**Instructor’s Manual**

*Bioethics*, Fifth Edition

by Lewis Vaughn

PART I: PRINCIPLES AND THEORIES
**Chapter 1: Moral Reasoning in Bioethics**

**CHAPTER SUMMARY**

**Morality** refers to beliefs about right and wrong actions and morally good and bad persons or character. **Ethics** is the study of morality using the tools and methods of philosophy. The study of morality using the methodology of science is known as **descriptive ethics**. Ethics has three main branches: (1) **normative ethics**, the search for, and justification of, moral standards, or norms; (2) **metaethics**, the study of the meaning and justification of basic moral beliefs; and (3) **applied ethics**, the use of moral norms and concepts to resolve practical moral issues. **Bioethics** is applied ethics focused on health care, medical science, and medical technology.

Moral norms differ from other kinds of norms because they are characterized by (1) normative dominance, (2) universality, (3) impartiality, and (4) reasonableness. We apply moral norms to two distinct spheres of our moral experience— obligations and values. Moral obligations concern our duty, what we are obligated to do or not do, and refer primarily to right and wrong actions. Moral values generally concern those things that we judge to be morally good, bad, praiseworthy, or blameworthy. A right action can be obligatory (one that would be wrong not to perform) or permissible (one that is not wrong to perform). A prohibited action would be one that would be wrong to perform. A supererogatory action is one that is “above and beyond” our duty.

In bioethics, five moral principles have been extremely influential and particularly relevant: (1) **autonomy** (autonomous persons should be allowed to exercise their capacity for self-determination); (2) **nonmaleficence** (we should not cause unnecessary harm to others); (3) **beneficence** (we should do good to others and prevent or remove harm); (4) **utility** (we should produce the most favorable balance of good over bad for all concerned); and (5) **justice** (we should treat equals equally).

According to **ethical relativism**, moral standards are not objective but are relative to what individuals or cultures believe. A familiar argument for cultural relativism is that if people’s moral judgments differ from culture to culture, then moral norms are relative to culture, and people’s moral judgments obviously do differ from culture to culture. But the first premise in the argument is false. In addition, cultural relativism seems implausible because it implies moral infallibility, immunity of all cultures from moral criticism from the outside, the automatic wrongness of the moral stance of social reformers, and the incoherence of the idea of moral progress. More-over, cultural relativism does not necessarily lead to tolerance and does not logically entail it.

The **divine command theory** says that right actions are those commanded by God, and wrong actions are those forbidden by God. But many religious and nonreligious people have rejected the theory because it seems to imply that God’s commands are arbitrary.

Most critical reasoning is concerned in one way or another with the construction or evaluation of arguments. All the skills required in dealing with arguments generally can be applied directly to handling moral arguments in particular. A **moral argument** is one whose conclusion is a moral statement, an assertion that an action is right or wrong or that a person or motive is good or bad.

**KEY TERMS**

**autonomy** a person’s rational capacity for self-governance or self-determination—the ability to direct one’s own life and choose for oneself. The principle of autonomy insists on full respect for autonomy.

**applied ethics** The use of moral norms and concepts to resolve practical moral issues.

**beneficence** The principle of beneficence says that we should do good to others.

**bioethics** Applied ethics focused on health care, medical science, and medical technology.

**cultural relativism** The view that right actions are those sanctioned by one’s culture.

**deductive** **argument** An argument intended to give logically conclusivesupport to its conclusion.

**descriptive ethics** The study of morality using the methodology of science.

**divine command theory** The view that right actions are those commanded by God and wrong actions are those forbidden by God.

**ethical relativism** The view that moral standards are not objective but are relative to what individuals or cultures believe.

**ethics** The study of morality using the tools and methods of philosophy.

**inductive** **argument** An argument intended to give probable support to its conclusion.

**justice** Justice refers to people getting what is fair or what is their due.

**metaethics** The study of the meaning and justification of basic moral beliefs.

**moral absolutism** The belief that objective moral principles allow no exceptions or must be applied the same way in all cases and cultures.

**moral argument** An argument whose conclusion is a moral statement.

**morality** Beliefs regarding morally right and wrong actions and morally good and bad persons or character.

**moral objectivism** The view that there are moral norms or principles that are valid or true for everyone.

**nonmaleficence** The principle of nonmaleficenceasks us not to intentionally or unintentionally inflict harm on others.

**normative ethics**  The search for, and justification of, moral standards, or norms.

**paternalism** The overriding of a person’s actions or decision-making for his or her own good.

**subjective relativism** The view that right actions are those sanctioned by a person.

**utility** The principle of utility says that we should produce the most favorable balance of good over bad (or benefit over harm) for all concerned.

**STUDENT SELF-QUIZ QUESTIONS**

1. Ethics is the study of morality using the tools and methods of

a. philosophy.

b. science.

c. description.

d. sociology.

Answer: a

2. The use of moral norms and concepts to resolve practical moral issues is called

a. normative ethics.

b. metaethics.

c. descriptive ethics.

d. applied ethics.

Answer: d

3. A key feature of moral norms is

a. moral relativism.

b. normative dominance.

c. normative subjectivity.

d. partiality.

Answer: b

4. A moral principle that applies in all cases unless an exception is warranted is considered

a. absolute.

b. prima facie.

c. relative.

d. void.

Answer: b

5. The overriding of a person’s actions or decision-making for their own good is known as

a. paternalism.

b. beneficence.

c. autonomy.

d. nonmaleficence.

Answer: a

6. The principle of respect for autonomy places no restraints on what can be done to an autonomous person.

a. True

b. False

Answer: b

7. Nonmaleficence is the bedrock precept of codes of conduct for health care professionals.

a. True

b. False

Answer: a

8. That equals should be treated equally is a basic precept of the principle of autonomy.

a. True

b. False

Answer: b

9. Moral absolutism is the view that there are moral norms or principles that are valid or true for everyone.

a. True

b. False

Answer: b

10. From the fact that cultures have divergent moral beliefs on an issue, it does not logically follow that there is no objective moral truth.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. A deductive argument is intended to give \_\_\_\_\_\_\_ support to its conclusion.

a. probable

b. true

c. logically conclusive

d. logically inconclusive

Answer: c

2. The misrepresentation of a person’s views so they can be more easily attacked or dismissed is known as

a. begging the question.

b. appeal to ignorance.

c. the straw man fallacy.

d. the misrepresentation fallacy.

Answer: c

3. Moral premises can be called into question by showing that they

a. come from immoral people.

b. are contrary to majority opinion.

c. conflict with personal feelings.

d. conflict with credible principles, theories, or judgments.

Answer: d

4. In assessing an argument, the first order of business is to

a. find the premises.

b. form an opinion about the truth of the conclusion.

c. find the conclusion.

d. identify the main premise.

Answer: c

5. The argument form of “If p, then q; p; therefore, q” is called

a. modus tollens.

b. modus ponens.

c. affirming the consequent.

d. denying the antecedent.

Answer: b

6. \_\_\_\_\_\_\_ is the study of morality using the methodology of science.

a. Ethics

b. Bioethics

c. Descriptive ethics

d. Normative ethics

Answer: c

7. \_\_\_\_\_\_\_ is the search for and justification of moral standards or norms.

a. Ethics

b. Bioethics

c. Descriptive ethics

d. Normative ethics

Answer: d

8. The idea that in our moral practice, moral norms are presumed to take precedence over other kinds of norms is called

a. normative dominance.

b. universality.

c. impartiality.

d. reasonableness.

Answer: a

9. The idea that moral principles or judgments apply in all relevantly similar situation is called

a. normative dominance.

b. universality.

c. impartiality.

d. reasonableness.

Answer: b

10. The idea that everyone should be considered equal and that everyone’s interests should count the same is called

a. normative dominance.

b. universality.

c. impartiality.

d. reasonableness.

Answer: c

11. The principle that we should never lie, regardless of the circumstances or the consequences, is an example of

a. an absolute principle.

b. a prima facie principle.

c. moral relativism.

d. reasonableness.

Answer: a

12. \_\_\_\_\_\_\_ theories of distributive justice maintain that a just distribution is an equal distribution.

a. Retributive

b. Libertarian

c. Egalitarian

d. Absolute

Answer: c

13. According to \_\_\_\_\_\_\_, moral standards are not objective, but are relative to what individuals or cultures believe.

a. ethical relativism

b. moral objectivism

c. moral absolutism

d. cultural dominance

Answer: a

14. The \_\_\_\_\_\_\_ is the misrepresentation of a person’s views so they can be more easily attacked or dismissed.

a. appeal to ignorance

b. straw man fallacy

c. slippery slope fallacy

d. fallacy of begging the question

Answer: b

15. The argument: “No one has proven that a fetus is not a person, so it is in fact a person” is an example of the

a. appeal to ignorance.

b. strawman fallacy.

c. slippery slope fallacy.

d. fallacy of begging the question.

Answer: a

**True/False Questions**

16. Cultural relativism logically entails tolerance for other cultures.

a. True

b. False

Answer: b

17. If people’s moral judgments differ from culture to culture, moral norms are relative to culture.

a. True

b. False

Answer: b

18. Cultural relativism implies that we cannot legitimately criticize other cultures.

a. True

b. False

Answer: a

19. All religious people accept the divine command theory.

a. True

b. False

Answer: b

20. Logical argument and persuasion are essentially the same thing.

a. True

b. False

Answer: b

21. Topics in bioethics affect only a relatively small number of people.

a. True

b. False

Answer: b

22. Metaethicsdeals with questions like: What moral principles, if any, should inform our moral judgments? What role should virtues play in our lives? Is the principle of autonomy justified?

a. True

b. False

Answer: b

23. Bioethics is a form of applied ethics.

a. True

b. False

Answer: a

24. Fully informed bioethics requires a good understanding of nonmoral facts in medicine, science, technology, and the law.

a. True

b. False

Answer: a

25. Distributive justice concerns the fair meting out of punishment for wrongdoing.

a. True

b. False

Answer: b

26. According to divine command theory, morality depends fundamentally on religion—the moral law is constituted by the will of God.

a. True

b. False

Answer: a

27. Affirming the consequence is a valid argument form.

a. True

b. False

Answer: b

28. The following argument is a valid modus ponensargument: “It is wrong to take the life of an innocent person. Abortion takes the life of an innocent person. Therefore, abortion is wrong.”

a. True

b. False

Answer: b

29. In an appeal to the person (or ad hominem fallacy), one tries to prove a conclusion by using that very same conclusion as support.

a. True

b. False

Answer: b

30. When assessing moral arguments, it is rarely important to check the truth of nonmoral premises.

a. True

b. False

Answer: b

**Short Answer Questions**

31. In your own words, explain the difference between the three main branches of ethics: normative ethics, metaethics, and bioethics.

Answer: Normative ethics is the search for, and justification of, moral standards, or norms. Metaethics is the study of the meaning and justification of basic moral beliefs, for example, what does it mean for an action to be considered right? Applied ethics is the use of moral norms and concepts to resolve practical moral issues.

32. Explain the difference between morality and the law. Give one example in which an action is deemed morally but not legally wrong and one example in which an action might reasonably be judged legally but not morally wrong.

Answer: Morality concerns morally right and wrong acts. Laws are norms enacted or enforced by the state to protect or promote the public good and designate some actions legally right or wrong. These are two distinct judgments that will not always agree. For example, it might be morally wrong to lie to a friend about a personal matter, but it is not legally wrong to do so. Some actions might also (in rare situations) be legally but not morally wrong. For example, it might be morally right to break unjust laws in acts of civil disobedience. In these cases, one would be violating the law but still acting morally.

33. Define and give an example of a moral obligation, a morally permissible act, and a supererogatory act.

Answer: An obligatory action is one that would be wrong *not* to perform. We are obligated or required to do it. A doctor might be morally obligated (prima facie) to tell a patient the truth about their diagnosis. A permissible action is one that is permitted. It is not wrong to perform it. It is morally permissible to miss a friend’s party because you are very sick. A supererogatory action is one that is “above and beyond” our duty. It is praiseworthy—a good thing to do—but not required. Giving all your possessions to the poor is generally considered a supererogatory act.

34. Identify and define the five basic principles in bioethics.

Answer: Autonomy is a person’s rational capacity for self-governance or self-determination—the ability to direct one’s own life and choose for oneself. The principle of autonomy insists on full respect for autonomy. The principle of nonmaleficence asks us not to inflict harm intentionally or unintentionally on others. The principle of beneficence says that we should do good to others. The principle of utility says that we should produce the most favorable balance of good over bad (or benefit over harm) for all concerned. Justice refers to people getting what is fair or what is their due.

35. How is moral absolutism distinct from moral objectivism?

Answer: Moral objectivism is the claim that there are moral norms or principles that are valid or true for everyone. Moral absolutism is the belief that objective moral principles allow no exceptions or must be applied the same way in all cases and cultures. A moral objectivist can be absolutist about moral principles, or she can avoid absolutism by accepting that moral principles are prima facie.

**Chapter 2: Bioethics and Moral Theories**

**CHAPTER SUMMARY**

A **moral theory** explains why an action is right or wrong or why a person or a person’s character is good or bad. Making, using, or assessing moral theories is a normal, pervasive feature of the moral life.

**Consequentialist moral theories** assume that the rightness of actions depends on their consequences or results. **Deontological theories** say that the rightness of actions is determined partly or wholly by their intrinsic nature. The leading consequentialist theory is **utilitarianism**, the view that right actions are those that result in the most beneficial balance of good over bad consequences for everyone involved. The theory comes in two main types. **Act-utilitarianism** is the idea that the rightness of actions depends on the relative good produced by individual actions. **Rule-utilitarianism** says a right action is one that conforms to a rule that, if followed consistently, would create for everyone involved the most beneficial balance of good over bad. Kantian ethics is opposed to consequentialist theories, holding that morality consists of following a rational and universally applicable moral rule and doing so solely out of a sense of duty. An action is right only if it conforms to such a rule, and we are morally praiseworthy only if we per- form it for duty’s sake alone. **Principlism** is the theory that right actions are not necessarily those sanctioned by single-rule theories such as utilitarianism, but rather by reference to multiple moral principles that must be weighed and balanced against one another. **Natural law theory** is a centuries-old view of ethics that maintains that right actions are those conforming to moral standards discerned in nature through human reason. Rawls’ theory is a form of **contractarianism**, which means it is based on the idea of a social contract, or agreement, among individuals for mutual advantage. He argues for a set of moral principles that he believes would be arrived at through a fair, but hypothetical, bargaining process. **Virtue ethics** focuses on the development of virtuous character. The central task in morality is not knowing and applying principles but being and becoming a good person, someone possessing the virtues that define moral excellence. The ethics of care emphasizes the virtues and feelings that are central to close personal relationships.

The worth of moral theories can be assessed through the application of the moral criteria of adequacy. Criterion I is consistency with our considered moral judgments; Criterion II, consistency with the facts of the moral life; and Criterion III, resourcefulness in moral problem-solving.

**KEY TERMS**

**act-utilitarianism** The view that the rightness of actions depends solely on the relative good produced by individual actions.

**consequentialist** **theory** A moral theory asserting that the rightness of actions depends solely on their consequences or results.

**contractarianism** Moral or political theories based on the idea of a social contract or agreement among individuals for mutual advantage.

**deontological** **(or nonconsequentialist) theory** A moral theory asserting that the rightness of actions is determined partly or entirely by their intrinsic nature.

**doctrine of double effect** The principle that performing a bad action to bring about a good effect is never morally acceptable but that performing a good action may sometimes be acceptable even if it produces a bad effect.

**moral theory** An explanation of why an action is right or wrong or why a person or a person’s character is good or bad.

**natural law theory** The view that right actions are those that conform to moral standards discerned in nature through human reason.

**principlism** The theory that right actions are not necessarily those sanctioned by single-rule theories such as utilitarianism, but rather by reference to multiple moral principles that must be weighed and balanced against each other.

**rule-utilitarianism** The view that a right action is one that conforms to a rule that, if followed consistently, would create for everyone involved the most beneficial balance of good over bad.

**utilitarianism** The view that right actions are those that result in the most beneficial balance of good over bad consequences for everyone involved.

**virtue ethics** A moral theory that focuses on the development of virtuous character.

**STUDENT SELF-QUIZ QUESTIONS**

1. A moral theory explains why

a. one event causes another.

b. an action is prudent.

c. an action is effective or ineffective, or why a person is reasonable or unreasonable.

d. an action is right or wrong, or why a person or a person’s character is good or bad.

Answer: d

2. Consequentialist moral theories insist that the rightness of actions depends solely on

a. the actions’ consequences or results.

b. the actions’ intrinsic nature.

c. the agent’s motives.

d. the agent’s desires.

Answer: a

3. Feminist ethics is an approach to morality aimed at

a. establishing a core set of moral principles.

b. advancing women’s interests and correcting injustices inflicted on women through social oppression and inequality.

c. advancing women’s interests through a unique application of Rawls’s theory.

d. defining women’s perspectives as superior to men’s perspectives.

Answer: b

4. Act-utilitarianism is the view that the rightness of actions depends

a. solely on the character of the agent.

b. solely on the relative good produced by individual actions.

c. on both the relative good produced by individual actions and the conformity to rules.

d. on a good will.

Answer: b

5. Kant says that through reason and reflection, we can derive our duties from

a. the categorical imperative.

b. hypothetical imperatives.

c. experience.

d. a calculation of consequences.

Answer: a

6. Natural law theory is the view that right actions are those that conform to moral standards discerned in nature through human reason.

a. True

b. False

Answer: a

7. Natural law tradition resolves dilemmas through the principle of utility.

a. True

b. False

Answer: b

8. Rawls’s equal liberty principle states that each person is to have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all.

a. True

b. False

Answer: a

9. Principlism is the theory that right actions are those sanctioned by a single-rule theory.

a. True

b. False

Answer: b

10. In the ethics of care, the heart of the moral life is feeling for and caring for those with whom you have a special, intimate connection.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. Kant’s principle of respect for persons says that we should treat persons

a. always as a means to an end.

b. never merely as a means to an end.

c. according to the relevant consequences.

d. according to their preferences.

Answer: b

2. Underlying natural law theory is the belief that

a. nature should be altered to conform to the moral law.

b. the moral law cannot be discerned through human reason.

c. the moral law cannot be derived from nature.

d. all of nature, including humankind, is teleological.

Answer: d

3. The primary inspiration for contemporary versions of virtue ethics is

a. John Rawls.

b. Socrates.

c. Aristotle.

d. Thomas Aquinas.

Answer: c

4. The data that a moral theory is supposed to explain are

a. contemporary cultural standards.

b. our considered moral judgments.

c. our emotional reactions.

d. our moral upbringing.

Answer: b

5. Any moral theory that is inconsistent with the facts of the moral life is

a. problematic.

b. acceptable.

c. certainly false.

d. salvageable.

Answer: a

6. \_\_\_\_\_\_\_ theories say that the rightness of actions is determined partly or entirely by their intrinsic nature.

a. Deontological

b. Consequentialist

c. Utilitarian

d. Virtue

Answer: a

7. Consider the following statement:

Actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness. By “happiness” is intended pleasure, and the absence of pain; by “unhappiness,” pain and the privation of pleasure.

This view is best described as

a. consequentialist.

b. deontological.

c. virtue ethics.

d. moral relativism.

