You can give all 10 points to one theory, give 2 points to five theories, or whatever:
    a. _____ Concern about the long-term consequences of an action for everyone who might be affected by it (consequentialism).
    b. _____ Duties to respect and foster autonomy, and respect others as persons, and to respect their rights (deontology).
    c. _____ Behaving in the manner that a perfectly virtuous person would—ensuring that you do the right things for the right *reasons,* and consciously practicing so that this becomes easier over (virtue ethics).
    d. _____ Obeying the precepts of a particular religion, even in the case that you can't see any independent justification for these rules (divine command theory).
    e. _____Doing what's best for you, even if you know this might harm others. (ethical egoism)
2. Based on the above results, give a more detailed description of how you make (different types of) ethical decisions. What are your strengths as an ethical decision-maker? Your weaknesses?
3. Do you think that studying ethics can help you improve your ethical decision-making in practical cases? Why or why not? In your answer, consider what sorts of experiences have helped you develop as an ethical thinker.

5 READING: THE MEDICAL ETHICS OF MIRACLE MAX (SHEA)

Brendan Shea, 2015, "The Medical Ethics of Miracle Max." In: R. Greene and R. Greene (eds.) *The Princess Bride and Philosophy: Inconceivable!* (Chicago: Open Court), 193-203.

Background: I wrote this short article some years ago that introduces the "Four Principles" approach to ethics using an example from the movie/book *The Princess Bride*. If you haven't watched it, I recommend it! I think/hope that the example should be helpful, even if you haven't seen it. You can easily find a summary of the movie by Googling "Princess Bride Wikipedia."

Miracle Max, it seems, is the only remaining miracle worker in all of Florin. Among other things, this means that he (unlike anyone else) can resurrect the recently dead, at least in certain circumstances. Max's peculiar talents come with significant perks (as Fezzik and Inigo discover, he can basically set his own prices!), but they also raise a number of ethical dilemmas that range from the merely amusing to the truly perplexing:

- How much about Max's "methods" does he need to reveal to his patients? Is it really OK for Max to lie about Valerie's being a witch, even though she really isn't? Just how much of the "truth" does Max have to tell his patients?
- Let's suppose that Humperdinck had offered Max his old job back. Would it have been OK for Max to accept this offer? What about if Humperdinck wanted him to do experiments at "the Zoo"?
- Is Max obligated to offer his services to everyone who needs them, such as the (mostly) dead Westley and friends? Or is he free to pick and choose?

In this chapter, I'll consider how these questions might be addressed using concepts of medical ethics. As it turns out, Max's dilemmas are not *too* different from the sorts of dilemmas that many medical professionals encounter in their daily lives, and exploring how Max could (or should) respond to them can help us figure out what we can do here in the "real" world.

5.1 HEROES AND VILLAINS: WHAT IS ETHICS ALL ABOUT?

In its broadest sense, *ethics* is simply the study of "right" and "wrong" behavior, and *medical* ethics is the study of ethical issues that arise in the context of medicine and biomedical research. The philosophical study of ethics goes (at least) all the way back to ancient Greek thinkers such as Socrates (469-399 BCE), Plato (429-347 BCE), and Aristotle (384-322 BCE). Their contemporary Hippocrates (460-370 BCE) even seems to have been interested in medical ethics in particular, and inspired the "Hippocratic Oath" still taken by medical professionals today.

Before going on any further, though, it's important to make a distinction between two very different sorts of ethical questions: "How, as a matter of fact, does a particular person or group actually think about right and wrong behavior?" and "Are these judgements correct or incorrect—that is, how *ought* this person or group to act?" The first sort of question is the domain of *descriptive ethics,* while the second belongs to *normative ethics*. So, for example, consider Prince Humperdink. Descriptively, it seems safe to say that "Humperdinkian ethics" allows things such as the kidnapping and murdering of spouses, the construction of giant torture machines, and the instigation of wars with neighboring countries, so long as such actions advance one's career goals. As

a matter of normative ethics, however, Humperdink's actions are simply wrong—these are surely not the sort of things a decent person *ought* to do!

