

Our group decided on case 9, with the 35-year-old female with HD and a history of suicide. We concluded that there could be a high chance she was seeking out the test just to give justification of ending her life. Overall, this lead to a discussion on assisted suicide and the ethics of providing the test that would influence such decision and potentially cause unjust harm. (**Non-maleficence**)

We don't know her family situation and many other contextual features. So our recommendation was potential therapy to confirm that preemptive suicidal tendencies would not unjustly influence the decision, and if this was a desired option, then making sure any external responsibilities and lives of others would not be drastically effected. (**Beneficence**) Overall, if she wanted the test and wanted to end her life earlier than when the disease would take it, then that would be okay (**Autonomy**), as long as appropriate discussion and potential precautions were considered first. (**Justice**)