Answer: a

8. Which of the following violate(s) Kant’s directive to always treat people as an end-in-themselves and never merely as a means?

a. Experimenting on people without their knowledge and consent

b. Lying to a patient about their medical condition

c. Forcing patients to receive treatment against their will

d. All of the above

Answer: d

9. According to \_\_\_\_\_\_\_, right actions are not necessarily those sanctioned by single-rule theories, but rather by reference to multiple moral principles that must be weighed and balanced against each other.

a. Kantian ethics

b. virtue ethics

c. principlism

d. natural law theory

Answer: c

10. According to \_\_\_\_\_\_\_, right actions are those that conform to moral standards discerned in nature through human reason.

a. Kantian ethics

b. virtue ethics

c. principlism

d. natural law theory

Answer: d

11. According to \_\_\_\_\_\_\_, character is the key to the moral life, for it is from a good character that moral conduct and values naturally arise.

a. Kantian ethics

b. virtue ethics

c. principlism

d. natural law theory

Answer: b

12. Many advocates of \_\_\_\_\_\_\_ think that the familiar principles of Western ethics—autonomy, utility, freedom, equality, and so forth—are too broad and abstract to help us make moral judgements.

a. Kantian ethics

b. feminist ethics

c. utilitarianism

d. natural law

Answer: b

13. \_\_\_\_\_\_\_ is a method of moral reasoning that emphasizes cases and analogy rather than universal principles and theories from which moral judgments are supposed to be deduced.

a. Ethics of care

b. Feminist ethics

c. Casuistry

d. Natural law

Answer: c

14. One serious charge against the adequacy of \_\_\_\_\_\_\_ is that it flies in the face of our considered moral judgments concerning issues of justice and rights.

a. act-utilitarianism

b. rule-utilitarianism

c. Kantian ethics

d. virtue ethics

Answer: a

15. One serious charge against the adequacy of \_\_\_\_\_\_\_ is that it is not consistent with moral common sense—it seems implausible to argue that we have obligations that must be honored without exception.

a. act-utilitarianism

b. rule-utilitarianism

c. Kantian ethics

d. virtue ethics

Answer: c

**True/False Questions**

16. Moral theories are not relevant to our moral life.

a. True

b. False

Answer: b

17. Feminist ethics is an approach to morality aimed at rethinking or revamping traditional ethics to eliminate aspects that devalue or ignore the moral experience of women.

a. True

b. False

Answer: a

18. Rule-utilitarianism is the idea that the rightness of actions depends solely on the relative good produced by individual actions.

a. True

b. False

Answer: b

19. Classic utilitarianism depends heavily on a strong sense of impartiality.

a. True

b. False

Answer: a

20. Kant’s categorical imperative is absolutist.

a. True

b. False

Answer: a

21. Utilitarianism is the leading deontological theory.

a. True

b. False

Answer: b

22. Utilitarianism rejects the principle of impartiality.

a. True

b. False

Answer: b

23. Kantian ethics is best understood as deontological.

a. True

b. False

Answer: a

24. A categorical imperative is a command to do something if we want to achieve particular aims.

a. True

b. False

Answer: b

25. Using a librarian to find a book in the library is a violation of Kant’s principle of respect for persons.

a. True

b. False

Answer: b

26. Even if human subjects give their informed consent to participate in research, medical researchers are violating the principle of respect for persons by using human subjects as means to an end.

a. True

b. False

Answer: b

27. The doctrine of double effect is a principle developed and used in the natural law tradition.

a. True

b. False

Answer: a

28. According to Rawls, just principles are those that a group of normal, self-interested, rational individuals would choose behind the “veil of ignorance.”

a. True

b. False

Answer: a

29. Aristotle is the primary inspiration for contemporary versions of virtue ethics.

a. True

b. False

Answer: a

30. The ethics of care emphasizes abstract principles, general duties, individual rights, impartial judgments, and deliberative reasoning

a. True

b. False

Answer: b

**Short Answer Questions**

31. What is the doctrine of double effect and how is it used to resolve conflicting moral duties?

Answer: In the Catholic tradition, performing a bad action to bring about a good effect is never morally acceptable. When an action will cause both good and bad effects, one can use the doctrine of double effect to resolve the conflict. According to this doctrine, although it is always wrong to intentionally perform a bad action to produce a good effect, doing a good action that results in a bad effect may be permissible if the bad effect is not intended although foreseen. In the former case, a bad thing is said to be directly intended; in the latter, a bad thing is not directly intended.

32. What is the “veil of ignorance,” how does it work, and what is its role in contract theory?

Answer: Contractarianism is any moral theory based on the idea of a social contract, or agreement, among individuals for mutual advantage. According to Rawls we can use a metaphorical “veil of ignorance” to decide on just principles of mutual benefit. Placing all parties behind a “veil of ignorance” in which no one knows their social or economic status, class, race, sex, abilities, talents, level of intelligence, or psychological makeup ensures that they will not agree to principles that will put any particular group at a disadvantage because they might very well be members of that group. They will choose principles that are unbiased and nondiscriminatory.

33. What are the four assumptions of traditional ethics that feminist ethics attempts to undermine?

Answer: (1) Women’s moral concerns are not as important as men’s; (2) Women are morally inferior to men (less mature or less rational); (3) The moral issues that arise from domestic or private life (the area traditionally relegated exclusively to women) are in- consequential; (4) The concepts or virtues traditionally associated with women in Western cultures (community, nature, interconnected- ness, caring, feeling, sharing, among others) are not central to morality.

34. What is the difference between act- and rule-utilitarianism?

Answer: Act-utilitarianismis the view that the rightness of actions depends solely on the relative good produced by individual actions.Rule-utilitarianismis the view that a right action is one that conforms to a rule that, if followed consistently, would create for everyone involved the most beneficial balance of good over bad.

35. What are the three criteria of adequacy for evaluating moral theories?

Answer: Criterion I: consistency with our considered moral judgments; Criterion II: consistency with the facts of the moral life; Criterion III: resourcefulness in moral problem-solving

**Questions for Readings**

“Utilitarianism,” John Stuart Mill

36. According to Mill, to determine whether one pleasure is more valuable than another, we must

a. determine which pleasure is objectively most pleasurable.

b. determine which pleasure most experienced people prefer.

c. consult philosophers of the past.

d. consult science.

Answer: b

37. According to Mill, the ultimate end of utilitarianism is an existence as free of pain as possible and as rich as possible in

a. lower pleasures.

b. spiritual attainment.

c. social achievement.

d. enjoyments.

Answer: d

38. According to Mill, the Greatest Happiness Principle is

a. one of several principles of morality.

b. the standard of morality.

c. endorsed by all the major religions.

d. embodied in the Ten Commandments.

Answer: b

“The Moral Law,” Immanuel Kant

39. According to Kant, nothing can be called good without qualification *except*

a. right action.

b. good consequences.

c. happiness.

d. a good will.

Answer: d

40. According to Kant, if an action is to have moral worth, it must be done

a. from a sense of kindness.

b. from a sense of duty.

c. according to custom.

d. with an eye to one’s purpose.

Answer: b

41. According to Kant, when trying to decide whether an action is morally permissible, we must ask if we can consistently will that the maxim of our action should become a

a. rule for maximizing happiness.

b. contingent law.

c. universal law.

d. rule of thumb.

Answer: c

“Nicomachean Ethics,” Aristotle

42. According to Aristotle, we always desire happiness

a. as a means to something else.

b. for its own sake.

c. for the sake of honor.

d. for the sake of pleasure.

Answer: b

43. According to Aristotle, the function of man is

a. to be alive.

b. activity of the senses.

c. activity of the soul in accordance with God’s law.

d. activity of the soul in accordance with reason.

Answer: d

44. According to Aristotle, moral virtues can best be acquired through

a. study.

b. practice and habit.

c. physical exertion.

d. great teachers.

Answer: b

“The Need for More than Justice,” Annette C. Baier

45. Baier asserts that there is little disagreement that justice is

a. a perverse perspective.

b. harmful to women.

c. an outmoded concern.

d. a social value.

Answer: d

46. Baier says that the best moral theory must

a. downplay justice.

b. see justice as part of the problem.

c. discount female insights.

d. harmonize justice and care.

Answer: d

47. Baier says that care is

a. mercy that is to season justice.

b. a felt concern for the good of others and for community.

c. the cold jealous virtue of disregard.

d. the root of justice.

Answer: b

“Moral Saints,” Susan Wolf

48. According to Wolf, a moral saint should *not* serve as a

a. divine being.

b. religious figure.

c. moral model of evil.

d. moral model to be emulated.

Answer: d

49. Wolf says that some people might regard the absence of moral saints in their lives as a

a. curse.

b. situation to be remedied.

c. fact to be regretted.

d. blessing.

Answer: d

50. Wolf says that the moral virtues all present in the same person, and to an extreme degree, are apt to undermine the development of

a. evil tendencies.

b. bad habits.

c. a healthy, well-rounded individual.

d. an individual with many interests.

Answer: c

PART II: MEDICAL PROFESSIONAL AND PATIENT
**Chapter 3: Paternalism and Patient Autonomy**

**CHAPTER SUMMARY**

Health care providers have a duty of beneficence toward their patients; providers are obligated to use their medical expertise to do good and to avoid doing harm. Patients have a right to this skilled beneficence and also a right to their own autonomous choices regarding their care. However, the principles of beneficence and autonomy are frequently at odds. Chapter 3 explores several moral issues arising from conflicts between autonomy and beneficence including medical paternalism, refusing treatment, and “futile” treatment.

**Autonomy** is a person’s rational capacity for self-governance or self-determination. The requirement to respect autonomy is expressed in the autonomy principle: autonomous persons should be allowed to exercise their capacity for self-determination. In bioethics, it is considered a fundamental standard that can be violated only for good reasons and with explicit justification. Conflicts between respect for patients’ autonomy and providers’ duty of beneficence usually raise the issue of **paternalism**—the overriding of a person’s actions or decision-making for their own good. **Weak paternalism** refers to paternalism directed at persons who cannot act autonomously or whose autonomy is greatly diminished (e.g., dangerously psychotic, seriously mentally disabled, extremely depressed, or acutely addicted). Weak paternalism is not usually considered an objectionable violation of autonomy because patients are already nonautonomous to some degree. **Strong paternalism** is the overriding of a person’s actions or choices even though they are substantially autonomous.

When patients (or their surrogates) refuse treatment, patient autonomy and physician beneficence collide. The central question in such cases is whether it is ever permissible for a provider to treat a patient against their will. Both physicians and the courts now recognize the right of competent patients to refuse treatment. But controversy arises when the patient is a child whose parents refuse medical treatment on religious grounds.

Sometimes things happen the other way around—a patient or the patient’s family wants a treatment that the physician deems **medically futile** (ineffective or pointless). The main moral conflict is between patient autonomy and the physician’s view of what constitutes morally acceptable care. In these cases, physicians appeal to a widely recognized principle: Physicians are not obligated to provide treatments that are inconsistent with reasonable standards of medical practice. Not every patient request must be regarded as legitimate, and not every medical technology must be supplied.

Utilitarianism demands that we maximize the good for everyone involved—a requirement that may justify paternalistic actions. But utilitarian opinions on paternalism can vary depending on whether they are based on act- or rule-utilitarian approaches. Kantian ethics generally rejects paternalism, insisting on the rights and autonomy of persons. Natural law theory is more paternalistic, denying through the doctrine of double effect a terminally ill patient’s request to be given a lethal injection or to have ordinary life-sustaining measures stopped so they could die.

**KEY TERMS**

**autonomy** A person’s rational capacity for self-governance or self-determination.

**medical futility** The alleged pointlessness or ineffectiveness of administering particular treatments.

**paternalism**  The overriding of a person’s actions or decision-making for his or her own good.

**strong paternalism** The overriding of a person’s actions or choices although he or she is substantially autonomous.

**weak paternalism** Paternalism directed at persons who cannot act autonomously or whose autonomy is greatly diminished.

**STUDENT SELF-QUIZ QUESTIONS**

1. Paternalism directed at persons who cannot act autonomously or whose autonomy is greatly diminished is known as

a. autonomy.

b. strong paternalism.

c. antipaternalism.

d. weak paternalism.

Answer: d

2. The overriding of a person’s actions or choices although the person is substantially autonomous is called

a. strong paternalism.

b. weak paternalism.

c. nonautonomous action.

d. beneficence.

Answer: a

3. The case of Helga Wanglie concerned what some have referred to as

a. refusal of treatment.

b. medical futility.

c. moral resolution.

d. medical noncompliance.

Answer: b

4. The case of Elizabeth Bouvia concerned

a. medical competence.

b. mental competence.

c. refusal of treatment.

d. justice in health care.

Answer: c

5. Generally, Kantian ethics rejects

a. autonomy.

b. paternalism.

c. the right to refuse treatment.

d. self-determination.

Answer: b

6. Weak paternalism is not usually considered an objectionable violation of autonomy.

a. True

b. False

Answer: a

7. Since the 1970s, several children have died after their parents refused medical treatment because of religious beliefs.

a. True

b. False

Answer: a

8. For both physician and patients, the issue of futility is not a question of values.

a. True

b. False

Answer: b

9. An advance directive is a legal document that speaks for the patient if they are incapacitated.

a. True

b. False

Answer: a

10. According to Roman Catholic doctrine, a hopelessly ill patient has the right to refuse extraordinary life-sustaining treatments.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. Court rulings have established that competent patients have a right to

a. receive any existing treatment.

b. reject recommended treatments.

c. assist a loved one in committing suicide.

d. receive the best medical care available anywhere.

Answer: b

2. The model of the physician-patient relationship favored by the Emanuels is the \_\_\_\_\_\_\_ model.

a. paternalistic

b. informative

c. interpretive

d. deliberative

Answer: d

3. An advance directive is a legal document that speaks for you if you are

a. incapacitated.

b. without family.

c. without legal counsel.

d. autonomous.

Answer: a

4. A DNR is a directive telling the medical staff to

a. forgo CPR on a patient.

b. stop caring for a patient.

c. preserve life at all costs.

d. prolong treatment.

Answer: a

5. In general, Kantian ethics views paternalism as

a. a necessary evil.

b. dependent on circumstances.

c. a violation of autonomy.

d. part of a physician’s duty.

Answer: c

6. A physician knows that if they tell their patient the truth about their diagnosis, it will complicate their treatment and recovery. However, they reason that in the long run, lies do more harm than good because they erode public trust in the medical profession and it is best to adhere to a rule of honesty in diagnosis. This physician is adhering to a \_\_\_\_\_\_\_ moral theory in their reasoning.

a. act-utilitarian

b. rule-utilitarian

c. Kantian

d. natural law

Answer: b

7. A competent patient is refusing a life-saving treatment for religious reasons. Their physician is distressed by this refusal, but reasons that respect for the rights and autonomy of the patient trumps all other considerations. To ignore the patient’s decision to refuse treatment would be to treat the patient merely as a means and not as an end. This physician is adhering to a \_\_\_\_\_\_\_ moral theory in their reasoning.

Answer:

a. act-utilitarian

b. rule-utilitarian

c. Kantian

d. natural law

Answer: c

8. A physician who refuses to pursue a treatment on the grounds that it would be pointless and inconsistent with reasonable standards of medical practice is appealing to

a. natural law.

b. medical futility.

c. patient autonomy.

d. None of the above

Answer: b

9. In response to a physician’s refusal to administer treatment they deem pointless or ineffective, a patient’s family argues that the physician has a moral duty to keep the body alive at all costs. The family is appealing to

a. the sanctity of human life.

b. Kantian principles.

c. patient autonomy.

d. beneficence.

Answer: a

10. Regarding the right of patients to forgo CPR via a do-not-resuscitate order, the AMA wrote: “The physician has an ethical obligation to honor the resuscitation preferences expressed by the patient. Physicians should not permit their personal value judgments about quality of life to obstruct the implementation of a patient’s preferences regarding the use of CPR.”

This line of reasoning most clearly illustrates the principle of

a. beneficence.

b. nonmaleficence.

c. patient autonomy.

d. paternalism.

Answer: c

11. The \_\_\_\_\_\_\_ principle states that autonomous persons should be allowed to exercise their capacity for self-determination.

a. beneficence

b. nonmaleficence

c. autonomy

d. double effect

Answer: c

12. The doctrine of informed consent was developed primarily to safeguard

a. patient autonomy.

b. physician autonomy.

c. the sanctity of human life.

d. weak paternalism.

Answer: a

13. People opposed to \_\_\_\_\_\_\_ argue that it is wrong because it violates the rights of persons to determine for themselves what is good and what is right.

a. weak paternalism

b. strong paternalism

c. utilitarianism

d. the doctrine of double effect

Answer: b

14. Physicians face pressure from pharmaceutical companies to use expensive treatments of limited efficacy, are penalized for low productivity, and have financial incentives to recommend procedure-oriented interventions in place of minimally invasive counseling. These all represent serious threats to

a. patient autonomy.

b. physician autonomy.

c. the sanctity of human life.

d. weak paternalism.

Answer: b

15. A toddler is seriously injured and the only way to save her life is to give her a blood transfusion. Her Jehovah’s Witness parents refuse because the procedure is explicitly forbidden by their faith. The physicians proceed with the transfusion and save the girl’s life and the parents sue the physicians and the hospital by claiming \_\_\_\_\_\_\_ was violated.

a. the right to refuse treatment

b. the sanctity of human life

c. an advance directive

d. the principle of beneficence

Answer: a

**True/False Questions**

16. Early medical practice was strongly paternalistic.

a. True

b. False

Answer: a

17. The Hippocratic Oath asserts patients’ rights to decide about their own medical care.

a. True

b. False

Answer: b

18. Physician autonomy is the freedom of doctors to determine the conditions they work in and the care they give patients.

a. True

b. False

Answer: a

19. Courts have stretched the right of competent patients to reject recommended treatments to situations in which they become incompetent (e.g., lapse into a coma) via advanced directives or other evidence of their preferences.

a. True

b. False

Answer: a

20. The utilitarian philosopher John Stuart Mill endorsed state paternalism.

a. True

b. False

Answer: b

21. A person is either fully autonomous or entirely lacking in autonomy.

a. True

b. False

Answer: b

22. Act- and rule-utilitarians do not dramatically disagree on how to balance patient autonomy and provider beneficence.

a. True

b. False

Answer: b

23. It is an accepted truth that nurses have a duty to follow a doctor’s orders even when they think those orders are questionable. Physicians must always be the ultimate authority on treatment in urgent or serious cases.

a. True

b. False

Answer: b

24. Limitations on a person’s autonomy can include psychological coercion.

a. True

b. False

Answer: a

25. Only a few states have religious exemptions in their civil codes on child abuse or neglect.

a. True

b. False

Answer: b

26. Although patient autonomy is a serious concern that is hotly debated, physician autonomy is rarely a cause for concern or debate.

a. True

b. False

Answer: b

27. There is legal and medical consensus that an adolescent can be a “mature minor” to make health decisions for themselves.

a. True

b. False

Answer: b

28. A physician is not obligated to perform medically futile treatments even if it will keep the patient’s body alive.

a. True

b. False

Answer: a

29. Ultimately, the courts affirmed Elizabeth Bouvia’s right to die by starvation on the grounds that she had a constitutionally guaranteed right to refuse medical treatment.

a. True

b. False

Answer: a

30. Natural law theory is more paternalistic than Kantian ethics.

a. True

b. False

Answer: a

**Short Answer Questions**

31. In your own words, define paternalism and explain the difference between strong and weak paternalism.

Answer: Paternalism involves overriding of a person’s actions or decision-making for their own good.In strong paternalism, a person’s actions or choices are overridden although they are substantially autonomous. In weak paternalism, decisions are made on behalf of persons who cannot act autonomously or whose autonomy is greatly diminished.

32. A patient is pushing to receive a treatment their doctor deems medically futile. What is a widely recognized principle to which the physician can appeal?

Answer: Physicians are not obligated to provide treatments that are inconsistent with reasonable standards of medical practice. Not every patient request must be regarded as legitimate, and not every medical technology must be supplied.

33. What is an “advance directive” and how can it extend patient autonomy?

Answer: An advance directive is a legal document that speaks for you if you are incapacitated. It extends patient autonomy by ensuring that the patient’s preferences are explicitly articulated prior to incapacitation, so that their own values and desires related to end-of-life care will be considered when deciding what should be done.

34. Explain why Kantian ethics rejects paternalism.

Answer: The means-end form of the categorical imperative insists on respect for the rights and autonomy of persons—respect that must not be weakened by calculations of utility and paternalistic urges to act for the patient’s own good. To ignore the patient’s own desires regarding their treatment would be to treat them as a means and not as an end.

35. Explain why act- and rule-utilitarians might disagree on cases concerning patient autonomy and paternalism.

Answer: In act-utilitarianism, the rightness of actions depends on the relative good produced by individual actions; in rule-utilitarianism, rightness depends on the good maximized by rules governing categories of actions. So, an act-utilitarian need only consider the results of the immediate act (e.g., will lying to a patient in this particular instance result in more good than harm?), but the rule-utilitarian considers the implications of doctors adopting as a general rule the course of action under consideration (e.g., will lying to patients as a general rule result in more harm than good?). Because the act- and rule- utilitarian examine the consequences of an action using different scopes, their conclusions about what is and is not permitted morally often differ.

**Questions for Readings**

“Paternalism,” Gerald Dworkin

36. Dworkin accepts Mill’s view that society may sometimes justifiably restrict a person’s liberty for purposes of

a. national security.

b. self-protection or the prevention of harm to others.

c. maintaining respect for society.

d. teaching the person a lesson.