The distinction between normative and descriptive ethics will prove valuable to us when we start to consider Miracle Max. It is, for example, a matter of simple economics that Max *can* get away with charging a very high price for his services—after all, the services he offers (such as raising the dead) are highly valuable ones, and he is the only person who is able to offer them (talk about a monopoly!). With this in mind, we could look at the prices Max actually charges and simply *describe* Max's ethics when it comes to pricing Does he charge rich people more than poor people? Pretty people more than ugly ones? Heroes more than villains? If we did this, we would be engaging in descriptive ethics. In general, however, we'll be more interested in answering questions about normative ethics: for example, how much *should* Max charge various people, and how *should* he determine this?

In order to address these sorts of normative, ethical questions, we'll be adopting an influential view called "Principlism," which was defended by Tom Beauchamp and James Childress in their book *Principles of Biomedical Ethics*. On this view, medical professionals (such as Max) can improve their ability to make ethical decisions in particular cases by applying four fundamental principles: autonomy, nonmalfeasance, beneficence, and justice. Moreover, a working knowledge of these principles is valuable not just for medical professionals, but for anybody who wants to think clearly about what it means "to do the right thing" as patients, caregivers, voters, and citizens more generally.

[Brendan's Question: Does the distinction between normative and descriptive ethics make sense to you? Can you give an example—maybe from a different film/tv show/book—illustrating it?]

5.2 LIES, LIES, LIES: SOME VIOLATIONS OF PATIENT AUTONOMY

When Inigo and Fezzik first go to seek Max's aid, he isn't entirely honest. He begins by implying that he can't help (he can), states that his wife Valerie is a witch (she isn't), tells Valerie they've offered 20 gold pieces (they offered 65), claims that Westley is saying "to love [bluff]" (he's saying "true love"), and assures them the miracle pill will last for 60 minutes (it will only last 40). He lies, in short, to both his patients and the other members of his medical team, and doesn't tell the heroes that (due to medical error) the miracle pill won't last as long as he'd originally said. While many of these lapses are understandable, given Max's low self-esteem and rusty skills, they serve as examples on an all-too-common dilemma in medical ethics: just what sorts of information *should* a medical professional reveal to patients?

These questions all pertain to the Principle of Autonomy, which states that medical professionals should respect and support the abilities of competent patients to make their own decisions about treatment. Among other things, this means that the medical professional needs to *accurately* describe the diagnosis, prognosis, and possible treatments to the patient. While everything turns out OK for Max in the end, he makes a few mistakes along the way. First, he exaggerates Valerie's skill (by saying she's a witch) and then radically downplays his chance of success because of his fear of failure. While Max's failings here are comic, his *motivations* for lying (a "harmless" exaggeration of a colleague's skill, a sense of risk aversion overly focused on preserving professional pride) are, unfortunately, all too realistic, and they can easily be the sorts of things that cause medical professionals to mislead patients.

Ideally, a medical professional could meet the demands of autonomy by sitting down with a patient, explaining the proposed treatment in detail, and having the patient give their verbal or written *informed consent*. In practice, however, this is often impossible. For one thing, patients are often unconscious, as Westley is when Fezzik and Inigo bring him in. In addition, patients who *are* conscious may be unable to understand the proposed treatment. By the time we encounter him in *The Princess Bride,* for example, it may well be that old

King Lotharon (Max's old employer) is simply incapable of making autonomous choices about his own treatment. Finally, even if patients are both conscious and capable of understanding, there may be some *other* factor that prevents them from making their own choices. So, for example, it seems unlikely that Max really ought to go along with patients' requests if he suspected these requests were due to mental incapacitation (Fezzik's getting hit in the head with a rock, Inigo's still being drunk) or because of external threats (perhaps Vizzini has tricked them, or Humperdink threatened them).

In cases where a patient's autonomy is compromised by any of these factors, the medical professional will have to rely (as Max does) on the decisions of *surrogates,* and on what was known of the patient's wishes back when they *were* capable of making decisions. In the case of Westley, this is thankfully not too difficult—the treatment Fezzik and Inigo propose (saving Westley's life) seems to be clearly in the patient's best interest, a fact that Max is able to confirm by asking the (deceased) Westley what is worth living for. In many other cases, unfortunately, matters are not always so clear-cut, and medical professionals may need to carefully consider how to weigh seemingly conflicting evidence about what the patient "really wanted."

[Brendan's Question: What sort of patients in the real world lack autonomy? How can we ensure that they have good surrogates?]