Answer: b

37. Dworkin argues that some limited forms of state paternalism

a. cannot be justified.

b. will always be wrong.

c. are never used in practice.

d. can be justified.

Answer: d

38. Dworkin argues that the state’s burden of proof in justifying paternalism is

a. light.

b. heavy.

c. irrelevant.

d. immaterial.

Answer: b

“The Refutation of Medical Paternalism,” Alan Goldman

39. Goldman argues that persons

a. are never the best judges of their own interests.

b. should leave decisions about their health to experts.

c. are the best judges of their own interests.

d. should accept that strong paternalism in medicine is usually justified.

Answer: c

40. Goldman asserts that self-determination is

a. not really valuable for its own sake.

b. valuable for its own sake.

c. valuable because of its positive effects.

d. valuable in only a few circumstances.

Answer: b

41. Goldman says that health and prolonged life

a. are always what patients want most.

b. can be assumed to be the top priorities for patients.

c. do not matter among most patients.

d. cannot be assumed to be the top priorities for patients.

Answer: d

“Why Doctors Should Intervene,” Terrence F. Ackerman

42. According to Ackerman, true respect for autonomy may require the physician to

a. never deviate from the patient’s stated preferences.

b. intervene.

c. intervene only in accordance with the patient’s stated preferences.

d. refrain from intervening.

Answer: b

43. Ackerman says that autonomy can be compromised by

a. illness.

b. hospital costs.

c. honest physician-patient communication.

d. family support.

Answer: a

44. Ackerman argues that the non-interference approach fails to genuinely respect autonomy because

a. autonomy is an all-or-nothing concept.

b. only one factor can compromise autonomy.

c. it fails to follow all aspects of the patient’s preferences.

d. it does not recognize that many factors can compromise autonomy.

Answer: d

“Autonomy, Futility, and the Limits of Medicine,” Robert L. Schwartz

45. Schwartz says that in the Wanglie case, the central question was not whether the treatment requested by the patient was futile, but whether the treatment was

a. beyond the proper limits of medicine.

b. beyond the limits of futility.

c. effective.

d. understood by the physician.

Answer: a

46. Schwartz says that physicians are *not* required by the principle of autonomy to

a. respect any wishes of patients.

b. give scientifically futile treatments.

c. respect patients.

d. understand patients’ wishes.

Answer: b

47. Schwartz says that defining the scope of medicine should be left to

a. holistic doctors.

b. patients.

c. physicians.

d. nurses.

Answer: c

“Four Models of the Physician-Patient Relationship,” Ezekiel J. Emanuel and Linda L. Emanuel

48. Which physician-patient relationship model aims to help the patient determine and choose the best health-related values that can be realized in the clinical situation?

a. The paternalistic model

b. The informative model

c. The interpretive model

d. The deliberative model

Answer: d

49. According to the Emanuels,

a. physicians rarely advocate the paternalistic model as an ideal in routine physician-patient interactions.

b. physicians rarely advocate the interpretive model as an ideal in routine physician-patient interactions.

c. physicians rarely advocate the deliberative model as an ideal in routine physician-patient interactions.

d. the deliberative model is very unlikely to metamorphose into unintended paternalism.

Answer: a

50. According to the Emanuels, the dominant model in bioethics has been the \_\_\_\_\_\_\_ model.

a. interpretive

b. informative

c. autonomous

d. professional

Answer: b

“Confronting Death,” Dax Cowart and Robert Burt

51. Dax Cowart refused to consent to the treatments for his injuries because

a. the treatments were expensive.

b. he was judged incompetent.

c. he wanted to live.

d. they were so excruciatingly painful.

Answer: d

52. Robert Burt thinks it important that anyone hearing a request to die from someone like Dax Cowart should

a. not try to talk him out of dying.

b. explore the request with him and even argue with him.

c. assume that he is incompetent.

d. try to persuade him to accept the treatments.

Answer: b

53. Dax Cowart insists that no one has the right to

a. force medical treatment on you without your consent.

b. try to persuade you to submit to treatment.

c. tell you that you’re making a mistake.

d. try to determine if you are competent.

Answer: a

*Bouvia v. Superior Court*, California Court of Appeals

54. The *Bouvia* ruling asserted that a competent patient

a. has few rights.

b. has no right to privacy.

c. may not refuse treatment that has been sanctioned by a court.

d. may refuse treatments even if they are needed to keep the patient alive.

Answer: d

55. The court ruled that preferring a natural death to a drugged life attached to a mechanical device is

a. immoral.

b. illegal and contrary to tradition.

c. not illegal or immoral.

d. not legal.

Answer: c

56. The *Bouvia* ruling asserted that competent adults have a “constitutionally guaranteed right” to

a. disobey the lawful orders of the court.

b. decide for themselves what treatments they feel are effective.

c. decide for themselves whether to submit to medical treatments.

d. decide on the treatment for others.

Answer: c

“Fundamental Elements of the Patient–Physician Relationship,” AMA Council on Ethical and Judicial Affairs

57. The AMA’s medical code of ethics says that physicians should serve as

a. their patients’ legal guardians.

b. their patients’ conscience.

c. protectors of their own professional rights.

d. their patients’ advocates.

Answer: d

58. The AMA’s medical code says that physicians should respect their patients’ right to

a. receive any treatment available.

b. receive complete information about treatments and their alternatives.

c. decide on the optimal course of action.

d. receive futile treatments.

Answer: b

59. The AMA’s code asserts that patients are entitled to

a. receive independent professional opinions.

b. direct the physician’s work as it regards the patient.

c. any futile treatment.

d. any treatment beyond the bounds of medical practice.

Answer: a

“Advocacy or Subservience for the Sake of Patients?,” Helga Kuhse

60. Kuhse argues that requiring nurses to be subservient to physicians would probably

a. benefit the practice of medicine.

b. harm doctors.

c. have no effect on the quality of care.

d. harm patients.

Answer: d

61. Kuhse says that the adoption by nurses of a subservient role would be

a. an uplifting role for many contemporary nurses.

b. an utterly demoralizing role for many contemporary nurses.

c. a way to strengthen the professional status of nurses.

d. a good way to meet the emotional needs of patients.

Answer: b

62. Kuhse insists that the nurse’s obligation to follow a doctor’s order

a. can be ignored most of the time.

b. must be absolute.

c. cannot be absolute.

d. can only end in mistakes.

Answer: c

**Chapter 4: Truth-Telling and Confidentiality**

**CHAPTER SUMMARY**

Some medical writers contend that there are good reasons for misleading or lying to patients, claiming that truth-telling can evoke in patients feelings of panic, hopelessness, and depression that can worsen the patient’s condition or state of mind. Honest disclosure must be modulated to promote the patient’s welfare. Others reject this argument, saying that it exaggerates the harm done to patients by full disclosure and does not recognize that misleading or lying to patients can also do damage. They maintain that informed patients are better patients and that deception breeds distrust. In these debates, we often hear that patients do not want to know the truth, but scientific surveys suggest that most patients do want accurate information about their diagnosis. The main argument for truth-telling rests on the principle of autonomy, the idea that people should be allowed to exercise freely their rational capacity for self-determination.

**Confidentiality** concerns patients imparting information to health professionals who promise, implicitly or explicitly, not to disclose that information to others. Consequentialist arguments for confidentiality say that without it, physicians would be hard pressed to obtain information from patients that could help in treatment, and trust between physician and patient would break down. Moreover, disclosure of confidential medical information could expose patients to discrimination, disrupt their personal relationships, and subject them to shame or public ridicule. Non-consequentialist arguments appeal to the principle of autonomy, contending that autonomous persons have a right to determine what may or may not be done to their bodies as well as to their private lives. They have a **right to privacy**—the authority to control who may possess and use information about themselves.

A major issue is whether the obligation to respect confidentiality is absolute or prima facie. Some argue for absolute confidentiality, insisting that any breach of it undermines trust between physicians and patients and amounts to impermissible deception. But many believe that exceptions are sometimes justified when confidentiality must be weighed against other duties, such as the duty to prevent serious harm to the patient and others.

**KEY TERMS**

**confidentiality** An obligation or pledge of physicians, nurses, and others to keep secret the personal health information of patients unless they consent to disclosure.

**right to privacy** The authority of persons to control who may possess and use information about themselves.

**STUDENT SELF-QUIZ QUESTIONS**

1. Advocates of full disclosure insist that informed patients are

a. confused.

b. likely to become depressed.

c. not interested in the truth.

d. better patients.

Answer: d

2. The notion of patients imparting information to health professionals who promise, implicitly or explicitly, not to disclose that information to others is known as

a. truth-telling.

b. confidentiality.

c. security.

d. compliance.

Answer: b

3. The authority of persons to control who may possess and use information about themselves is considered a right

a. to privacy.

b. to medical treatment.

c. of refusal.

d. of competence.

Answer: a

4. The case of *Tarasoff v. Regents of the University of California* concerned a conflict between

a. a duty of beneficence and a right of refusal.

b. a duty of confidentiality and a duty to warn.

c. the rights of physicians and the rights of patients.

d. academic freedom and a duty to warn.

Answer: b

5. The case of Carlos R. was mostly about

a. the rights of people who are HIV-positive.

b. LGBTQ+ rights.

c. medical confidentiality versus a duty to warn.

d. the duty of physicians to report a crime.

Answer: c

6. The Hippocratic Oath insists on a strong duty of truth-telling.

a. True

b. False

Answer: b

7. Survey data suggest that most patients prefer to be told the truth about their diagnosis.

a. True

b. False

Answer: a

8. The main argument in favor of truth-telling rests on the physician’s duty of beneficence.

a. True

b. False

Answer: b

9. Complete confidentiality in modern health care is entirely feasible.

a. True

b. False

Answer: b

10. Most cancer patients want to know the details of their disease, whether the news is good or bad.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. For an act-utilitarian, the morality of truth-telling and confidentiality must be judged

a. according to relevant rules.

b. by reference to patient rights.

c. case by case.

d. by abstract principles.

Answer: c

2. Many skeptics of full disclosure have argued that physicians have no duty to tell patients the truth because

a. patients are well-informed.

b. patients are not true moral agents.

c. patients are incapable of understanding the truth.

d. there is no truth to disclose.

Answer: c

3. Some proponents of full disclosure argue that

a. the truth is rarely important.

b. patients are never upset by knowing the truth.

c. patients are incapable of understanding the truth.

d. conveying the “whole truth and nothing but the truth” is unnecessary.

Answer: d

4. In the Hippocratic Oath, the physician’s respect for confidentiality is

a. clearly expressed.

b. rejected.

c. never mentioned.

d. ambiguously expressed.

Answer: a

5. The physician’s duties of confidentiality and preventing harm are

a. never in conflict.

b. sometimes in conflict in HIV cases.

c. never in conflict in HIV cases.

d. suspended in HIV cases.

Answer: b

6. A(n) \_\_\_\_\_\_\_ can argue for confidentiality using the right to privacy—autonomous persons have a right to control access to information about themselves and to intrusion into their private affairs.

a. consequentialist

b. nonconsequentialist

c. act-utilitarian

d. rule-utilitarian

Answer: b

7. A(n) \_\_\_\_\_\_\_ would judge the morality of truth-telling and confidentiality on a case-by-case basis.

a. Kantian

b. virtue ethicist

c. act-utilitarian

d. rule-utilitarian

Answer: c

8. A(n) \_\_\_\_\_\_\_ might argue that the greatest amount of good is produced when physicians tell patients the truth about their condition with care and sensitivity. So, physicians have a duty to truth-telling.

a. Kantian

b. virtue ethicist

c. act-utilitarian

d. rule-utilitarian

Answer: d

9. A(n) \_\_\_\_\_\_\_ might argue in favor of confidentiality by pointing out that if a physician cultivates an abiding character trait of fidelity, they will be more likely to keep their promises to patients and to maintain their confidences.

a. Kantian

b. virtue ethicist

c. act-utilitarian

d. rule-utilitarian

Answer: b

10. A(n) \_\_\_\_\_\_\_ would argue that lying to patients is a clear violation of the principle of autonomy and is not permissible under any circumstances.

a. Kantian

b. virtue ethicist

c. act-utilitarian

d. rule-utilitarian

Answer: a

11. Imagine you are an ER doctor. An adult patient comes in with serious injuries and is the apparent victim of abuse. You consider whether you ought to reveal this information to authorities, and so are balancing your duty to confidentiality against a duty

a. to warn.

b. of truth-telling.

c. to informed consent.

d. to utility.

Answer: a

12. Imagine you are a physician. You tell your patient she has tested positive for HIV and that she should tell her spouse, who could become infected through sexual intercourse. She says she will not disclose her HIV status to anyone. You consider whether you ought to reveal this information to her spouse, and so are balancing your duty to confidentiality against a duty

a. to warn.

b. of truth-telling.

c. to informed consent.

d. to utility.

Answer: a

13. You are a doctor in a burn unit. One of your patients has severe burns on most of his body. His prognosis for survival is good, but you know his recovery will be extremely painful and require many surgeries over the next ten to twenty years. You consider whether you ought to reveal the full details of his prognosis and treatment given that it will cause anxiety, fear, and might make his recovery even more difficult. You are balancing your duty to do no harm against a duty

a. to warn.

b. of truth-telling.

c. to informed consent.

d. to utility.

Answer: b

14. A doctor who withholds crucial facts about a patient’s diagnosis and avoids precise statements about their prognosis to protect them mentally and emotionally is

a. acting in accordance with the categorical imperative.

b. acting paternalistically.

c. giving false information.

d. respecting confidentiality.

Answer: b

15. The main argument in favor of truth-telling rests on the principle of

a. beneficence.

b. justice.

c. utility.

d. autonomy.

Answer: d

**True/False Questions**

16. Disclosure of confidential medical information has exposed some patients to discrimination from insurance companies and employers.

a. True

b. False

Answer: a

17. Physicians agree that the obligation to respect confidentiality is absolute.

a. True

b. False

Answer: b

18. Views toward truth-telling when people are seriously ill rarely vary.

a. True

b. False

Answer: b

19. In today’s health care system, complete confidentiality is feasible.

a. True

b. False

Answer: b

20. Kantian ethics implies an unambiguous duty to truth-telling and confidentiality.

a. True

b. False

Answer: a

21. The obligation of truth-telling has been enshrined in codes of medical ethics from ancient times.

a. True

b. False

Answer: b

22. Moral dilemmas about disclosure and truth-telling in medicine often involve conflicts between a physician’s duty to do no harm and the obligation of veracity.

a. True

b. False

Answer: a

23. Confidentiality concerns patients imparting information to health professionals who promise, implicitly or explicitly, not to disclose that information to others.

a. True

b. False

Answer: a

24. The obligation of confidentiality has been enshrined in codes of medical ethics from ancient times.

a. True

b. False

Answer: a

25. The only arguments for confidentiality are consequentialist arguments.

a. True

b. False

Answer: b

26. The law reflects an absolutist view of confidentiality.

a. True

b. False

Answer: b

27. In Kantian ethics, the morality of truth-telling and confidentiality are unambiguous.

a. True

b. False

Answer: a

28. A major threat to the traditional conception of confidentiality is bureaucratized health care systems.

a. True

b. False

Answer: a

29. A Kantian would argue that the main reason for confidentiality is that disclosure of confidential medical information could have negative effects on the lives of patients. It might expose patients to discrimination, disrupt their personal relationships, and subject them to shame or public ridicule.

a. True

b. False

Answer: b

30. Someone insisting that any breach of confidentiality undermines trust between physicians and patients and amounts to impermissible deception is arguing that the obligation to respect confidentiality is prima facie.

a. True

b. False

Answer: b

**Short Answer Questions**

31. Skeptics of full disclosure often argue that physicians have no duty to tell patients the truth because patients are incapable of understanding the whole truth. Explain this argument in detail and offer one common objection to it.

Answer: The practice of medicine is technically complex, so it’s unlikely that patients will be able to fully understand and appreciate the relevant facts even if they are informed of these facts. Critics of this argument point out that even if communicating the whole, technically nuanced truth is impossible, physicians still have an obligation to try to convey the essential relevant information.

32. Provide a consequentialist argument for confidentiality.

Answer: Consequentialists could argue that a number of dire consequences would result if doctors did not adhere to strict confidentiality. Unless patients can rely on a physician to keep their secrets, they would be reluctant to reveal information for diagnosis, effective treatments, and informed prognoses. Physicians would have a difficult time fulfilling their duty of beneficence. Trust between physician and patient would break down, and trust is what makes the practice of medicine possible. Disclosure of confidential medical information could expose patients to discrimination from insurance companies and employers, disrupt their personal relationships, and subject them to shame or public ridicule.

33. How would a Kantian assess the morality of the “duty to warn” in the context of confidentiality?

Answer: In the Kantian view, treating people merely as a means to an end is impermissible, a violation of the principle of autonomy. Breaching confidentiality (by breaking a promise to respect privacy) is a clear instance of such a violation. So, there would be no allowances made for extraordinary circumstances and no “duty to warn.”

34. Explain how act- and rule-utilitarian arguments regarding the morality of truth-telling would differ.

Answer: For an act-utilitarian, the right action maximizes the good for all concerned. So, to determine the right action regarding truth-telling, they must carefully calculate what to disclose based on the impact the disclosure would have on the patient, the patient’s family, and everyone else involved. Rule-utilitarianism tries to regulate actions by rules that, if generally followed, result in the best consequences, everyone considered. A rule-utilitarian would have to consider the long-term effects of any rule regarding truth-telling, not just the consequences of a single act.

35. Provide a basic outline of the *Tarasoff v. Regents of the University of California* case, the result, and the bioethical conflict at its heart.

Answer: This case concerned a student who repeatedly told his psychotherapist that he planned to murder another student. Although the therapist told the authorities, he did not warn the other student or her family. The court ruled that in cases where disclosure is essential to avert danger to others, confidentiality must be breached. The bioethical conflict at the heart of this case is the clash between a duty to confidentiality and a duty to prevent harm to the patient and others.

**Questions for Readings**

“On Telling Patients the Truth,” Mack Lipkin

36. According to Lipkin, it is usually impossible to tell patients the whole truth because

a. they are unsophisticated.

b. the stress of being sick can distort patients’ thinking.

c. patients have no medical training.

d. doctors lack the ability to explain medical concepts in a way that patients can understand.

Answer: b

37. Lipkins’s attitude toward truth-telling is

a. paternalistic.

b. anti-paternalistic.

c. sympathetic.

d. divisive.

Answer: a

38. Lipkin says that the crucial question in truth-telling is whether the

a. deception is successful in disguising the truth.

b. patient appreciates the reasons for the deception.

c. deception is intended to benefit the patient or the doctor.

d. deception is unintended.

Answer: c

“Is It Ever OK to Lie to Patients?” Shelly K. Schwartz

39. Schwartz says that physicians are often forced to balance compassion with

a. mercy.

b. culture.

c. cruelty.

d. the patient’s right to know.

Answer: d

40. Schwartz says that the most common argument against obligatory truth-telling is

a. the regret the doctor may feel for having told the whole truth.

b. the distrust between doctor and patient that truth-telling causes.

c. truth-telling causes depression and early death.

d. the impact it may have on the patient’s physical or emotional state.

Answer: d

41. Schwartz says that most studies over the last decade found that patients who were told candidly they are going to die

a. lived as long as those who were not told.

b. did not live as long as those who were not told.

c. lived longer than those who were not told.

d. required extensive psychological counseling.

Answer: a

“Why Privacy Is Important,” James Rachels

42. Rachels says there is a close connection between our ability to control who has access to us and information about us and our

a. ability to regulate our exposure to social media.

b. patterns of behavior.

c. ability to define our goals and sense of meaning.

d. ability to create and maintain different sorts of social relationships with different people.

Answer: d

43. Rachels argues that privacy is necessary if we are to

a. prevent embarrassment to ourselves.

b. have peace of mind.

c. maintain the variety of social relationships with other people that we want to have.

d. maintain the social status that we have come to enjoy.

Answer: c

44. Rachels says that if we are to maintain a system of different relationships with different people, we need to

a. separate our associations.

b. unite our associations.

c. make our associations productive.

d. ignore certain associations.

Answer: a

“Confidentiality in Medicine—A Decrepit Concept,” Mark Siegler

45. Siegler says we should establish the distinction between information about the patient that generally will be kept confidential regardless of the interests of third parties and information that

a. will be released only in partial form.

b. has known errors and discrepancies.

c. will be exchanged among members of the health care team in order to provide care for the patient.

d. will never be exchanged among members of the health care team in order to provide care for the patient.

Answer: c

46. According to Siegler, confidentiality is important because it shows respect for the patient’s individuality and privacy and nurtures

a. trust in the technological means of maintaining private information.

b. the bond of trust between patient and doctor.

c. the traditional concept of medical confidentiality.

d. the patient’s sense of safety.

Answer: b

47. Siegler argues that in this era of high-tech health care, the traditional ideal of patient-physician confidentiality

a. exists in a very weak form.

b. has been redefined.

c. exists in practice.

d. does not exist in practice.

Answer: d

*Tarasoff v. Regents of the University of California*, Supreme Court of California

48. In the *Tarasoff* case, the court ruled that when a patient poses a serious threat to others, the professional duties of confidentiality can be

a. especially strong.

b. overridden.

c. misconstrued.

d. unassailable.

Answer: b

49. In the *Tarasoff* case, the court said that the risk that unnecessary warnings may be given is

a. too high a price to pay.

b. a reasonable price to pay for the lives of possible victims.

c. an unreasonable price to pay for the lives of possible victims.

d. a factor to be disregarded.

Answer: b

50. In the *Tarasoff* case, the court ruled that some considerations

a. cannot establish a duty to warn.

b. will always undermine a duty to warn.

c. can establish a duty to warn.

d. are relative to cultures.

Answer: c

**Chapter 5: Informed Consent**

**CHAPTER SUMMARY**

**Informed consent** refers to the action of an autonomous, informed person agreeing to submit to medical treatment or experimentation. It is a powerful notion that thinkers have justified by appealing to the principles of autonomy and beneficence. Court decisions have helped to establish the doctrine in law and society, most notably the case of *Canterbury v. Spence*, which asserted that the adequacy of disclosure by physicians should be judged by what patients think is relevant to their situations.

Theorists maintain that an informed consent exists if and only if (1) the patient is competent to decide, (2) the patient gets an adequate disclosure of information, (3) the patient understands the information, (4) the patient decides about the treatment voluntarily, and (5) the patient consents to the treatment. **Competence** is the ability to render decisions about medical interventions. Incompetent patients cannot give their informed consent and must rely on surrogates. What constitutes an adequate disclosure of information to patients is controversial, but the courts have generally ruled that disclosure must include information about the nature of the procedure, its risks, its alternatives (including no treatment), and its expected benefits.

Informed consent is not obligatory in cases of **waiver**, the patient’s voluntary and deliberate giving up of the right to informed consent. It is an exercise in autonomous choice; authority to decide medical issues is turned over to the physician or surrogates. A controversial exception to informed consent is **therapeutic privilege**, the withholding of relevant information from a patient when the physician believes disclosure would likely do harm. Laws regarding therapeutic privilege vary on when invoking it is justified, with some allowing it only when disclosure would be extremely dangerous for the patient or when it would seriously diminish the patient’s autonomy. Others permit physicians far more leeway in deciding when to claim the privilege.

An act-utilitarian would judge whether a physician should try to obtain informed consent according to the benefits generated for all concerned. A rule-utilitarian might conclude that the best overall consequences would be achieved if physicians consistently followed a rule requiring informed consent. In Kantian ethics, informed consent is an absolute requirement, and therapeutic privilege is never permissible. Rawls’ contract theory seems to support the doctrine of informed consent. Treating people without their informed authorization would be a violation of basic liberties.

**KEY TERMS**

**competence** The ability to render decisions about medical interventions.

**informed consent** The action of an autonomous, informed person agreeing to submit to medical treatment or experimentation.

**therapeutic privilege** The withholding of relevant information from a patient when the physician believes disclosure would likely do harm.

**waiver** The patient’s voluntary and deliberate giving up of the right to informed consent.

**STUDENT SELF-QUIZ QUESTIONS**

1. The action of an autonomous, informed person agreeing to submit to medical treatment or experimentation is known as

a. autonomy.

b. informed consent.

c. confidentiality.

d. competence.

Answer: b

2. The ability to render decisions about medical interventions is known as

a. consent.

b. disclosure.

c. competence.

d. voluntariness.

Answer: c

3. A patient’s voluntary and deliberate giving up of the right of informed consent is called

a. disclosure.

b. therapeutic privilege.

c. waiver.

d. refusal of treatment.

Answer: c

4. The withholding of relevant information from a patient when the physician believes disclosure would likely do harm is known as

a. therapeutic privilege.

b. consent to treat.

c. waiver.

d. substituted competence.

Answer: a

5. A credible and severe threat of harm or force to control another has been called

a. manipulation.

b. enticement.

c. coercion.

d. waiver.

Answer: c

6. Incompetence does not come in degrees.

a. True

b. False

Answer: b

7. In the 1970s, courts began to insist that the adequacy of disclosure should be judged by what patients themselves find relevant to their situation.

a. True

b. False

Answer: a

8. Informed consent requires that patients understand all information given to them.

a. True

b. False

Answer: b

9. Some theorists have defined informed consent as autonomous authorization.

a. True

b. False

Answer: a

10. The requirement of informed consent can be derived directly from Kantian ethics.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. Patients are legitimately judged incompetent in cases of

a. reluctance by the patient to undergo treatment.

b. intellectual disability and dementia.

c. the patient’s refusal of treatment.

d. terminal disease.

Answer: b

2. Physicians are often not obligated to provide disclosure in cases of

a. waiver.

b. serious illness.

c. dubious medical procedures.

d. physician incompetence.

Answer: a

3. Tom L. Beauchamp defines informed consent as

a. shared decision-making.

b. transparency.

c. autonomous authorization.

d. universal validity.

Answer: c

4. The consent of an informed, competent, understanding patient cannot be legitimate unless it is given

a. with permission from family members.

b. without fear.

c. by a legal authority.

d. voluntarily.

Answer: d

5. From a strictly Kantian viewpoint, therapeutic privilege is

a. always permissible.

b. respectful to persons.

c. never permissible.

d. necessary.

Answer: c

6. A(n) \_\_\_\_\_\_\_ would judge whether a physician should obtain informed consent according to the benefits generated for all concerned.

a. Kantian

b. rule-utilitarian

c. act-utilitarian

d. Rawlsian contract theorist

Answer: c

7. A(n) \_\_\_\_\_\_\_ would judge whether a physician should obtain informed consent according to the consequences that would result if physicians were consistently required to secure informed consent.

a. Kantian

b. rule-utilitarian

c. act-utilitarian

d. Rawlsian contract theorist

Answer: b

8. A(n) \_\_\_\_\_\_\_ would judge that informed consent is an absolute requirement on the basis of respecting individual autonomy.

a. Kantian

b. rule-utilitarian

c. act-utilitarian

d. Rawlsian contract theorist

Answer: a

9. A(n) \_\_\_\_\_\_\_ would argue in support of the doctrine of informed consent on the grounds that treating people without their informed authorization would be a violation of basic liberties.

a. Kantian

b. rule-utilitarian

c. act-utilitarian

d. Rawlsian contract theorist

Answer: d

10. The case of *Canterbury v. Spence* was an important ruling regarding informed consent. It focused primarily on

a. patient competence.

b. adequacy of disclosure.

c. waiver of informed consent.

d. coercion.

Answer: b

11. The idea of \_\_\_\_\_\_\_ arises from the intuition that patients, as autonomous persons, should have the ultimate say in what is done to their bodies, and that they ought not to be treated without their voluntary, knowledgeable agreement.

a. confidentiality

b. therapeutic privilege

c. informed consent

d. competence

Answer: c

12. In the ethical ideal, consent is more than \_\_\_\_\_\_\_—more than the patient’s giving into the physician’s wishes or doing what is expected.

a. assent

b. autonomous authorization

c. shared decision-making

d. therapeutic privilege

Answer: a

13. Physicians are not obligated to provide disclosure in all situations. Which of the following describes an exception to physicians’ duty to obtain informed consent?

a. An emergency, when stopping to obtain consent could seriously harm the patient

b. Patient incompetence

c. Patient waiver

d. All of the above

Answer: d

14. A physician is treating a 23-year-old patient for a terminal illness. The patient is already extremely distraught and depressed, so the physician decides to withhold relevant information—reasoning that the disclosure would likely do great harm and not much good. The physical is exercising

a. therapeutic privilege.

b. informed consent.

c. confidentiality.

d. respect for persons.

Answer: a

15. A patient is generally considered to possess decision-making capacity if they

a. appreciate the nature of the recommended care.

b. understand their medical diagnosis and prognosis.

c. make decisions consistent with their values.

d. All of the above

Answer: d

**True/False Questions**

16. Philosophers have justified informed consent through appeals to the principles of autonomy and beneficence.

a. True

b. False

Answer: a

17. Throughout medical history, physicians have practiced the healing arts while putting great emphasis on informed consent.

a. True

b. False

Answer: b

18. Many critics see huge discrepancies between the ethical ideal of informed consent and the laws or rules meant to implement it.

a. True

b. False

Answer: a

19. True informed consent is merely a matter of warning the patient of the risks of treatment.

a. True

b. False

Answer: b

20. To determine a patient’s decision-making capacity, a court must usually get involved.

a. True

b. False

Answer: b

21. Courts currently uphold the view that that disclosure is adequate if it meets the customary standards of medical practice

a. True

b. False

Answer: b

22. Most of the time, people are presumed to be competent unless there are good reasons to think otherwise.

a. True

b. False

Answer: a

23. A patient might be judged incompetent due to alcoholism.

a. True

b. False

Answer: a

24. The ethical doctrine of informed consent says that disclosure is adequate if it allows patients to intelligently weigh the risks and benefits of available choices.

a. True

b. False

Answer: a

25. The duty of physicians to obtain informed consent has no exceptions.

a. True

b. False

Answer: b

26. Refusal to submit to a recommended treatment can be taken as evidence of a lack of understanding.

a. True

b. False

Answer: b

27. Manipulation is the intentional use of a credible and severe threat of harm or force to control another.

a. True

b. False

Answer: b

28. Giving false or misleading information or withholding relevant facts is a form of coercion.

a. True

b. False

Answer: b

29. From a Kantian viewpoint, waiving informed consent is allowed.

a. True

b. False

Answer: a

30. In medicine, the attending physician is often the one who determines whether a patient is able to make decisions regarding his/her medical care.

a. True

b. False

Answer: a

**Short Answer Questions**

31. What are the five conditions required for informed consent?

Answer: Informed consent exists if and only if (1) the patient is competent to decide, (2) the patient gets an adequate disclosure of information, (3) the patient understands the information, (4) the patient decides about the treatment voluntarily, and (5) the patient consents to the treatment.

32. What are the four pieces of information courts currently mandate to fulfill the obligation of adequate disclosure of information for informed consent?

Answer: (1) The nature of the procedure (e.g., Is it a test or treatment? Is it invasive? How long it will take to perform?); (2) The risks of the procedure (what kind, how serious, their probability); (3) The alternatives to the proposed procedure; (4) The expected benefits of the proposed treatment.

33. Define and contrast informed consent as autonomous authorization and informed consent as shared decision making.

Answer: According to the “shared decision-making” model, informed consent should support doctor-patient dialogue and enable the patient to effectively participate in decisions about their treatment through discussions in which the knowledge, concerns, and perspective of each are presented before agreement on a course of treatment is reached. According to the “autonomous authorization” model of informed consent, emphasis is placed on a patient taking responsibility for the proposed treatment. On this view, a patient must actively authorize treatment not merely assent to it; they must call on their own authority to give permission and be the author of the decision.

34. In determining whether a patient has decision-making capacity, physicians must often talk to the patient’s friends or family members. Explain why this can be an important resource.

Answer: This will help to determine whether the patient’s choices are consistent with the patient’s values and beliefs. These individuals can also help clarify whether the patient’s mental status has changed over time.

35. Imagine you are a physician trying to determine whether a patient has decision-making capacity. What are some questions you could ask to determine that they a) understand the information you have disclosed to them, and b) appreciate the consequences of their choices?

Answer: (a) You can ask them to explain what they believe is wrong with their health and what the proposed treatment might achieve. (b) Ask them to describe the consequences of not treating their illness or how their daily life would change if the treatment’s benefits were achieved or the risks occurred.

**Questions for Readings**

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

36. Faden and Beauchamp believe that the tendency to equate informed consent with shared decision-making is

a. irrelevant.

b. rare.

c. confused.

d. untimely.

Answer: c

37. Faden and Beauchamp say that the idea of real informed consent suggests that a patient in the act of consent

a. yields all control to medical professionals.

b. does not really authorize anything.

c. never really acts autonomously.

d. actively authorizes a proposal or action.

Answer: d

38. Faden and Beauchamp believe that the idea of informed consent

a. does not entail that the patient and physician “share decision-making.”

b. entails that the patient and physician “share decision-making.”

c. entails that the patient and physician always reach a decision together.

d. entails that the patient and physician never reach a decision together.

Answer: a

“Informed Consent—Must It Remain a Fairy Tale?,” Jay Katz

39. Katz says that the most formidable obstacle to disclosure and consent is

a. medical technology.

b. medical uncertainty.

c. bureaucratic regulations.

d. poor decision-making skills.

Answer: b

40. Katz says that genuine self-determination in patient decision-making is

a. nonexistent.

b. exercised in most situations.

c. still not the norm.

d. the norm.

Answer: c

41. Katz says that the goal of joint decision-making between physicians and patients is

a. fulfilled in modern medicine.

b. unintelligible.

c. still unfulfilled.

d. misguided.

Answer: c

“Transparency: Informed Consent in Primary Care,” Howard Brody

42. According to Brody, the “conversation standard”

a. does not lend itself to ready translation into a useful legal standard.

b. lends itself well to legal review.

c. is the model that gives the best guidance in informed consent.

d. is rejected by Jay Katz.

Answer: a

43. According to Brody, informed consent is still seen by physicians as

a. an essential part of patient care.

b. bureaucratic legalism.

c. a realistic and useful part of patient care.

d. a way to satisfy the low demand for information among patients.

Answer: b

44. To operationalize the best features of the conversation model in medical practice, Brody proposes the \_\_\_\_\_\_\_ standard.

a. legal

b. bureaucratic

c. full disclosure

d. transparency

Answer: d

*Canterbury v. Spence*, U.S. Court of Appeals

45. In the *Canterbury* ruling, the court said the adequacy of disclosure by a physician should be judged by

a. the patient’s need for relevant information.

b. the medical profession.

c. legal standards.

d. the state of medical technology.

Answer: a

46. In *Canterbury v. Spence*, the court said that the patient’s right of self-decision

a. shapes the boundaries of the duty to treat.

b. shapes the boundaries of the duty to reveal.

c. dictates what the physician can and cannot say.

d. shapes the boundaries of medical practice.

Answer: b

47. In *Canterbury v. Spence*, the court declared that the topics importantly demanding communication of information include the

a. costs of the treatment.

b. inherent and potential hazards of the proposed treatment.

c. physician’s formal education.

d. inherent hazards of following the physician’s advice.

Answer: b

**Chapter 6: Human Research**

**CHAPTER SUMMARY**

**Clinical trials** are scientific studies designed to test medical interventions in humans. They can derive reliable answers because they maximize the objectivity of observations, minimize bias, and avoid errors. The main requirements for a scientifically adequate clinical trial are a control group (using either a **placebo** or an active treatment), **blinding**, and **randomization**.

Official ethical codes on human research agree that (1) subjects must give their informed voluntary consent to participate, (2) the study must be designed to minimize risks to subjects and offer an acceptable balance of risks and benefits, (3) subjects must be selected fairly to avoid exploiting or unjustly excluding them, (4) the subjects’ privacy should be protected and the confidentiality of research data must be preserved, and (5) before the research is conducted, it must be reviewed and approved by an independent committee. There is also substantial agreement on the general moral principles that apply to human research—autonomy, beneficence, and justice.

The use of control groups has raised ethical concerns, with some critics arguing that controlled trials treat subjects merely as a means to the end of scientific knowledge. But many believe that physicians do no wrong to their patients who enter a clinical trial if the physicians are in equipoise, rationally balanced between the alternative treatments. Debate about using control groups intensifies in placebo-controlled trials. The most widely accepted view is that the use of placebos is unethical when effective treatments are already available.

Most agree that the informed consent of subjects is essential for morally acceptable research. But there is often concern about whether truly informed and voluntary consent can be obtained from certain kinds of patients, chief among them children, the very ill, the mentally disabled, prisoners, minorities, and people in developing countries.

Regarding all these groups there is often disagreement about the proper balance of risk and benefits in clinical trials. Research involving subjects in developing countries raises issues of justice, especially whether these subjects are entitled to the same level of care that subjects in developed countries get.

**KEY TERMS**

**blinding** A procedure for ensuring that subjects and researchers do not know which interventions the subjects receive (standard treatment, new treatment, or placebo).

**clinical trial** A scientific study designed to systematically test a medical intervention in humans.

**placebo** An inactive or sham treatment.

**randomization** The assigning of subjects randomly to both experimental and control groups.

**STUDENT SELF-QUIZ QUESTIONS**

1. An inactive or sham treatment is called a

a. randomization.

b. trial.

c. placebo.

d. nocebo.

Answer: c

2. Physicians who are in doubt about the relative merits of the treatments in a study are said to be

a. morally compromised.

b. unethical.

c. in denial.

d. in equipoise.

Answer: d

3. The infamous experiment to study the damaging effects of untreated syphilis in 600 poor Black men is known as the

a. Nazi Experiments.

b. Tuskegee Study.

c. radiation experiments.

d. Willowbrook Study.

Answer: b

4. A scientific study designed to test a medical intervention in humans is known as a(n)

a. placebo study.

b. observational study.

c. clinical trial.

d. in vitro trial.

Answer: c

5. An indispensable feature of most clinical trials is

a. nonrandomization.

b. Phase I controls.

c. blinding.

d. animal models.

Answer: c

6. A widely accepted proviso in human research is that the use of placebos is unethical when effective treatments are already available.

a. True

b. False

Answer: a

7. It is generally understood that consent to do research on children is not required.

a. True

b. False

Answer: b

8. The leading argument against the Third-World AZT studies is that in using a placebo group, some of the subjects were deprived of an effective treatment that could have prevented many babies from being infected with HIV.

a. True

b. False

Answer: a

9. For a clinical trial to be morally permissible, subjects must give their informed voluntary consent.

a. True

b. False

Answer: a

10. Science has shown that race is not an innate, genetically defined feature of populations; it is instead defined culturally, legally, and socially.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. The use of placebos in control groups is

a. never a moral issue.

b. never permissible.

c. often cause for serious moral concern.

d. unprofessional.

Answer: c

2. The first article of the Nuremberg Code concerns

a. placebo-controlled trials.

b. informed consent.

c. scientific credentials.

d. randomization.

Answer: b

3. Most official policies assert or assume that properly designed research in children is morally acceptable if

a. the children are ill.

b. it is conducted for their sake.

c. there are zero risks.

d. it is conducted without their knowledge.

Answer: b

4. Research on the mentally impaired

a. is unnecessary.

b. is unethical.

c. does not require consent.

d. is scientifically necessary.

Answer: d

5. The heart of the modern doctrine of informed consent is

a. Kantian.

b. utilitarian.

c. Rawlsian.

d. Hippocratic.

Answer: a

6. The experiment to study the natural course of hepatitis in institutionalized children by purposely infecting them is known as the

a. Nazi experiments.

b. Tuskegee study.

c. radiation experiments.

d. Willowbrook study.