5.3 WHY WORKING FOR HUMPERDINK IS A BAD IDEA

The idea that medical professionals should respect and promote the ability of patients to make their own autonomous decisions is of a relatively recent vintage. By contrast, the idea that they should avoid *harming* patients is a very old, going back (at least) to the Hippocratic Oath, with its promise to "do no harm." In the language of Principilism, this is called the Principle of Nonmalfeasance. One can violate this principle either by directly harming others through one's actions (Count Rugen killing Inigo's father) or by negligently allowing a person to be harmed when it was your responsibility to prevent this (Yellin not doing anything when Humperdink reveals his plan to murder Buttercup).

In the case of Westley, of course, Max is at little risk of *directly* causing harm (Westley is already dead, after all). However, it is worth exploring what *exactly* Max was *morally* required to do, once he recognizes that Westley has slipped from being "somewhat dead" to "mostly dead." Somewhat surprisingly, according to many traditional interpretations of "do no harm," Max was required to do almost nothing for Westley, even if he's already signed on as his physician. For example, one traditional view holds that while medical professionals should never "withdraw" life-saving treatment (no taking the miracle pill out of Westley's mouth), they are perfectly free to "withhold" it (not giving the miracle pill in the first place). Another common view states that while Max's *killing* Westley would be wrong, there would be nothing wrong with Max "letting him die," even if there were measures that could save him. A third proposal requires that Max provide Westley with "ordinary treatment" (perhaps CPR?), but not that he undertake "extraordinary treatment" (a category that surely includes miracle pills).

While these sorts of guidelines may provide certain psychological benefits for physicians by making things "simple", Max's experience suggests that they may be bad ways of thinking about nonmalfeasance, and on what it means to avoid harming *patients*. Instead, it seems that, if we have good reasons (as Max does), to think that a treatment could work for a patient (and that the patient would consent to it), then the treatment ought to be attempted. Conversely, if a treatment will not help (or if a patient does not or would not consent to it), it should be stopped or withdrawn.

Another application of the Principle of Nonmalfeasance concerns its application to medical *research*. What should Max say, for instance, if Humperdink were to offer his old job back, but on the condition that he carry out experiments at the Zoo of Death? This would surely involve harming both humans and animals, and so it

would clearly violate the principle. However, this does not (by itself) entail that Max ought to refuse. After all, he would need to consider the possibility that the violation of nonmalfeasance was outweighed by patient autonomy (if human research subjects gave informed consent) or by the goal of beneficence (if animal experimentation promised some great benefit). In the case of the Zoo, of course, neither of these criteria are met, since Humperdink's and Rugen's main interest seems to be in inflicting as much pain as possible. In the real world, however, these three principles would need to be carefully weighed against each other, both by individual professionals such as Max and by the Institutional Review Boards (IRBs) commonly called upon to determine the ethics of proposed research.

[Brendan's Question: The Hippocratic Oath famously tells physicians to "First, Do No Harm." In your own words, what does this mean? As suggested here, this can be a bit tricky!]

5.4 MAX THE BENEFICENT

When Inigo and Fezzik go to seek Max's aid, they are able to offer Max a hefty sum of gold for his services, a fact that goes a long way toward overcoming Max's initial reluctance to help. Unfortunately, it seems unlikely that the average resident of Florin could afford this price, even though they could definitely make use of Max's services. So, what should Max do when these people show up at his door, asking for help, but with no way to pay? Or what about when he is out for a walk, and he encounters a mostly dead person on the side of the road? Is he required to stop and help, or is this going above and beyond the call of duty?

In Principilism, questions such as this fall under the Principle of Beneficence, which requires medical professionals to take positive action to benefit others, or to prevent them from being harmed. In very general terms, the principle says that we are obligated to help people when (1) we notice they are at risk of major harm, (2) we think it is likely we can help them without too much cost or risk to ourselves, and (3) all things considered, it seems that our actions will do more good than harm. This principle would imply, for example, that Max *ought* to help a recently dead person he finds by the side of the road, should he have a soon-to-expire miracle pill in his pocket, and no particular plans for it. By contrast, Inigo and Fezzik are clearly going above and beyond the Principle of Beneficence when they put themselves in danger by rescuing Westley from the Zoo. Similarly, Westley's "as you wish" agreement to all of Buttercup's demands at the beginning of the book goes well beyond the sort of beneficence he would owe to a random stranger (though perhaps not to the love of his life).