Answer: d

7. The \_\_\_\_\_\_\_ is a set of minimal ethical principles meant to govern all scientific experiments involving humans that came out of the trial of Nazi doctors.

a. Nuremberg Code

b. Hippocratic Oath

c. WHO

d. categorical imperative

Answer: a

8. \_\_\_\_\_\_\_ is a common phenomenon in which patients sometimes feel better after receiving treatment even when the treatment is inactive or fake.

a. Blinding

b. Confirmation bias

c. The placebo effect

d. Randomization

Answer: c

9. In a clinical trial, the subjects in a(n) \_\_\_\_\_\_\_ receive the standard treatment that is already proven to work.

a. active control group

b. placebo control group

c. randomized sample

d. experimental group

Answer: a

10. A \_\_\_\_\_\_\_ clinical study is one in which subjects and researchers are unaware of what treatments subjects have received.

a. single-blinded

b. double-blinded

c. randomized

d. controlled

Answer: b

11. \_\_\_\_\_\_\_ is the best way to assign subjects to either control or experiment groups if one wants to generate reliable data.

a. Therapeutic grouping

b. The scientific method

c. Placebo-control grouping

d. Randomization

Answer: d

12. A Phase I trial is said to be \_\_\_\_\_\_\_ because it only tests the drug in a few people for safety, adverse reactions, and to ascertain safe and unsafe doses.

a. therapeutic

b. nontherapeutic

c. randomized

d. unethical

Answer: b

13. A Phase \_\_\_\_\_\_\_ trial might be done after an approved drug is marketed.

a. I

b. II

c. III

d. IV

Answer: d

14. One possible benefit of entering a clinical trial is that

a. health insurance covers all patient care costs in a study.

b. if you are taking a new treatment that works, you will be among the first to benefit.

c. there are rarely as many side effects for new treatments.

d. animal testing has already shown the new treatment is as or more effective than current treatments.

Answer: b

15. According to \_\_\_\_\_\_\_, research efforts should be aimed primarily at helping the neediest and it is impermissible to conduct research on the neediest to provide therapeutic benefits only to those who are better off.

a. act-utilitarians

b. Kantians

c. Rawlsians

d. virtue ethicists

Answer: c

**True/False Questions**

16. Medical research has provided great benefits to humanity and has only rarely been conducted in morally questionable ways.

a. True

b. False

Answer: b

17. Properly conducted clinical trials provide the strongest and most trustworthy evidence of a treatment’s effectiveness.

a. True

b. False

Answer: a

18. For most clinical trials, randomization is unnecessary.

a. True

b. False

Answer: b

19. The safety and effectiveness of a treatment can usually be established by a single clinical trial.

a. True

b. False

Answer: b

20. There is substantial agreement in bioethics on the general moral principles that should apply to human research.

a. True

b. False

Answer: a

21. A typical clinical trial will consist of two groups of subjects: an experimental group that gets the treatment to be evaluated and a control group that closely resembles the experimental group, but does not get the treatment.

a. True

b. False

Answer: a

22. The U.S. government never formally apologized for the Tuskegee Study.

a. True

b. False

Answer: b

23. Double-blinding is the assigning of subjects randomly to both experimental and control groups.

a. True

b. False

Answer: b

24. Often, a single well-crafted clinical trial can establish the safety and effectiveness of a treatment.

a. True

b. False

Answer: b

25. Before human studies can begin, a treatment must usually be studied in animals.

a. True

b. False

Answer: a

26. There is consensus that to be ethically permissible, clinical trials must offer therapeutic benefit of some sort in all phases.

a. True

b. False

Answer: b

27. Most bioethicists agree that the use of placebos is unethical when effective treatments are available.

a. True

b. False

Answer: a

28. Women have historically been excluded as subjects from many studies of treatments that could help them.

a. True

b. False

Answer: a

29. Informed consent for participation in a clinical trial requires that researchers inform the subject whether they will be in the control group or experimental group.

a. True

b. False

Answer: b

30. Informed consent for participation in a clinical trial requires that researchers inform the subject of the expected duration of the subject’s participation.

a. True

b. False

Answer: a

**Short Answer Questions**

31. What are the five restrictions official ethical codes on human research agree must be met?

Answer: (1) Subjects must give their informed voluntary consent to participate; (2) the study must be designed to minimize risks to subjects and offer an acceptable balance of risks and benefits; (3) subjects must be selected fairly to avoid exploiting or unjustly excluding them; (4) subjects’ privacy should be protected and the confidentiality of research data must be preserved; and (5) before the research is conducted, it must be reviewed and approved by an independent committee.

32. Explain why a control group is an important element in a clinical trial.

Answer: A typical clinical trial has both an experimental group that gets the treatment to be evaluated and a control group that resembles the experimental group but does not get the treatment. Researchers need both groups so they can study the relevant differences that arise between the two groups. Without a control group, the researchers cannot tell whether the subjects would have gotten better (or worse) without treatment, if a factor other than the treatment was what most affected the subjects’ condition (such as changes in their diet or behavior), or if the subjects’ condition improved because of the placebo effect.

33. Define “blinding” and explain its role in clinical trials.

Answer: Blinding ensures that subjects and researchers do not know which interventions the subjects receive (standard treatment, new treatment, or placebo). This is an important part of clinical trials, because if subjects know they have received a placebo, their assessment of how they feel may be skewed or they may make other lifestyle or medical changes to increase the chances of successfully treating their ailment. If they know they have received an active treatment, they may experience improvement regardless of whether the treatment works. If researchers know who received which treatment, they may be unconsciously biased in evaluating study results.

34. Describe the three stages of clinical trials.

Answer: A Phase I trial tests the drug in a few people for safety and adverse reactions and ascertains safe and unsafe doses. Researchers do not try to evaluate the drug’s efficacy. In Phase II trials, investigators give the drug to larger groups of subjects to get a preliminary indication of its effectiveness and to do more assessments of safety. In Phase III trials, researchers hope finally to establish whether the drug is effective, determine how it compares in efficacy with other proven treatments, and learn how to employ it in the safest way.

35. A clinical trial of HIV-infected pregnant women in several African countries and Thailand used a placebo-control group to determine whether a lower, cheaper dose of AZT could substantially reduce the transmission of HIV from pregnant women to their fetuses. The results showed the less expensive AZT treatment (that could be more widely used in poorer countries) could indeed significantly reduce vertical transmission. However, many questioned the morality of using a placebo (no-treatment) group, which deprived control subjects of an effective treatment that could have prevented many babies from being infected with HIV. Briefly contrast an act-utilitarian versus Kantian assessment of this clinical trial.

Answer: The act-utilitarian would argue that the cheapest, fastest way to find out which treatment was best and to use it on the people who needed it most was to use a placebo group. Because this resulted in the greatest overall increase in utility, it was morally permissible. Kantians, however, would argue that subjects in the placebo (no-treatment) group were treated as a mere means to the end of scientific rigor, so it was not morally permissible.

**Questions for Readings**

The Nuremberg Code

36. According to the Nuremberg Code, an experiment should be conducted so as to

a. yield fruitful results for the researchers.

b. yield fruitful results that can be obtained by other methods or means.

c. avoid all unnecessary physical and mental suffering and injury.

d. avoid any and all physical and mental suffering and injury.

Answer: c

37. According to the Nuremberg Code, no experiment should be conducted where there is

a. an *a priori* reason to believe that the experiment will succeed.

b. an *a priori* reason to believe that death or disabling injury may occur.

c. reason to expect that the experiment will succeed.

d. an *a priori* reason to believe that any injury at all may occur.

Answer: b

38. According to the Nuremberg Code, an experiment should be designed and based on all available information so that the anticipated results will

a. justify the performance of the experiment.

b. be exactly as expected.

c. not justify replication of the experiment.

d. be considered a breakthrough in the field of inquiry.

Answer: a

*Declaration of Helsinki*, World Medical Association

39. Unlike previous international ethical codes, the code set forth in the *Declaration of Helsinki* provides guidelines for conducting research on subjects who

a. object to the use of placebos.

b. refuse to give their consent.

c. opposed to the line of research.

d. cannot give their informed consent.

Answer: d

40. The code set forth in the *Declaration of Helsinki* asserts that medical research is justified only if there is a reasonable likelihood that the populations in which the research is carried out

a. will be compensated.

b. are acknowledged and thanked by the researchers.

c. stand to benefit from the results of the research.

d. stand to benefit from exposure in medical journals.

Answer: c

41. The code set forth in the *Declaration of Helsinki* declares that at the conclusion of a study, every patient entered into the study should be assured of

a. free medical care for years after the study.

b. the best proven treatments identified by the study.

c. the best medical advice that seems justified by the study.

d. a repeat of the study if necessary.

Answer: b

 “The Belmont Report,” National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research

42. According to the Belmont Report, the three most relevant moral principles are

a. respect for persons, consent, and justice.

b. respect for persons, beneficence, and justice.

c. respect for persons, truth, and beneficence.

d. beneficence, justice, and competence.

Answer: b

43. According to the Belmont Report, an autonomous person is an individual capable of deliberation and of

a. acting under the direction of others.

b. acting without deliberation.

c. acting under the direction of such deliberation.

d. revising their deliberative reflections.

Answer: c

44. According to the Belmont Report, the principle of beneficence demands that efforts be made to

a. see that justice is done.

b. determine what is deserved.

c. maximize benefits to the research project.

d. secure the well-being of persons.

Answer: d

“Final Report: Human Radiation Experiments,” Advisory Committee on Human Radiation Experiments

45. “Final Report: Human Radiation Experiments” documents that subjects were

a. exposed to harmful radiation and consented to such exposure.

b. told of the potential dangers of radiation.

c. exposed to harmful radiation without their consent.

d. never exposed to real danger.

Answer: c

46. “Final Report: Human Radiation Experiments” documents that human radiation experiments between 1944 and 1974

a. numbered nearly 4,000.

b. were limited in number and scope.

c. were numerous but mostly benign.

d. numbered less than 400.

Answer: a

47. According to “Final Report: Human Radiation Experiments,” for not protecting the rights and interests of human subjects, government officials and investigators are

a. blameworthy.

b. blameless.

c. to be commended for their commitment to science.

d. blameworthy but innocent.

Answer: a

“Of Mice but Not Men: Problems of the Randomized Clinical Trial,” Samuel Hellman and Deborah S. Hellman

48. According to the Hellmans, randomized trials often pit the good of patients against the good of

a. researchers.

b. science.

c. society.

d. future generations.

Answer: c

49. The Hellmans point out that the purpose of the randomized clinical trial is to avoid

a. disease characteristics.

b. confirmatory trials.

c. double-blind controls.

d. observer bias and patient selection.

Answer: d

50. The Hellmans say there are dangers in foregoing clinical trials and relying instead on

a. observational studies.

b. physician’s intuition and anecdotes.

c. randomized, double-blind studies.

d. other proven experimental methods.

Answer: b

“A Response to a Purported Ethical Difficulty with Randomized Clinical Trials Involving Cancer Patients,” Benjamin Freedman

51. Freedman argues that true equipoise (a state of doubt about a treatment’s effectiveness) does not depend on

a. uncertainty in society.

b. uncertainty in the physician.

c. certainty in research.

d. uncertainty in research subjects.

Answer: b

52. Freedman says that true equipoise depends on

a. genuine disagreement in the medical community about a treatment’s value based on informed intuition.

b. genuine disagreement in the medical community about a treatment’s value based on a lack of good evidence from randomized clinical trials.

c. uncertainty in society about effective treatments.

d. disagreements about efficacy among medical journalists.

Answer: b

53. Freedman suggests that the Kantian argument against the morality of clinical trials is

a. powerful.

b. solid.

c. strong.

d. implausible.

Answer: d

“Racism and Research: The Case of the Tuskegee Syphilis Study,” Allan M. Brandt

54. Probably the most outrageous and unethical example of unethical research in American history is the

a. human radiation studies from 1944 to 1974.

b. Tuskegee Syphilis Study.

c. Belmont study.

d. Nazi experiments.

Answer: b

55. In the early twentieth century, Darwinism provided a new (false) rationale for American

a. racism.

b. art and literature.

c. democracy.

d. history.

Answer: a

56. According to Brandt, the Tuskegee study revealed less about the pathology of syphilis than it did the pathology of

a. science.

b. history.

c. medicine.

d. racism.

Answer: d

“The Ethics of Clinical Research in the Third World,” Marcia Angell

57. Angell says that studies comparing a potential new treatment with a placebo are unethical if

a. the placebo is indeed inactive.

b. an effective treatment exists.

c. no effective treatment exists.

d. the placebo is the best known treatment.

Answer: b

58. Angell argues that some trials in developing countries are impermissible because the studies

a. do not use placebo control groups.

b. are conducted by scientists from developed nations.

c. are conducted in poor conditions.

d. use placebo control groups even though a proven treatment exists.

Answer: d

59. According to Angell, in permissible studies, control groups must receive

a. no treatment.

b. the current “local” treatment.

c. the “best” current treatment.

d. the only treatment available.

Answer: c

“Ethical Issues in Clinical Trials in Developing Countries,” Baruch Brody

60. Brody argues that in placebo-controlled trials, if no subjects are denied “any treatment that should otherwise be available to him or her in light of the practical realities of health care resources available in the country in question,” the trials are

a. unethical.

b. useless.

c. ethical.

d. flawed.

Answer: c

61. Brody says some critics have suggested that participants in Third World clinical trials are coerced into participating because of

a. physical threats.

b. desperation.

c. promises of a cure.

d. easily refused offers.

Answer: b

62. Brody says clinical trials in developing countries do *not* exploit developing countries if after the studies, the subjects

a. are not given access to any treatment proven effective.

b. are eligible to enter new trials.

c. have not been harmed in any way.

d. are given access to any treatment proven effective.

Answer: d

PART III: LIFE AND DEATH

**Chapter 7: Abortion**

**CHAPTER SUMMARY**

**Abortion** is the ending of a pregnancy. Abortion due to natural causes is known as **spontaneous abortion, or miscarriage**; intentional termination of pregnancy is called **induced abortion**; and abortion performed to preserve the life or health of the mother is referred to as **therapeutic abortion**. Over half of women having abortions are under 25 years old; one-fifth of these are teenagers. Women give varying reasons for having abortions, including that having a baby would interfere with their life, cause financial or social difficulties, or put their health or life at risk. They also cite possible problems affecting the health of the fetus.

Since 1973, the legal status of abortion in the United States has been dominated by the Supreme Court’s ruling in *Roe v. Wade*. The justices held that in the first trimester, the woman’s right to end her pregnancy cannot be curtailed by the state; in the second trimester, the state may limit—but not entirely prohibit—the woman’s right by regulating abortion for the sake of her health; and after **viability**, the state may regulate and even ban abortion except when it is necessary to preserve her life or health. The Court affirmed that its ruling “leaves the State free to place increasing restrictions on abortion as the period of pregnancy lengthens, so long as those restrictions are tailored to the recognized state interests.” In several cases after *Roe*, the Court circumscribed the right of abortion by, among other things, holding that a woman can be required to give her written informed consent to abortion, that the government is not obliged to use taxpayer money to fund abortion services, and that parental consent or a judge’s authorization can be demanded of minors under age 18 who seek abortions. In 2007, the Court upheld the Partial-Birth Abortion Ban Act, which outlawed a type of late-term abortion (referred to rhetorically as “partial-birth abortion”) even when a woman’s health might be threatened.

There are three main positions on the moral permissibility of abortion. The conservative view is that abortion is never morally acceptable (except possibly to preserve the mother’s life), for the unborn is a human being in the full sense. The liberal view is that abortion is acceptable whenever the woman wants it, for the unborn is not a human being in the full sense. The moderate stance falls between these two stands, rejecting both the conservative’s zero-tolerance for abortion and the liberal’s idea of abortion on request. All sides tend to accept that murder is wrong, that persons have a right to life, and that personal freedom should not be curtailed except for very important reasons. Conservatives try to establish that the unborn should be recognized as an innocent person from the moment of conception by appealing to the lack of a precise cutoff point between zygote and adult human and by arguing that the fetus is a potential person. Liberals contend that merely being biologically human is not sufficient to establish personhood and that a fetus does not possess the properties that qualify an entity as a person. Taking a moderate position, Judith Jarvis Thomson argues that even if the conservative view is correct that the unborn is a person from the moment of conception, abortion may still be morally justified in some cases. The unborn’s right to life is not absolute; it implies not that killing a fetus is always wrong, but that killing it unjustly is always wrong.

A utilitarian position can be staked out either for abortion or against it, depending on how the overall consequences of abortion are calculated. Kantian ethics can also yield pro- or anti-abortion positions depending on whether the unborn is considered a person. The natural law position on abortion as articulated in Roman Catholicism is that the fetus is an innocent person from conception, and directly killing any innocent person is wrong. Thus, directly killing the unborn even for the purpose of saving the mother’s life is impermissible. The doctrine of double effect, however, permits the indirect killing of the unborn—specifically, abortions done to save the mother’s life while having the unintended yet foreseen effect of killing the fetus.

**KEY TERMS**

**abortion** The ending of a pregnancy.

**induced abortion** The intentional termination of a pregnancy through drugs or surgery.

**quickening** At about 16 to 20 weeks of pregnancy, a pregnant woman’s experience of fetal movement inside her.

**spontaneous****abortion** **(miscarriage)** An abortion resulting from natural causes such as a birth defect or maternal injury.

**therapeutic abortion** Abortion performed to preserve the life or health of the mother.

**viability** The development stage when the fetus can survive outside the uterus.

**STUDENT SELF-QUIZ QUESTIONS**

1. The development stage at approximately 23 to 24 weeks of pregnancy, when the fetus may survive outside the uterus, is known as

a. quickening.

b. gestation.

c. viability.

d. implantation.

Answer: c

2. In *Roe v. Wade*, the Court saw a guaranteed right of personal privacy in

a. ancient law.

b. the Bible.

c. current statutes.

d. the Fourteenth Amendment.

Answer: d

3. A key premise in many arguments against abortion is that

a. the unborn is not a person.

b. the unborn is an innocent person from the moment of conception.

c. having human DNA does not automatically make one a person.

d. the unborn becomes a person at birth.

Answer: b

4. Mary Anne Warren identifies five traits that are “most central” to personhood and declares that a fetus

a. must be a person.

b. must be a potential person.

c. has none of these traits.

d. has most of these traits.

Answer: c

5. Liberals generally contend that even if infants are not persons, infanticide is

a. always permissible.

b. unthinkable.

c. rarely permissible.

d. encouraged.

Answer: c

6. Almost half of all pregnancies are unintended.

a. True

b. False

Answer: a

7. Judith Jarvis Thomson argues that even if the unborn is a person from the moment of conception, abortion may still be morally justified.

a. True

b. False

Answer: a

8. Some reject Thomson’s argument by contending that it holds only if the woman bears no responsibility for her predicament.

a. True

b. False

Answer: a

9. Most scientists involved in the issue of fetal pain think that fetal pain is probably not possible until after the time when most abortions take place.

a. True

b. False

Answer: a

10. In a recent survey, 69 percent of adults said that *Roe v. Wade* should not be completely overturned.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. The risk of death associated with abortion performed at eight weeks or earlier is one death per \_\_\_\_\_\_\_ abortions.

a. 100

b. 11,000

c. 1 million

d. 3,000

Answer: c

2. Conservatives on the abortion issue charge that liberals’ standards for personhood imply that

a. cognitively impaired individuals are persons.

b. infanticide is never morally permissible.

c. some infants are persons.

d. cognitively impaired individuals are not persons.

Answer: d

3. Judith Jarvis Thomson argues that

a. killing a fetus is always wrong.

b. the unborn’s right to life is absolute.

c. unjustly killing a fetus is always wrong.

d. killing a fetus is always permissible.

Answer: c

4. The Roman Catholic position on abortion incorporates

a. a prohibition against indirect killing of the unborn.

b. the doctrine of double effect.

c. the doctrine of practical utility.

d. an endorsement of therapeutic abortion.

Answer: b

5. Late-term abortions are

a. rare.

b. commonplace.

c. uncontroversial.

d. impossible.

Answer: a

6. The ending of a pregnancy due to natural causes—birth defect or injury, for example—is known as

a. therapeutic abortion.

b. partial-birth abortion.

c. premature labor.

d. spontaneous abortion.

Answer: d

7. The ending of a pregnancy to preserve the life or health of the mother is known as

a. therapeutic abortion.

b. partial-birth abortion.

c. premature labor.

d. spontaneous abortion.

Answer: a

8. Which of the following are reasons often given by women for terminating a pregnancy?

a. “I can’t afford a baby now, because I’m unmarried, unemployed, or destitute.”

b. “Having a baby would change my life and interfere with education, employment, etc.).”

c. “I don’t want to be a single mother,” or “I’m having relationship problems.”

d. All of the above

Answer: d

9. In 2007, the U.S. Supreme Court upheld the \_\_\_\_\_\_\_ Act, outlawing a type of late-term abortion.

a. Therapeutic Abortion Ban

b. Abortions for Minors Prohibition

c. Fetal Protection

d. Partial-Birth Abortion Ban

Answer: d

10. \_\_\_\_\_\_\_ argues that even if the conservative view is correct and the unborn is a person from the moment of conception, abortion may still be morally justified. A fetus may have a right to life, but this right “does not guarantee having either a right to be given the use of or a right to be allowed continued use of another person’s body—even if one needs it for life itself.”

a. Mary Anne Warren

b. Joel Feinberg

c. Judith Jarvis Thomson

d. J.S. Mill

Answer: c

11. A(n) \_\_\_\_\_\_\_\_ can argue that abortion is morally permissible because without this option, women and society would suffer terrible consequences.

a. utilitarian

b. Kantian

c. natural law theorist

d. None of the above

Answer: a

12. A(n) \_\_\_\_\_\_\_\_ can argue that abortion is morally permissible in cases where the fetus faces a demeaning, miserable existence, because in these cases we show ultimate respect for its status by averting such indignities through abortion.

a. utilitarian

b. Kantian

c. natural law theorist

d. None of the above

Answer: b

13. A(n) \_\_\_\_\_\_\_\_ can argue that abortion is morally impermissible because an abortion can cause the woman tremendous emotional pain, and the child can bring much happiness to the family and to the world.

a. utilitarian

b. Kantian

c. natural law theorist

d. None of the above

Answer: a

14. Pro-life activists claim a fetus can experience pain by

a. 1 week.

b. 6 weeks.

c. 12 weeks.

d. 20 weeks.

Answer: d

15. \_\_\_\_\_\_\_ Americans would like to see *Roe v. Wade* completely overturned.

a. A minority of

b. A majority of

c. No

d. All

Answer: a

**True/False Questions**

16. The Hebrew and Christian scriptures denounce abortion.

a. True

b. False

Answer: b

17. Virtue ethics is never used to decide issues involving abortion.

a. True

b. False

Answer: b

18. In *Roe v. Wade*, the Court balanced the woman’s right and state interests according to trimester of pregnancy.

a. True

b. False

Answer: a

19. Both liberals and conservatives on the abortion issue agree that murder is wrong and that persons have a right to life.

a. True

b. False

Answer: a

20. Most Western industrialized countries have lower abortion rates than the United States does.

a. True

b. False

Answer: a

21. A utilitarian position can be staked out either for abortion or against it.

a. True

b. False

Answer: a

22. Kantian ethics is committed to an anti-abortion position.

a. True

b. False

Answer: b

23. The natural law position on abortion as articulated in Roman Catholicism is that killing the unborn even for the purpose of saving the mother’s life is impermissible.

a. True

b. False

Answer: a

24. It is rare for a woman having a first-trimester abortion to suffer major complications that require hospitalization.

a. True

b. False

Answer: a

10. Most people believe therapeutic abortion to be morally permissible.

a. True

b. False

Answer: a

25. Nearly 90 percent of abortions are performed in the first 12 weeks of pregnancy.

a. True

b. False

Answer: a

26. As a result of *Roe v. Wade*, a woman’s right to end her pregnancy cannot be curtailed by the state in the first trimester.

a. True

b. False

Answer: a

27. Both liberals and conservatives in the abortion debate agree on the basic moral principles that murder is wrong, that persons have a right to life, and that personal freedom should not be curtailed except for very important reasons.

a. True

b. False

Answer: a

28. Kant’s view can be plausibly construed as sanctioning abortion as a way of respecting a fetus’ personhood.

Answer:

a. True

b. False

Answer: a

29. Even if the fetus is considered a person, a Kantian could plausibly argue for therapeutic abortions on the grounds of self-protection.

a. True

b. False

Answer: a

**Short Answer Questions**

30. Name and define the three general positions one can take on the moral permissibility of abortion.

Answer: The conservative view is that abortion is never morally acceptable (except possibly to preserve the mother’s life), for the unborn is a human being in the full sense. The liberal view is that abortion is acceptable whenever the woman wants it, for the unborn is not a human being in the full sense. The moderate stance falls between these two stands, rejecting both the conservative’s zero-tolerance for abortion and the liberal’s idea of abortion on request. For the moderate, some—but not all—abortions may be morally justified.

31. Mary Anne Warren asserts that five traits are central to personhood. Any being that satisfies none of these traits is certainly not a person. A fetus satisfies none and is therefore not a person. Present one common conservative objection to this argument.

Answer: This standard for personhood is set too high and implies that cognitively impaired individuals—victims of serious dementia, mental disability, or schizophrenia, for instance—are not persons and therefore do not have a right to life. The liberal view seems to condone the killing of these human beings.

32. Present two Kantian arguments regarding abortion: one in which the unborn is considered a person and one in which the unborn is not considered a person.

Answer: If the unborn is a person, it has inherent worth and therefore cannot be treated as merely a means to an end. It cannot be killed just for the convenience of the mother or of society. But if the unborn is not a person, then abortion would seem to be more easily justified. Since the woman is a person, she has a right to exercise her autonomy and sovereignty over her own body—which may include ending her pregnancy.

33. Describe the limits on state regulation of abortion granted by Roe v Wade. Be sure to detail the way these limits change at different stages of pregnancy.

Answer: In the first trimester, the woman’s right to end her pregnancy cannot be curtailed by the state; in the second trimester, the state may limit—but not entirely prohibit—the woman’s right by regulating abortion for the sake of her health; and after viability, the state may regulate and even ban abortion except when it’s necessary to preserve her life or health.

34. What is the main conservative argument against abortion?

Answer: (1) The killing of an innocent human being is wrong; (2) The unborn is an innocent human being; (3) Therefore, it is wrong to kill the unborn (abortion is immoral).

**Questions for Readings**

“A Defense of Abortion,” Judith Jarvis Thomson

35. According to Thomson, the view that abortion is impermissible even to save the mother’s life is properly called the \_\_\_\_\_\_\_ view.

a. moderate

b. extreme

c. mainstream

d. rationalist

Answer: b

36. According to Thomson, the famous violinist has

a. an absolute right to the woman’s body.

b. no right under any circumstances to the woman’s body.

c. no right in many cases to the woman’s body.

d. a right to be killed by the woman.

Answer: c

37. According to Thomson, unborn persons whose existence is due to rape have

a. a right to the use of their mothers’ bodies.

b. an absolute right to life.

c. unlimited rights.

d. no right to the use of their mothers’ bodies.

Answer: d

“Why Abortion Is Immoral,” Don Marquis

38. According to Marquis, the arguments both for and against abortion

a. are sound.

b. are valid.

c. possess certain symmetries.

d. have nothing in common.

Answer: c

39. According to Marquis, the anti-abortion principle “It is prima facie seriously wrong to kill a human being” is

a. ambiguous.

b. true.

c. immoral.

d. acceptable.

Answer: a

40. According to Marquis, the pro-choice notion of personhood is problematic because

a. psychological characteristics plausibly define personhood.

b. personhood must be defined as “biologically human.”

c. persons have no moral rights.

d. there is no good reason to think that psychological characteristics should make a moral difference.

Answer: d

“On the Moral and Legal Status of Abortion,” Mary Anne Warren

41. According to Warren, we must distinguish between two senses of *human being*—human in the genetic sense and human in the \_\_\_\_\_\_\_ sense.

a. physical

b. religious

c. material

d. moral

Answer: d

42. According to Warren, we have no right to assume that genetic humanity is necessary for

a. personhood.

b. human characteristics.

c. alien life.

d. prehuman traits.

Answer: a

43. According to Warren, the traits most central to the concept of personhood include

a. spiritual or religious awareness.

b. human DNA and motivation.

c. consciousness, reasoning, and self-awareness.

d. a brain, high intelligence, and instinct.

Answer: c

“Abortion and the Concept of a Person,” Jane English

44. According to English, both the conservative and liberal positions on abortion are

a. correct.

b. possibly mistaken.

c. neither true nor false.

d. clearly mistaken.

Answer: d

45. According to English, a conclusive answer to the question of whether a fetus is a person is

a. unattainable.

b. possible.

c. unnecessary.

d. sufficient.

Answer: a

46. According to English, our concept of a person is

a. sharp and decisive enough to give us a solution to the abortion controversy.

b. correct but counterintuitive.

c. not sharp or decisive enough to give us a solution to the abortion controversy.

d. the basis for a solution to the abortion debate.

Answer: c

“Abortion,” Margaret Olivia Little

47. Little says the values that women often wrestle with in deciding to have an abortion include

a. the expense of sustaining a pregnancy.

b. respect for fatherhood.

c. respect for creation.

d. the sanctity of all life.

Answer: c

48. Little says that burgeoning human life is

a. not respect-worthy.

b. casually interesting.

c. potentially trivial.

d. respect-worthy.

Answer: d

49. Little says that for many women who contemplate abortion, the desire to end pregnancy is centrally a desire to avoid

a. motherhood.

b. gestation.

c. childbirth.

d. pain.

Answer: a

“Abortion through a Feminist Ethics Lens,” Susan Sherwin

50. According to Sherwin, a fetus has moral significance, but its moral standing depends on

a. the community into which it is born.

b. its relationship to the pregnant woman.

c. the virtues of the woman.

d. the laws of the state.

Answer: b

51. Sherwin says that feminists consider it self-evident that the

a. life of the pregnant woman must be balanced against the life of the fetus.

b. main focus of attention must be the moral status of the developing embryo.

c. pregnant woman is a subject of principle concern in abortion decisions.

d. pregnant woman is of great secondary moral concern.

Answer: c

52. Sherwin says most feminists believe that a pregnant woman is in the best position to judge whether abortion is

a. sanctioned by abstract rules.

b. the correct legal solution.

c. the appropriate response to her circumstances.

d. medically necessary.

Answer: c

*Roe v. Wade*, U.S. Supreme Court

53. In *Roe v.* Wade, the court held that in the first trimester, the woman’s right to an abortion

a. can be regulated and even banned.

b. cannot be restrained by the state.

c. can be banned for the sake of the woman’s health.

d. depends on the state in which she resides.

Answer: b

54. In *Roe v.* Wade, the court asserted that a woman’s right to an abortion is based on a constitutionally guaranteed right

a. of personal privacy.

b. to life.

c. of self-defense.

d. of due process.

Answer: a

55. In *Roe v.* Wade, the court declared that the woman’s right to an abortion is

a. absolute.

b. unsupported by the Constitution.

c. sacrosanct.

d. not absolute.

Answer: d

*Planned Parenthood v. Casey*, U.S. Supreme Court

56. In *Planned Parenthood v. Casey*, the court concluded that it is a constitutional liberty of the woman to have some freedom to

a. protect the life of the fetus at all costs.

b. terminate her pregnancy.

c. terminate her pregnancy at viability.

d. terminate her pregnancy at fifteen weeks.

Answer: b

57. In *Planned Parenthood v. Casey*, the court found that the trimester framework established in *Roe v. Wade* was

a. necessary.

b. based on good legal reasoning.

c. reasonable.

d. unnecessary.

Answer: d

58. In *Planned Parenthood v. Casey*, the court found that not all burdens on the right to decide whether to terminate a pregnancy are

a. appropriate.

b. undue.

c. intelligible.

d. sensible.

Answer: b

**Chapter 8: Reproductive Technology**

**CHAPTER SUMMARY**

Assisted reproductive technology (ART) is designed to address the problem of **infertility**, which affects millions of couples in the United States and worldwide. **In vitro fertilization (IVF)** is one such technology, which unites sperm and egg in a laboratory dish, instead of inside a human body. There are numerous variations on basic IVF, including gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT). IVF can help many couples overcome infertility, but it is expensive and IVF **cycles** pose health risks to both woman and child. Paramount among the risks are multiple pregnancies, a frequent result of IVF cycles. Problems also arise from the practice of cryopreserving extra embryos often left over after IVF, a key question being what ultimately should be done with them.

Critics contend that IVF should not be used because it leads to birth defects and disease in children, undermines the value we place on children, breaks the natural connection between procreation and sexual intercourse in marriage, and dramatically changes common family relationships. Others argue that IVF enhances women’s freedom by multiplying their reproductive choices or that IVF should be allowed in the name of procreative liberty.

A **surrogate** is a woman who gestates a fetus for others. She contracts with a couple or another individual to carry the pregnancy to term, to relinquish the baby at birth, and to let them legally adopt it. Thus, in surrogacy relationships, we can distinguish between genetic (or biological), gestational, and social (or rearing) parents. Probably the most pervasive argument against surrogacy is that surrogacy arrangements amount to baby-selling, a blatant affront to human dignity. Defenders of surrogacy deny that it constitutes baby-selling, claiming instead that a surrogate is simply relinquishing her right as a parent to have a relationship with the child. The surrogacy advocate says that the practice is not that different from adoption, in which biological parents give away their children.

**Cloning** is the asexual production of a genetically identical entity from an existing one. All the cells of a clone contain the same blueprint as all the cells of the clone’s progenitor. The cloning that has provoked the most debate and media attention is human **reproductive cloning**, the creation of a genetic duplicate of an adult human. So far, no human has been successfully cloned and is not likely to be any time soon. Nevertheless, fear or outrage regarding human cloning is widespread, much of it based on incorrect information. A common myth is genetic determinism, the view that genes make the person, that genetics ordains all of an individual’s characteristics.

Many in favor of human cloning appeal to reproductive liberty and to cloning’s possible benefits, such as enabling infertile couples to have a child that is genetically related to them. Critics charge that cloning is unnatural, that it violates the right of the resulting clone to a unique identity or future, and that it will result in the demeaning artificial manufacture of children as products.

**KEY TERMS**

**cloning** The asexual production of a genetically identical entity from an existing one.

**cloning, reproductive** Cloning aimed at the live birth of an individual.

**cloning, therapeutic or research** Cloning done for purposes other than producing a live individual.

**cycle** (in assisted reproductive technology [ART]) A sequence of steps involved in trying to achieve pregnancy through ART, typically extending from egg retrieval to embryo transfer.

**infertility** The inability to get pregnant after one year of unprotected sex.

**in vitro fertilization** The uniting of sperm and egg in a laboratory dish.

**surrogate** A woman who gestates a fetus for others, usually for a couple or another woman.

**STUDENT SELF-QUIZ QUESTIONS**

1. The uniting of sperm and egg in a laboratory dish, instead of inside a uterus, is called

a. ovarian stimulation.

b. gamete intrafallopian transfer (GIFT).

c. in vitro fertilization (IVF).

d. preimplantation genetic diagnosis (PGD).

Answer: c

2. In the debates on IVF, John Robertson argues for

a. fidelity to tradition.

b. a ban on reproductive technologies.

c. paternalism.

d. procreative liberty.

Answer: d

3. A person who gestates a fetus for others is called a

a. social parent.

b. surrogate.

c. test-tube parent.

d. foster parent.

Answer: b

4. The asexual production of a genetically identical entity from an existing one is known as

a. reproduction.

b. copying.

c. cloning.

d. stem cell duplication.

Answer: c

5. The classic case of Baby M concerned

a. cloning.

b. abortion.

c. surrogacy.

d. stem cells.

Answer: c

6. IVF cycles pose health risks for both the child-bearing parent and the child(ren).

a. True

b. False

Answer: a

7. The strongest arguments for IVF have appealed to individual autonomy or reproductive rights.

a. True

b. False

Answer: a

8. Mary Anne Warren argues that IVF comes with substantial risks and burdens and that women are too constrained or coerced by society to decide about the technology for themselves.

a. True

b. False

Answer: b

9. Probably the most pervasive—and perhaps the strongest—argument against surrogacy is that surrogacy arrangements amount to baby-selling.

a. True

b. False

Answer: a

10. Genetic determinism is a myth.

a. True

b. False

Answer: a

**TEST BANK**

**Multiple Choice Questions**

1. Some argue against surrogacy by claiming that it amounts to

a. adoption.

b. cloning.

c. baby-selling.

d. family autonomy.

Answer: c

2. An animal or human clone is

a. proof that genes alone make the individual.

b. an example of genetic determinism.

c. a perfect copy of an individual.

d. not a perfect copy of an individual.

Answer: d

3. In 2015–2017, of the approximately 72 million women aged 15–49 years, \_\_\_\_\_\_\_ percent received infertility services.

a. 13

b. 5

c. 37

d. 66

Answer: d

4. Currently, human cloning seems likely to result in

a. a reduction in the number of infertile couples.

b. a high incidence of multiple births.

c. high rates of serious birth defects.

d. very low rates of serious birth defects.

Answer: c

5. Leon Kass argues that human cloning is dehumanizing because it

a. violates reproductive rights.

b. amounts to natural reproduction.

c. solves fertility problems.

d. amounts to the artificial manufacture of children as products.

Answer: d

6. In \_\_\_\_\_\_\_\_, after ovarian stimulation and egg retrieval, the eggs and sperm are transferred together to a fallopian tube to fertilize.

a. ovarian stimulation

b. gamete intrafallopian transfer (GIFT)

c. zygote intrafallopian transfer (ZIFT)

d. preimplantation genetic diagnosis (PGD)

Answer: b

7. In \_\_\_\_\_\_\_\_, fertilization occurs in vitro, but an embryo is transferred not to the uterus but to a fallopian tube.

a. ovarian stimulation

b. gamete intrafallopian transfer (GIFT)

c. zygote intrafallopian transfer (ZIFT)

d. preimplantation genetic diagnosis (PGD)

Answer: c

8. Each single attempt to use IVF is called a

a. round.

b. cycle.

c. quarter.

d. sequence.

Answer: b

9. The process of fetal reduction is also known as

a. selective abortion.

b. preimplantation genetic diagnosis (PGD).

c. stem cell duplication.

d. gamete intrafallopian transfer (GIFT).

Answer: a

10. In \_\_\_\_\_\_\_ surrogacy, the surrogate receives a transferred embryo created through IVF using the sperm and egg of others (the contracting couple or donors).

a. social

b. genetic

c. traditional

d. gestational

Answer: d

11. A form of cloning known as \_\_\_\_\_\_\_ occurs when a zygote is produced through in vitro fertilization and, when it consists of two to four identical cells, it is separated to grow into discrete but genetically identical organisms.

a. reproductive cloning

b. twinning

c. therapeutic cloning

d. extraction cloning

Answer: b

12. A form of cloning known as \_\_\_\_\_\_\_ occurs when a genetic duplicate of an adult animal or human is created.

a. reproductive cloning

b. twinning

c. therapeutic cloning

d. extraction cloning

Answer: a

13. \_\_\_\_\_\_\_ occurs when the aim of cloning is something other than the live birth of an individual.

a. Reproductive cloning

b. Twinning

c. Therapeutic cloning

d. Extraction cloning

Answer: c

14. Some critics of cloning have charged that it violates the clone’s right to

a. a unique identity.

b. life.

c. respect.

d. procreative freedom.

Answer: a

15. A \_\_\_\_\_\_\_ might argue that cloning and IVF are impermissible because the considerable money spent on them could yield far more happiness if spent on food for the hungry people of the world.

a. Kantian

b. virtue ethicist

c. natural law theorist

d. utilitarian

Answer: d

**True/False Questions**

16. At last count, there were fewer than 2,000 infertile couples in the United States.

a. True

b. False

Answer: b

17. Multiple pregnancies resulting from IVF cycles raise the risks of children’s life and health.

a. True

b. False

Answer: a

18. Bonnie Steinbock argues that payment to egg donors is morally permissible provided the payment is not for the eggs but for the burdens of egg retrieval.

a. True

b. False

Answer: a

19. Some have objected to IVF because of its potential for causing birth defects and disease in children.

a. True

b. False

Answer: a

20. Surrogate arrangements are generally simple and legally straightforward.

a. True

b. False

Answer: b

21. Couples are generally limited to using their own sperm and eggs in IVF.

a. True

b. False

Answer: b

22. The average cost of a single attempt to overcome infertility using IVF is $10,000 to $15,000.

a. True

b. False

Answer: a

23. On average, a live birth is the outcome in only about 25 percent of IVF cycles in which the woman’s own eggs are used.