Beneficence becomes even trickier when it conflicts with other principles, or when actions that have good consequences for *some* people have bad effects for *others*. So, let's say that Valerie has developed a new miracle pill that she would like Max to test. When people hear about this (even more miraculous!) pill, they will surely be eager to try it. However, in order for Valerie and Max to figure out whether or not this pill *works,* they will have to test it rigorously. And in order to do this, it may be that they *can't* give it to everyone—instead, they'll have to give it to some people (the "experimental group"), while denying it to others (the "control group") in order to compare the outcomes and see what happens. In this case, it seems like beneficence toward the large number of *future* patients who would benefit from the new pill will sometimes trump beneficence toward the one or two particular patients who might benefit now.

In other cases, beneficence may conflict with respect for autonomy, non-malfeasance, or both; as when a patient refuses to undergo a painful procedure that could save their life. So, for example, suppose the King refused to take a life-saving miracle pill on the grounds that it "gave him a stomachache." In this scenario, it seems like Max should at least consider tricking the King into taking into it (perhaps by sticking it in ice cream?). As with many "tough" cases in medical ethics, there may simply be no hard-and-fast "rule" about how such cases ought to be decided.

[Brendan's Question: Is Max obligated to help Wesley? Why or why not? What does this say about the obligation of medical practitioners in the real world?]

5.5 FIXING FLORIN'S HEALTHCARE PROBLEMS

As the only remaining miracle worker in Florin, Max is in a peculiar position: his decisions to treat (or not treat) patients are (quite literally) matters life or death. So, for example, if he had not agreed to treat Westley, then Westley would have remained dead—the heroes simply had no other options. Given this monopoly on health care, how should Max distribute his efforts? Should he simply treat whoever pays the best? Charge a set price and do "first-come-first-serve?" Or something else?

These sorts of "who gets medical care?" dilemmas fall under the auspices of the Principle of Justice, which says that people should "get what they deserve." Among other things, this means that people should not be *denied* medical care because they happen to have certain disadvantageous properties (such as being born a giant, or having your father killed by an evil count) that they had no control over. Conversely, it says that people with undeserved advantageous properties (such as being born a prince) do not deserve *privileged* access to medical care. Just as with the other principles, it is highly unlikely that we could ever be "perfectly" just, since doing so would almost certainly involve substantial violations of autonomy, nonmalfeasance, or beneficence. Nevertheless, the principle requires that we "aspire" toward justice, even if this (sometimes) means making sacrifices in other areas.

So what does this mean for Max? Depending on one's theory of justice, one might hold that Max is free to sell his services to the highest bidder (libertarianism) or, conversely, that is he is required to provide his service (perhaps free of charge) *solely* on what he thinks would be most "health-promoting" (utilitarianism). However, there are problems with these extreme views, since the first option would say Max has *no* duties to anyone in Florin, while the second option would say he has no right to a spend any time on anything else. A more palatable proposal might involve Max balancing a commitment to doing *something* for the poorer citizens of Florin, while also reserving some of his time and resources for higher-paying clients (and for spending time with Valerie!).

In the real world, of course, ensuring "justice" is largely a matter for large governmental or healthcare institutions, and not for individual providers such as Max. However, Max's simplified case brings out a number of issues relevant to debates about justice in health care. For example, the Principle of Justice seems to imply that people *do* have a right to a basic level of health care, even if this requires others to make sacrifices. However, because resources are limited (and because citizens have priorities besides health care), it seems implausible that people have a right to *unlimited* health care. Ideally, then, Max might recommend to Humperdink that he finance the training of some new miracle-workers, and that he put some money aside toward manufacturing miracle pills for those in need of them. Florinese politics being what they are, however, it seems likely that Max may well have to content himself with treating the occasional wounded adventurer.

5.6 TOO MUCH OR NOT ENOUGH?

So, what would Max think of our four rules? Given the (sometimes questionable) state of his memory, he might ask if we could somehow simplify things—maybe just include three rules, or two rules, or even just one? Conversely, he might ask why we needed principles at all—why not just figure things out on a case-by-case basis? While these objections both have long philosophical pedigrees, there are real advantages to adopting Principilism. First, in allowing for a larger number of principles (as opposed to just one), we can account for the fact that questions in medical ethics problems are often *complex* (they can't be solved by "mechanically" applying a single rule), and they may be genuine *dilemmas* (with no clearly correct answer). Second, in positing there are *some* general principles that stay the same between cases, we can actually "learn

from experience" by identifying specific commonalities between cases. So, while Max's experiences in Florin differ wildly from those of most real-world medical professionals, the principles used to assess them are the same, a fact that allows us to *learn* from Max's failures and success.

In the end, the value of Principlism (as with any theory of normative ethics) lies in what it allows us to *do* with it, and in what problems it enables us to solve. In this respect, it is precisely the fact that Principilism allows us to learn something relevant to solving new moral problems by considering the outcome of *previous* or *hypothetical* cases that makes it so valuable. And this is possible only because Principilism attempts neither to reduce morality to a single, mechanical rule nor to throw out rule-based reasoning altogether. So, while Florin is (unfortunately, and despite my childhood confusion about this point) a fictional place, this doesn't mean that *The Princess Bride* has nothing "real" to offer us.

[Brendan's Question: I hope you enjoyed the article! Any thoughts or questions you had while reading it?]

6 CASE STUDY: THE WISHES OF THE DEAD

From: Parr Center for Ethics, National High School Ethics Bowl, Case Set for 2020 National Competition

Yvonne and Zaina are in their fifties, and have enjoyed many happy years of partnership. Unfortunately Yvonne has been taken ill with a terminal illness. She has three wishes that she wants Zaina to keep after she dies. She reiterates them on her deathbed. First, Yvonne has become convinced that ingesting too much caffeine was the main cause of her illness. She has no real evidence for this, but nonetheless asks Zaina never to drink coffee again. Second, Yvonne has a large sum of money to leave after she dies. She wants to set up a fund for research into caffeine's disease-causing effects. She asks Zaina to set up a trust that will allocate funds for that, and only that, purpose in perpetuity. Third, Yvonne cannot bear the thought of Zaina getting married again. She realizes that Zaina may have other relationships, and gives them her blessing, but draws the line at remarrying. Yvonne wants to keep marriage unique to her and Zaina's relationship. So she asks Zaina never to remarry. Zaina promises to do all three of these things.

Ten years pass, and Zaina has kept her promises. But she's starting to wonder whether she needs to keep doing so. In general, although she wants to respect the wishes of her dead spouse, Zaina thinks that it is perhaps more important to consider those still living. More specifically, although Zaina doesn't think her life is substantially worse without coffee, it seems silly to keep a promise about something so trivial. Worse, the funds in the trust cannot be used for any other purpose than investigating caffeine and are legally protected. This, Zaina thinks, is not just silly but irresponsible. There is still no conclusive evidence to suggest that caffeine intake causes chronic disease, and the funds in the trust are going to waste when they could be used for much better purposes. Finally, Zaina has now been in a committed relationship for several years, and her partner has proposed to her. Zaina would like to marry her partner, but is conflicted by the thought of breaking her promise to Yvonne.

6.1 STUDY QUESTIONS

1. Is it permissible for Zaina to break some of the promises she made to Yvonne? If so, which ones may she break and which not? What explains these differences?
2. When, if ever, is it permissible to ignore the wishes of the dead?
3. What, if any, are the morally significant differences between a promise made to someone who is now dead and a promise made to someone who is still alive?

7 CASE STUDY: WORKING WHILE SICK[5]

From: Parr Center for Ethics, National High School Ethics Bowl, Case Set for 2020 National Competition

Nearly 43 million private sector workers in the US hold jobs that do not offer paid sick leave. The majority of these workers are employed in the service sector, where interactions with customers form a key part of their jobs.

Kate, a server at a fast food restaurant called Blake's Burgers, is one of these workers. In the past, her bosses encouraged her to take the day off when she was sick, because coming in would put the health of her coworkers and customers at risk. Recently, however, the company cut her hours, and Kate could no longer afford to take a day off without pay.

A few months after the company cut her hours, Kate caught the flu and was unsure what to do. If she stayed home, she would lose the pay that she desperately needed, and run the risk of losing her job. She had been working for Blake's Burgers for many years, and she thought it was unfair that she could be fired for taking an action that would ultimately help the business.

On the other hand, going to work would pose a number of threats. Since Kate was likely contagious, she could get her coworkers sick, thereby confronting them with the same dilemma she faced now. Because her job involves handling food, she could also get her customers sick. Not only would this harm those customers, but it could have a negative effect on the business as a whole. After all, if people became sick from eating at Blake's Burgers, they would be more likely to avoid the establishment in the future, urge their friends to do the same, and ultimately harm the company's business.