Answer:

a. True

b. False

Answer: a

24. The Catholic Church believes IVF and other forms of assisted reproduction are never acceptable.

a. True

b. False

Answer: a

25. A surrogate is both the gestational and social mother to the child they give birth to.

a. True

b. False

Answer: b

26. Some states forbid surrogacy agreements allowing any kind of payment.

a. True

b. False

Answer: a

27. Surrogacy is legal in all U.S. states.

a. True

b. False

Answer: b

28. To date, no human has been successfully cloned.

a. True

b. False

Answer: a

29. From a Kantian perspective, it is possible to either oppose or defend reproductive technologies.

a. True

b. False

Answer: a

30. According to the Roman Catholic interpretation of natural law theory, surrogacy is immoral because it is procreation outside of marriage and an affront to the integrity of the family.

a. True

b. False

Answer: a

**Short Answer Questions**

31. What are the five main steps of IVF and embryo transfer?

Answer: (1) Ovarian stimulation (superovulation). The woman takes ovulation stimulants (fertility drugs) to prompt her ovaries to produce several eggs at once instead of the usual one per month. (2) Egg retrieval. When the eggs are ready, they are extracted from the egg sacs, or follicles, of the ovaries. (3) Insemination/fertilization. The retrieved eggs are inspected, and the ones judged to be of highest quality are mixed with sperm. (4) Embryo culture. After fertilization, the embryos are left to grow in a culture medium. (5) Embryo transfer. The embryos are placed in a long, strawlike tube called a transfer catheter. Then the catheter is eased into the vagina and through the cervix, and the embryos are pushed from the tube into the uterus. If all goes well, an embryo implants in the uterine lining.

32. Present a utilitarian argument in favor of IVF.

Answer: Most utilitarians would probably see a net gain of utility in the use of IVF. They presumably would calculate that IVF’s real but low risk of birth defects and maternal complications is outweighed by the happiness brought to infertile couples, and the loss of embryos in the process would not be a major factor.

33. Present a Kantian argument in favor of IVF and surrogacy.

Answer: A Kantian could argue that couples who create children do so precisely because of their respect for persons—they wish to respect and love their offspring as persons. What matters is not how children are brought into the world, but how they are treated after they arrive.

34. Present a Kantian argument against IVF and surrogacy.

Answer: A Kantian could argue that that IVF and surrogacy are impermissible because they treat children merely as a means, instead of an end in themselves. Children are “manufactured” and sold as commodities to serve the ends of others.

35. Present the Roman Catholic (natural law) argument regarding the moral permissibility of IVF.

Answer: IVF is wrong because it defies the natural link between procreation and sexual union. It also involves the destruction of human embryos, each of which has a right to life.

**Questions for Readings**

“IVF: The Simple Case,” Peter Singer

36. To the objection that IVF is unnatural, Singer says

a. IVF is not unnatural.

b. IVF is not natural, but it is effective.

c. if we use IVF properly, it will be natural.

d. if we reject medical advances because they are unnatural, we would be rejecting modern medicine as a whole.

Answer: d

37. To the objection that IVF is risky for the offspring, Singer says

a. the rate of abnormality is higher than expected.

b. the rate of abnormality nowadays is actually very low.

c. with today’s technology, there are no abnormalities produced by IVF.

d. there is no risk for the offspring.

Answer: b

38. To the objection that IVF damages the marital relationship, Singer says

a. particular religions are right to be concerned about damage to relationships.

b. few infertile couples will try IVF.

c. few infertile couples will take seriously the view that their marriage will be damaged by IVF.

d. marital relationships are damaged by IVF only if masturbation is involved.

Answer: c

“The Presumptive Primacy of Procreative Liberty,” John A. Robertson

39. Robertson asserts that the freedom either to have children or to avoid having them is

a. procreative interest.

b. prophylactic liberty.

c. freedom of fertilization.

d. procreative liberty.

Answer: d

40. Robertson says that “liberty” as used in procreative liberty is a

a. positive right.

b. negative right.

c. Kantian right.

d. right of avoidance.

Answer: b

41. Robertson argues that those who would limit procreative choice should have the burden of establishing

a. procreative rights.

b. substantial harm.

c. non-procreative rights.

d. substantial benefit.

Answer: b

**56. “Surrogate Mothering: Exploitation or Empowerment?,” *Laura M. Purdy***

42. According to Purdy, surrogacy is not baby-selling; a better characterization is that the birth mother is giving up her parental right to

a. provide for the child.

b. nurse the child.

c. use IVF.

d. have a relationship with the child.

Answer: d

43. Purdy thinks the appropriate moral framework for addressing questions about the social aspects of contracted pregnancy is

a. deontological.

b. Aristotelian.

c. consequentialist.

d. Kantian.

Answer: c

44. Purdy says that some feminists argue that the practice of surrogate mothering is

a. neither wrong nor right.

b. necessarily wrong.

c. necessarily right.

d. without moral meaning.

Answer: b

“Is Women’s Labor a Commodity?,” Elizabeth S. Anderson

45. Anderson opposes commercial surrogacy on the grounds that

a. surrogate motherhood is too expensive.

b. it detracts from the ideal image of motherhood has sacrosanct.

c. it cannot be commodified.

d. it reduces both surrogate mothers and babies to market commodities.

Answer: d

46. Anderson says that when women’s labor is treated as a commodity, the

a. moral value of women increases.

b. women who perform it are degraded.

c. women who perform it see themselves as altruistic.

d. women who perform it are neither degraded nor exploited.

Answer: b

47. Anderson concludes that commercial surrogate contracts

a. should be legal.

b. are too complicated.

c. should be illegal.

d. provide legitimacy to the surrogate.

Answer: c

“Egg Donation and Commodification,” Bonnie Steinbock

48. Steinbock says that anyone who thinks that it is possible through egg selection to guarantee that a child will be brilliant or beautiful is

a. likely to be disappointed.

b. likely to be pleasantly surprised.

c. unlikely to be disappointed.

d. being realistic.

Answer: a

49. Steinbock argues that payment to egg donors is morally permissible provided the payment is not for the eggs but for the

a. egg donor’s genetic makeup.

b. number of eggs.

c. burdens of egg retrieval.

d. quality of the eggs.

Answer: c

50. Steinbock says that a greater source of moral concern than offering payment for eggs is

a. failing to pay for eggs.

b. deceptive treatment of donors.

c. inadequate egg retrieval.

d. very large offers of money.

Answer: b

“Cloning Human Beings: An Assessment of the Ethical Issues Pro and Con,” Dan W. Brock

51. Brock concludes that the ethical pros and cons of human cloning lead to the tentative conclusion that

a. it should be used to alleviate infertility.

b. it seems to be a violation of moral or human rights.

c. there is a decisive case for never allowing it.

d. there is not an ethically decisive case either for or against permitting it or doing it.

Answer: d

52. Brock thinks the idea that human cloning would lessen the worth of individuals and diminish respect for human life is

a. a justified fear.

b. unjustified.

c. the main concern about human cloning.

d. accurate.

Answer: b

53. In the open-future arguments, Brock finds

a. powerful considerations against human cloning.

b. little merit.

c. strong reasons to oppose human cloning.

d. strong argument in favor or human cloning.

Answer: b

**Chapter 9: Genetic Choices**

**CHAPTER SUMMARY**

DNA makes up the chemical coding that directs the development and operation of cells, the fundamental components of every organism. **Genes**, the basic units of biological inheritance, are discrete segments of DNA strands. Genes in turn are organized into 46 **chromosomes**, arranged in 23 pairs. According to the instructions written in genes, a human organism is produced and sustained, and a large portion of its characteristics is determined. Mistakes, or mutations, in the DNA coding can lead to a variety of diseases and conditions, some of them grave.

**Genetic testing** involves procedures to check for genetic disorders by looking for changes in a person’s DNA. Common forms of testing include newborn screening; carrier, predictive, diagnostic, and prenatal testing; and preimplantation genetic diagnosis (PGD). Genetic tests rarely yield certain predictions. For several reasons, a positive test result does not guarantee the presence of a disorder, and a negative test result does not ensure its absence. Unfortunately, our ability to detect diseases through genetic testing has outstripped our power to treat many of them. Many moral questions that arise from genetic testing are about duties to warn family members when an inherited disorder is discovered, the obligation of physicians regarding patient autonomy and confidentiality, the permissibility of **genetic discrimination**, and the morality of using testing to avoid causing seriously disabled persons to exist.

**Gene therapy** is the manipulation of someone’s genetic material to prevent or treat disease. The somatic-cell type involves altering genes in a person’s body cells; the germ-line type entails modifying genes in egg and sperms cells and zygotes. Ethical issues concern the medical risks and benefits of the therapy, duties to use the procedures to prevent suffering, reproductive freedom, and the morality of practicing positive genetics.

Embryonic stem cells can be derived from blastocysts, aborted fetuses, research cloning, and— apparently—genetically engineered somatic cells. The core issue regarding them is whether it is morally permissible to destroy them in a search for cures. Those who assign personhood status to embryos say no. Those who reject that view may grant embryos no special status at all, or they may say that embryos are not persons but are still worthy of some respect. In either case, embryonic stem-cell research is thought to be permissible.

**KEY TERMS**

**chromosome** A string-like, gene-containing molecule in the nucleus of a cell.

**eugenics** The deliberate attempt to improve the genetic makeup of humans by manipulating reproduction.

**gene** The fundamental unit of biological inheritance.

**gene therapy** The manipulation of someone’s genetic material to prevent or treat disease.

**genetic discrimination** The use of genetic information by employers, insurance companies, and others to discriminate against or stigmatize people.

**genetic testing** Procedures used to check for genetic disorders by looking for changes in a person’s DNA.

**genome** An organism’s entire complement of DNA.

**STUDENT SELF-QUIZ QUESTIONS**

1. A common charge against genetic testing to prevent birth impairments is that it amounts to disrespect or discrimination against

a. people without genetic impairments.

b. older people.

c. people with disabilities.

d. minorities.

Answer: c

2. The use of genetic information by employers, insurance companies, and others to discriminate against or stigmatize people is known as

a. genetic testing.

b. genetic control.

c. unauthorized testing.

d. genetic discrimination.

Answer: d

3. Gene therapy in germ-line cells is currently

a. routine.

b. not feasible.

c. low risk.

d. widely accepted.

Answer: b

4. The deliberate attempt to alter the genetic makeup of humans by manipulating reproduction is known as

a. germ-line therapy.

b. somatic cell therapy.

c. eugenics.

d. gene activation.

Answer: c

5. Most of the moral controversy over embryonic stem cells has focused on their source, which is mainly

a. adult stem cells.

b. umbilical cords.

c. blastocysts.

d. bone marrow.

Answer: c

6. Many gene therapies have been approved for routine use.

a. True

b. False

Answer: b

7. Physicians have debated whether they should reveal to a patient the results of a genetic test showing that they are at high risk for an unpreventable, untreatable disease.

a. True

b. False

Answer: a

8. The core question in public disputes about embryonic stem cells is whether it is morally permissible to destroy human embryos in a search for cures.

a. True

b. False

Answer: a

9. Genetic testing is now available for over 1,000 diseases.

a. True

b. False

Answer: a

10. Genetic tests almost always yield definitive answers.

a. True

b. False

Answer: b

**TEST BANK**

**Multiple Choice Questions**

1. Some argue that gene therapy should *not* be permitted because it amounts to

a. abortion.

b. eugenics.

c. genetic repair.

d. treatment of disease.

Answer: b

2. Negative eugenics is widely regarded as

a. permissible or obligatory.

b. impermissible.

c. impossible.

d. prohibited.

Answer: a

3. Those who believe that embryos have the moral status of persons are likely to view embryonic stem cell research as

a. moral.

b. morally ambiguous.

c. immoral.

d. amoral.

Answer: c

4. Those who believe that early embryos have less than full moral status but are still deserving of some respect usually regard embryonic stem cell research as

a. morally impermissible.

b. morally acceptable.

c. harmful.

d. permissible without limits.

Answer: b

5. Preimplantation genetic diagnosis (PGD) is

a. inexpensive.

b. dangerous.

c. common.

d. not yet feasible.

Answer: c

6. DNA has the molecular architecture of a

a. single helix.

b. double helix.

c. polyhedron.

d. vortex.

Answer: b

7. An organism’s entire complement of DNA is known as its

a. genome.

b. chromosomes.

c. nucleus.

d. blastocyst.

Answer: a

8. Genes are neatly organized into 46 stringlike molecules known as

a. genomes.

b. chromosomes.

c. nuclei.

d. blastocysts.

Answer: b

9. \_\_\_\_\_\_\_ testing is a form of genetic testing used to determine if a fetus has genetic abnormalities likely to cause physical or mental impairments.

a. Carrier

b. Diagnostic

c. Preimplantation genetic

d. Prenatal

Answer: d

10. \_\_\_\_\_\_\_ testing is a form of genetic testing used to determine whether someone possesses a mutated gene that could transmit an autosomal recessive disorder to a child if both parents have mutated gene.

a. Carrier

b. Diagnostic

c. Preimplantation genetic

d. Prenatal

Answer: a

11. \_\_\_\_\_\_\_ testing is a form of genetic testing used to confirm or rule out a genetic disorder in someone with symptoms.

a. Carrier

b. Diagnostic

c. Preimplantation genetic

d. Prenatal

Answer:

12. A physician who argues in favor of restricting access to genetic tests because genetic self-knowledge causes psychological harms, and patients cannot understand the complexities and implications of genetic information, is reasoning using

a. the principle of nonmaleficence.

b. the principle of utility.

c. paternalism.

d. the principle of respect for persons.

Answer: c

13. Gene therapyis the manipulation of someone’s genetic material to prevent or treat disease by

a. replacing a missing or defective gene with a normal one.

b. repairing a faulty gene so it will function properly.

c. activating or deactivating a gene (switching it on or off).

d. All of the above

Answer: d

14. A \_\_\_\_\_\_\_ would argue against pre-natal testing and PGD because they usually lead directly to selective abortion and embryo selection—clear violations of the unborn’s right to life.

a. Kantian

b. rule-utilitarian

c. act-utilitarian

d. Catholic natural law theorist

Answer: d

15. A \_\_\_\_\_\_\_ would likely find somatic-cell gene therapy morally permissible.

a. Kantian

b. utilitarian

c. Catholic natural law theorist

d. All of the above

Answer: d

**True/False Questions**

16. Even when genetic tests correctly predict a genetic disorder, they usually cannot foretell how severe its symptoms will be or when they will appear.

a. True

b. False

Answer: a

17. Direct-to-consumer genetic tests are reliable, useful, and safe.

a. True

b. False

Answer: b

18. Many symptomless people at risk for Huntington’s disease decide not to be tested.

a. True

b. False

Answer: a

19. Genetic discrimination is prohibited by law.

a. True

b. False

Answer: a

20. Julian Savulescu argues that genetic enhancement is *not* morally permissible.

a. True

b. False

Answer: b

21. Every state mandates some kind of newborn screeningto uncover genetic diseases for early treatment.

a. True

b. False

Answer: a

22. Every state mandates some kind of preimplantation genetic diagnosis (PGD)to test embryos produced through in vitro fertilization (IVF) for genetic abnormalities.

a. True

b. False

Answer: b

23. Gene therapy is often accomplished using virus carriers.

a. True

b. False

Answer: a

24. Somatic-cell gene therapy involves altering genes in a person’s body, such as liver or muscle cells, to treat an existing disorder.

a. True

b. False

Answer: a

25. Germ-line cell gene therapy alterations are not inheritable—they cannot be passed on to the person’s offspring.

a. True

b. False

Answer: b

26. The safety concerns surrounding somatic-cell gene therapy are so worrisome that it is generally thought to be morally unacceptable.

a. True

b. False

Answer: b

27. Embryonic stem cells can reproduce indefinitely.

a. True

b. False

Answer: a

28. Most of the moral controversy over embryonic stem cells has focused on their source.

a. True

b. False

Answer: a

29. Scientists are now able to genetically reprogram ordinary human skin cells to take on the characteristics of embryonic stem cells.

a. True

b. False

Answer: a

30. A utilitarian would almost certainly would argue that prenatal testing and PGD (combined with selective abortion and embryo selection) are morally acceptable.

a. True

b. False

Answer: a

**Short Answer Questions**

31. Explain the social justice objection to genetic enhancement.

Answer: Genetic enhancement of physical and mental traits would give some people an unfair advantage over others with respect to competitive goods like beauty, sociability, and intelligence. Only those who could afford the technology would have access to it, and many people are financially worse off than others through no fault of their own. This would mean genetic enhancement could result in deep injustice and widen already existing social and economic inequality.

32. Genetic testing can create tension between our right to autonomy (in particular, privacy) and the duty to warn. Describe why these tensions arise and give an example.

Answer: These cases arise when others might be affected by the knowledge that results from one’s genetic test. Although the principle of autonomy suggests that one should be permitted to make choices affecting one’s own life (including when to reveal details of one’s health), if there is a chance that others might be affected by the results of a genetic test (e.g., family members), many think there is an equal duty to warn them of the dangers—especially if it might make a difference in their own treatment and outcome.

33. What is genetic discrimination and how might it be used in ethically problematic ways?

Answer: Genetic discrimination is the use of genetic information by employers, insurance companies, and others to discriminate against or stigmatize people. Many fear that employers may use genetic information to decide whether to hire or fire them, weeding out those who may be healthy now but at risk for future diseases that could reduce productivity. They are also afraid that to cut costs, insurance companies will deny them health coverage or cancel it because genetic tests suggest a likelihood of eventual illness.

34. Some have argued in favor of selective abortion and embryo selection on the grounds that the resulting child would be better off if the impairment were prevented, but philosophers have thought this notion incoherent. Briefly explain the philosophers’ position.

Answer: It would not be better for the person with the disability to have had it prevented since that can only be done by preventing them from ever having existed at all; preventing the handicap would deny the individual a worthwhile life.

35. A common charge against genetic testing to prevent birth impairments is that it amounts to disrespect or discrimination against people with disabilities. Briefly explain this position.

Answer: Opponents claim that the main purpose of this kind of genetic testing is to prevent the existence of the disabled and make possible the existence of the normal, and that fact sends a message of disrespect to people now living with disabilities. The message is that it would be better if disabled people did not exist.

**Questions for Readings**

“Genetics and Reproductive Risk: Can Having Children Be Immoral?,” Laura M. Purdy

36. Purdy contends that to reproduce children when we know there is a high risk of transmitting a serious disease or defect is

a. unfortunate but not morally impermissible.

b. morally wrong.

c. sometimes morally right.

d. morally permissible.

Answer: b

37. Purdy argues that we have an obligation to provide each child with something like a

a. minimally satisfying life.

b. maximally satisfying life.

c. life more satisfying than most.

d. life of above average satisfaction.

Answer: a

38. Purdy argues that until we can be assured that Huntington’s disease does not prevent people from having a minimally satisfying life, individuals at risk for the disease have a moral duty to

a. remain childless.

b. have very few children.

c. try not to bring affected babies into the world.

d. wait until a cure is found for the disease.

Answer: c

“The Morality of Screening for Disability,” Jeff McMahan

39. McMahan argues that to deliberately cause a disabled child to exist instead of a healthy child is

a. wrong.

b. morally permissible.

c. morally neutral.

d. possibly wrong.

Answer: a

40. McMahan says that common objections to using screening technologies to avoid giving birth to a disabled child imply that it is wrong to

a. have a disabled child.

b. have children.

c. try to avoid having a disabled child.

d. use technology.

Answer: c

41. McMahan says that a common objection is that screening and selection are

a. dangerous.

b. unnatural.

c. discriminatory.

d. unpredictable.

Answer: c

“Genetic Dilemmas and the Child’s Right to an Open Future,” Dena S. Davis

42. Davis points out that genetic counselors are strongly committed to

a. respecting fetal autonomy.

b. the principle of justice.

c. respecting patient autonomy.

d. consequentialism.

Answer: c

43. Davis argues that deliberately creating a deaf child

a. does not necessarily count as a moral harm.

b. is neither moral nor immoral.

c. does not diminish a child’s right to an open future.

d. counts as a moral harm.

Answer: d

44. Davis thinks a liberal state’s attitude toward communities unsympathetic to the liberal value of individual choice should be one of

a. intolerance.

b. limited tolerance.

c. tolerance.

d. disapproval.

Answer: c

“Disowning Knowledge: Issues in Genetic Testing,” Robert Wachbroit

45. Wachbroit says that when physicians restrict genetic information out of concern that the information might cause social or psychological harm to patients, they are practicing

a. responsible medicine.

b. resurgent paternalism.

c. benign paternalism.

d. unjust choice.

Answer: b

46. Wachbroit contends that there is no right to

a. informed consent.

b. nongenetic testing.

c. genetic testing.

d. basic testing.

Answer: c

47. Wachbroit points out that one harm of knowing one’s genetic condition arises from

a. very accurate testing.

b. ignorance of one’s genetic condition.

c. the prospect of job relocation.

d. the prospect of discrimination or insurance coverage.