On a national scale, the impact of Kate's dilemma is huge: The Center for American Progress estimates that unhealthy workers cost employers some $160 billion a year in lost productivity. In addition, a substantial trend of workers continuing to perform their duties while sick is particularly concerning during moments of crisis and concern for public health, such as the currently developing COVID-19 "Coronavirus" outbreak across the United States and the world.

7.1 STUDY QUESTIONS

1. Is Kate morally permitted to work while sick, given that she needs the money and needs to keep her job? Why or why not?
2. What, if anything, would change if Kate was a single mother whose children depend on her making money and keeping her job as well?
3. What, if anything, would change if Kate interacted with coworkers but not customers at work?

8 CASE STUDY: TRUST THE SCIENCE

From: Parr Center for Ethics, National High School Ethics Bowl, Case Set for 2022 National Competition

During the COVID-19 pandemic, the news media has played an essential role in communicating scientific information to the majority of people who receive their information as reported online and on TV. Although

[5] This case was originally used in the National High School Ethics Bowl's 2016-2017 Case Set for Regional Competitions. We have brought it back and updated it in the wake of the 2020 COVID-19 ("Coronavirus") outbreak in the United States and across the world.

some media on the political extremes promoted sensationalism and misinformation, it is safe to assume that most mainstream media engaged in a relatively good faith effort to cover the many rapidly changing aspects of the pandemic. Yet, even in such good faith reporting, choices must be made about what, when, and how to report—choices which, for something as elusive and unpredictable as the pandemic, are not always easy to make.

A particular challenge for the media is that the situation on the ground, as well as the scientific community's understanding of COVID-19 and its spread, changes so rapidly. For example, mask-wearing, which we now know is at the core of preventive practices, was deemed unnecessary and ineffective for healthy people in the beginning of the pandemic by scientific authorities.[6] This advice was quickly updated as new understandings of transmission were gained, but the about-face by the scientific community and the ways in which it was reported in the vast array of media outlets left many of the public confused about whether or not they should be wearing masks.

A very similar situation has been playing out with so-called 'breakthrough' infections, or the contraction of COVID-19 by already vaccinated people, particularly around the delta variant. The discussion of these breakthrough infections was ubiquitous and constant in the media in late summer 2021. Yet, at the time of drafting this case, there remained a great deal of disagreement among the experts on the delta variant, vaccine effectiveness, and whether or not such breakthrough infections were actually a significant problem.

Much of the media's reporting has involved relaying scientific data and statistics to the public, with varying degrees of commentary. The problem is that even the best of us are notoriously bad at interpreting and understanding such information.[7] From the start, because of the nature of science, the numbers themselves are often uncertain, or valuable only for drawing very specific, narrow conclusions. Such nuance is often lost in reporting. In addition, the ways in which the numbers are reported can create both unintentional and deliberate distortions. For example, an increase in cases from 10 to 20, or from 1 million to 2 million, can both be reported as simply "cases doubled," which lacks the context necessary for a full understanding of the implications of the data. Add to all of this that even the most reputable media still rely on gaining consumers through attention-grabbing headlines and engaging content, and you have a recipe for confusion.

Such misunderstandings have real and significant consequences. For example, many resisted wearing masks because they had been previously been told masks were ineffective, and similarly, the reporting on breakthrough infections led many who remained unvaccinated to resist getting the vaccine. What's the point, some wondered, when the news says you'll catch COVID whether you have the shot or not? Such a conclusion may not be totally accurate, but it's also not unreasonable that people have come to hold such beliefs from the news. DISCUSSION QUESTIONS

1. What is the ethical responsibility of science reporters when discussing something like the COVID-19 pandemic?
2. Is it ever ethically acceptable for science reporters to withhold information in the interest of the public good?
3. Should the media collaborate with the government on reporting pandemic data? If not, why not? If yes, then given the value of an independent media, what are the limits of such collaboration?

[6] https://www.npr.org/sections/health-shots/2020/03/31/824155179/cdc-director-on-models-for-the-months-to-come-this-virus-is-going-to-be-with-us
[7] https://www.nytimes.com/2020/02/18/opinion/coronavirus-china-numbers.html