Answer: d

“The Non-Identity Problem and Genetic Harms—The Case of Wrongful Handicaps,” Dan W. Brock

48. Brock argues that a failure to prevent a serious disability

a. cannot wrong the child.

b. can wrong the child.

c. can wrong the parents.

d. both can and cannot wrong the child.

Answer: a

49. According to Brock, claiming that a seriously impaired child would be better off if the impairment were prevented is

a. coherent.

b. reasonable.

c. incoherent.

d. logical.

Answer: c

50. Brock argues that for “non-person-affecting” reasons, failing to prevent a serious disability is

a. sometimes wrong.

b. permissible.

c. wrong.

d. never wrong.

Answer: c

“Is Gene Therapy a Form of Eugenics?,” John Harris

51. Harris evaluates the idea that although we have an obligation to cure disease, we do not have an obligation to

a. maintain normal health.

b. prevent disease.

c. cure sickness.

d. improve upon or enhance normal health.

Answer: d

52. Harris tries to rebut the idea that attempts to produce fine healthy children might be

a. morally permissible.

b. wrongful.

c. obligatory.

d. underused.

Answer: b

53. Harris argues that between attempts to cure dysfunction and attempts to enhance function (where the enhancement protects life or health), there is

a. no moral difference.

b. a vast moral difference.

c. both a legal and moral difference.

d. only a medical difference.

Answer: a

“Genetic Enhancement,” Walter Glannon

54. Glannon argues that genetic enhancement is

a. morally legitimate.

b. technologically impossible.

c. morally illegitimate.

d. morally neutral.

Answer: c

55. Glannon claims that genetic enhancement that gives some people an advantage over others in possessing competitive goods would be

a. beneficial.

b. unfair.

c. just.

d. morally permissible.

Answer: b

56. Glannon argues that inequalities resulting from enhancements above the baseline of normal physical and mental functioning could threaten to undermine the conviction in the fundamental importance of

a. equality.

b. superior abilities.

c. personal wellness.

d. physical identity.

Answer: a

“Genetic Interventions and the Ethics of Enhancement of Human Beings,” Julian Savulescu

57. Savulescu maintains that enhancement is

a. immoral.

b. a moral obligation.

c. unobjectionable.

d. objectionable.

Answer: b

58. Savulescu argues that enhancement is no different than

a. cosmetic changes.

b. preventing cancer.

c. treating disease.

d. monitoring biological changes.

Answer: c

59. Savulescu asserts that biological manipulation to increase opportunity is

a. dishonest.

b. unethical.

c. ineffective.

d. ethical

Answer: d

“Germ-Line Gene Therapy,” LeRoy Walters and Julie Gage Palmer

60. Walters and Palmer argue that germ-line genetic intervention may be the only way to prevent damage to individuals caused by

a. environmental anomalies.

b. solar radiation.

c. genetic defects.

d. aging.

Answer: c

61. A consideration against germ-line gene therapy says that if germ-line gene therapy has negative effects, those effects will impact both the recipient of the intervention as well as

a. all the recipient’s descendants.

b. the recipient’s relatives.

c. the first generation after the recipient.

d. the second generation after the recipient.

Answer: a

62. Walters and Palmer contend that research with early human embryos that is directed toward the development of germ-line gene therapy is

a. not morally justified.

b. dangerous.

c. untenable.

d. morally justified in principle.

Answer: d

“What Does ‘‘Respect for Embryos’ Mean in the Context of Stem Cell Research?,” Bonnie Steinbock

63. Steinbock argues that embryos

a. have less than full moral status.

b. have full moral status.

c. are due the same respect that we give persons.

d. are no respect.

Answer: a

64. Steinbock says that respect for embryos

a. requires refraining from research.

b. does not require refraining from research.

c. requires a ban on research.

d. requires an official pause in research.

Answer: b

65. Steinbock says that respect for embryos is demonstrated by

a. not restricting their use in any way.

b. restricting their use to important ends.

c. never using embryos in research.

d. not creating embryos in a lab.

Answer: b

“Declaration on the Production and the Scientific and Therapeutic Use of Human Embryonic Stem Cells,” Pontifical Academy for Life

66. According to the position statement by the Pontifical Academy for Life, producing or using living human embryos to obtain embryonic stem cells is

a. a practice subject to further study.

b. morally permissible.

c. not yet scientifically feasible.

d. morally impermissible.

Answer: d

67. The Pontifical Academy for Life declares that a living human embryo is a human individual

a. with a right to its own life.

b. with a right to be used with care.

c. that may benefit from intervention.

d. whose stem cells can be used only to achieve therapeutic goods.

Answer: a

68. The Pontifical Academy for Life asserts that engaging in therapeutic cloning is

a. morally licit.

b. possibly morally illicit.

c. morally illicit.

d. morally licit in a few circumstances.

Answer: c

**Chapter 10:** **Euthanasia and Physician-Assisted Suicide**

**CHAPTER SUMMARY**

**Euthanasia** is directly or indirectly bringing about the death of another person for that person’s sake. A common distinction is that **active euthanasia** involves performing an action that directly causes someone’s death, while **passive euthanasia** is allowing someone to die by not doing something to prolong life. **Voluntary euthanasia** is performed when competent patients request or agree to it; **nonvoluntary euthanasia**, when patients are not competent to choose for themselves and have not previously disclosed their preferences. **Involuntary euthanasia**, both illegal and morally impermissible, is bringing about someone’s death against their will or without asking for their consent. In **physician-assisted suicide**, a patient takes his own life with the help of a physician.

Traditionally, death has been understood as the cessation of breathing and heartbeat, but medical advances have rendered this notion problematic. The *whole brain* view is now the standard in legal and medical matters. It says that an individual should be judged dead when all brain functions permanently stop. Many experts object to this definition because some physiological processes such as respiration are partly independent of brain functions, a fact that would suggest on the whole brain view that individuals in persistent vegetative states with some brain activity must be considered alive. An alternative notion is the *higher brain* standard, which asserts that individuals are dead when the higher brain functions responsible for consciousness permanently close down. This view implies that those in persistent vegetative states whose higher brain functions have irreversibly ceased are dead.

The main argument for the moral permissibility of active voluntary euthanasia is an appeal to autonomy. It contends that respecting people’s inherent right of self-determination means respecting their autonomous choices about ending their lives. Another major argument appeals to the principle of beneficence, or mercy: if we are in a position to relieve the severe suffering of another without excessive cost to ourselves, we have an obligation to do so.

An important argument against active voluntary euthanasia appeals to the supposed moral difference between killing and letting die. Killing is thought to be worse than letting die, so giving a patient a lethal injection to affect an easy death is wrong, but disconnecting their feeding tube may be permissible. Critics argue that there is no morally significant difference between these two. Those opposed to voluntary euthanasia make a related distinction between intending someone’s death and not intending but foreseeing it. The former is said to be wrong; the latter, permissible. Many are skeptical of this distinction as well.

Very often, cases against active euthanasia and physician-assisted suicide are built on slippery-slope arguments, which contend that allowing these practices would inevitably lead to abuses, most notably unjustified killing. Typically, both those who make these arguments and those who criticize them appeal to empirical data on the legalized use of euthanasia or physician-assisted suicide in Oregon or the Netherlands. But the data are sparse and subject to much debate, leaving the key premise in most slippery-slope arguments weak.

**KEY TERMS**

**active euthanasia** Performing an action that directly causes someone to die; “mercy killing.”

**euthanasia** Directly or indirectly bringing about the death of another person for that person’s sake.

**involuntary euthanasia** Bringing about someone’s death against her will or without asking for her consent although she is competent to decide.

**nonvoluntary euthanasia** Euthanasia performed when patients are not competent to choose it for themselves and have not previously disclosed their preferences.

**passive euthanasia** Allowing someone to die by not doing something that would prolong life.

**physician-assisted suicide** A patient’s taking his or her own life with the of aid of a physician.

**voluntary euthanasia** Euthanasia performed when competent patients voluntarily request or agree to it.

**STUDENT SELF-QUIZ QUESTIONS**

1. Performing an action that directly causes someone to die—what most people think of as “mercy killing”—is called \_\_\_\_\_\_\_ euthanasia.

a. passive

b. voluntary

c. active

d. involuntary

Answer: c

2. Passive euthanasia (both voluntary and nonvoluntary) is

a. unlawful.

b. denounced by the medical profession.

c. legally equivalent to physician-assisted suicide.

d. legal.

Answer: d

3. The definition of death that has become the standard in legal and medical matters is called the

a. higher brain theory.

b. whole brain view.

c. traditional view.

d. mind–body theory.

Answer: b

4. The strongest argument offered to support active voluntary euthanasia is derived from

a. the principle of justice.

b. theological considerations.

c. the principle of autonomy.

d. paternalism.

Answer: c

5. Those who oppose euthanasia often draw a sharp distinction between

a. autonomy and paternalism.

b. beneficence and nonmaleficence.

c. killing and letting die.

d. mercy and negligence.

Answer: c

6. The American Medical Association has denounced physician-assisted suicide as unethical and inconsistent with physicians’ duty to promote healing and preserve life.

a. True

b. False

Answer: a

7. Some argue against active voluntary euthanasia by advancing a distinction between *intending* someone’s death and *not intending but foreseeing* it.

a. True

b. False

Answer: a

8. In a recent survey, a large majority of adults said that doctors should be allowed by law to end a patient’s life by some painless means if the patient’s disease cannot be cured and if the patient and their family request it.

a. True

b. False

Answer: a

9. Ethicists agree that no one ever has a duty to die.

a. True

b. False

Answer: b

10. Most ethicists agree that the horrific suffering of dying patients can always be relieved without resort to lethal means.

a. True

b. False

Answer: b

**TEST BANK**

**Multiple Choice Questions**

1. Some argue that directly intending a patient’s death may be permissible because, to the patient, death may

a. be a great harm.

b. be what the family wishes.

c. release physicians from responsibility.

d. not be a harm.

Answer: d

2. One question of particular interest has been whether vulnerable groups—the elderly, the poor, uninsured people, racial and ethnic minorities, people with psychiatric illness, women, people with little education, and others—have been at greater risk of physician-assisted death. Research in both Oregon and the Netherlands has found \_\_\_\_\_\_\_ evidence that this is the case.

a. little or no

b. definitive

c. substantial

d. some

Answer: a

3. Peter Singer views the issue of euthanasia as a

a. classic utilitarian.

b. natural law theorist.

c. Kantian.

d. preference utilitarian.

Answer: d

4. Proponents of active voluntary euthanasia believe that the right to die

a. compels others to help someone die.

b. does not compel others.

c. justifies involuntary euthanasia.

d. applies only to the nonreligious.

Answer: b

5. In the *Cruzan* case, the Supreme Court recognized the right

a. of patients to commit suicide with assistance.

b. to physician-assisted suicide provided in the U.S. Constitution.

c. of patients to refuse treatment.

d. of active euthanasia.

Answer: c

6. \_\_\_\_\_\_\_ euthanasia is bringing about someone’s death against their will or without asking for their consent while they are competent to decide.

a. Voluntary

b. Nonvoluntary

c. Involuntary

d. Passive

Answer: c

7. At the request of the patient, a physician prescribes lethal doses of drugs for the patient to take to cause their death. This scenario is best described as

a. active voluntary euthanasia.

b. active nonvoluntary euthanasia.

c. passive voluntary euthanasia.

d. physician-assisted suicide.

Answer: d

8. According to the \_\_\_\_\_\_\_, an individual should be considered dead when the brain operations responsible for consciousness permanently shut down.

a. higher brain theory

b. whole brain view

c. traditional view

d. mind–body theory

Answer: a

9. According to the \_\_\_\_\_\_\_, an individual should be considered dead when their breathing and heartbeat cease.

a. higher brain theory

b. whole brain view

c. traditional view

d. mind–body theory

Answer: c

10. The argument that we have a duty to relieve the severe suffering of another through euthanasia if it will not cause excessive cost to ourselves is based on the principle of

a. autonomy.

b. beneficence.

c. nonmaleficence.

d. justice.

Answer: b

11. Giving a dying, suffering patient extremely high doses of analgesics to the point of unconsciousness and accelerated death is known as

a. the doctrine of double effect.

b. active euthanasia.

c. passive euthanasia.

d. terminal sedation.

Answer: d

12. The argument that allowing active euthanasia or physician-assisted suicide will inevitably lead to heinous extensions or perversions of the original practices is best characterized as a(n)

a. slippery slope argument.

b. red herring argument.

c. argument from mercy.

d. argument from utility.

Answer: a

13. Physician-assisted suicide is permitted in

a. the Netherlands.

b. Oregon.

c. both the Netherlands and Oregon.

d. neither the Netherlands nor Oregon.

Answer: c

14. Active voluntary suicide is permitted in

a. the Netherlands.

b. Oregon.

c. both the Netherlands and Oregon.

d. neither the Netherlands nor Oregon.

Answer: a

15. Passive voluntary suicide is permitted in

a. the Netherlands.

b. Oregon.

c. both the Netherlands and Oregon.

d. neither the Netherlands nor Oregon.

Answer: c

**True/False Questions**

16. Some argue that there is no morally significant difference between mercifully killing a patient and mercifully letting the patient die.

a. True

b. False

Answer: a

17. There is considerable agreement about the moral rightness of allowing a patient to die.

a. True

b. False

Answer: a

18. The human rights approach is the idea is that we can best achieve just distributions of health and health care by ensuring that human rights in general are respected.

a. True

b. False

Answer: a

19. James Rachels argues that there is no morally significant difference between killing and letting die.

a. True

b. False

Answer: a

20. For doctors and nurses, death has always been easy to correctly define.

a. True

b. False

Answer: b

21. Rule-utilitarian approaches always oppose euthanasia and assisted suicide.

a. True

b. False

Answer: b

22. Under Catholic principles, a physician must use every means possible to prolong a person’s life in every case.

a. True

b. False

Answer: b

23. Kant would clearly prohibit nonvoluntary euthanasia on persons who have lapsed into a persistent vegetative state.

a. True

b. False

Answer: b

24. A large majority of adults in the U.S. think that when a person has a disease that cannot be cured, doctors should be allowed by law to end the patient’s life by some painless means if the patient and the patient’s family request it.

a. True

b. False

Answer: a

25. *Active euthanasia* refers to situations in which competent patients voluntarily request or agree to euthanasia.

a. True

b. False

Answer: b

26. The thought behind the whole brain standard of death is that individuals are dead when they are no longer persons, regardless of what physiological activity persist.

a. True

b. False

Answer: b

27. Most people who support the autonomy argument think that having a right to die forces a duty on others (e.g., physicians) to help in the dying.

a. True

b. False

Answer: b

28. In the Netherlands, physician misconduct in euthanasia cases is extremely rare.

a. True

b. False

Answer: a

29. In the Netherlands, the percent of all deaths resulting from euthanasia rose between 1990 and 2015.

a. True

b. False

Answer: a

30. Most people on both sides of the euthanasia debate agree that the mere possibilityof abuses arising from allowing euthanasia or assisted suicide is in itself a good reason to ban the practices.

a. True

b. False

Answer: b

**Short Answer Questions**

31. What kinds of factors would an act-utilitarian have to consider when determining whether euthanasia is morally permissible?

Answer: An act-utilitarian would have to consider both the suffering of the person seeking to end their life and the psychological, social, and financial impact the patient’s death would have on family, friends, and caregivers. Depending on the net result of good that would result, euthanasia might or might not be morally permissible.

32. The natural law view in Roman Catholicism condemns both active and passive euthanasia. However, the doctrine of double effect offers another possibility for terminal patients struggling with severe pain. Explain how the doctrine of double effect might play a role in these cases.

Answer: The doctrine of double effect would not allow doctors to give high-dose analgesics to put patients out of their misery, but it would sanction their doing the same thing with the intention of easing pain though death is foreseen.

33. Explain Kant’s view on suicide and euthanasia.

Answer: On Kant’s view, suicide is prohibited because it treats persons as mere things and obliterates personhood. Suicide is impermissible under any condition because it “degrades human nature below the level of animal nature and so destroys it.” It is also apparent on Kant’s view that competent persons must not be killed or permitted to die.

34. Define the four kinds of euthanasia that have been the main focus in bioethics.

Answer: (1) Active voluntary—Directly causing death (mercy killing) with the consent of the patient; (2) Active nonvoluntary—Directly causing death (mercy killing) without the consent of the patient; (3) Passive voluntary—Withholding or withdrawing life-sustaining measures with the consent of the patient; (4) Passive nonvoluntary—Withholding or withdrawing life-sustaining measures without the consent of the patient

35. Present one serious obstacle to the argument that allowing active euthanasia or physician-assisted suicide will inevitably lead to heinous extensions or perversions of the original practices.

Answer: The key premise in this argument is an empirical claim that a policy permitting active voluntary euthanasia or assisted suicide will lead to unjustified killing. However, scientific research on the issue has been limited, so there isn’t much good empirical evidence that supports such a premise.

**Questions for Readings**

“Death and Dignity: A Case of Individualized Decision Making,” Timothy E. Quill

36. Quill thinks that all terminal cancer patients should

a. be treated as he treated Diane.

b. be treated with chemotherapy.

c. not necessarily be treated as he treated Diane.

d. take part in assisted suicide.

Answer: c

37. Quill says that thinking that people do not suffer in the process of dying is

a. a sound deduction.

b. realistic.

c. rational.

d. an illusion.

Answer: d

38. Quill says that for the dying, suffering can be lessened by a competent, caring physician

a. and sometimes it can be eliminated.

b. but it can in no way be eliminated or made benign.

c. and it can be made benign.

d. but its complete elimination takes time.

Answer: b

“Voluntary Active Euthanasia,” Dan W. Brock

39. Dan W. Brock argues that the possible good consequences of establishing a public policy of permitting voluntary active euthanasia

a. cannot outweigh the bad.

b. can outweigh the bad.

c. are negligible.

d. are irrelevant.

Answer: b

40. Brock argues that voluntary active euthanasia is morally permissible because

a. it is legal in most states.

b. of the value of the sanctity of life.

c. all voluntary actions are morally permissible.

d. of the values of self-determination and personal well-being.

Answer: d

41. According to Brock, self-determination is valuable because it

a. always trumps all other values.

b. permits people to live in accordance with their own conception of a good life.

c. allows people to resist the intrusion of physicians.

d. is recognized by the American Medical Association.

Answer: b

“When Self-Determination Runs Amok,” Daniel Callahan

42. Callahan maintains that there is an important moral difference between

a. killing and letting die.

b. allowing and letting to die.

c. killing and causing death.

d. culpability and blameworthiness.

Answer: a

43. Callahan thinks that abuse of a law permitting euthanasia

a. is probable but not inevitable.

b. not necessarily inevitable.

c. is inevitable.

d. is avoidable.

Answer: c

44. Callahan argues that a policy that lets physicians practice euthanasia will lead to

a. the hardening of moral judgments about killing and letting die.

b. better laws regulating physician-assisted suicide.

c. perversion of morality generally.

d. perversion of the profession of medicine.

Answer: d

“Active and Passive Euthanasia,” James Rachels

45. Regarding the traditional distinction between active and passive euthanasia, Rachels urges doctors

a. to practice civil disobedience.

b. to flout the law.

c. not to write it into official statements of medical ethics.

d. not to allow moral arguments to influence their views.

Answer: c

46. To argue against the traditional distinction between active and passive euthanasia, Rachels offers a famous thought experiment involving

a. John and Mary.

b. a famous violinist.

c. Baby Doe.

d. Smith and Jones.

Answer: d

47. Rachels argues that there really is no moral difference between active euthanasia and

a. direct killing.

b. passive euthanasia.

c. mercy killing.

d. killing to ease suffering.

Answer: b

“Dying at the Right Time: Reflections on (Un)Assisted Suicide,” John Hardwig

48. Hardwig argues that due to several problems near the end of life, we may have a duty to

a. die.

b. persevere.

c. live as long as possible.

d. help someone live.

Answer: a

49. Hardwig asserts that someone can be better off dead even if

a. their terminal illness goes into remission.

b. they have no terminal illness.

c. everything in their life is perfect.

d. their life is painless and purposeful.

Answer: b

50. Hardwig rejects the “individualistic fantasy” about ourselves that leads us to imagine that

a. our lives are intimately interwoven.

b. one life affects all the others.

c. we are tied together by multiple relationships.

d. lives are separate and unconnected.

Answer: d

“The Philosophers’ Brief,” Ronald Dworkin, Thomas Nagel, Robert Nozick, John Rawls, Thomas Scanlon, and Judith Jarvis Thomson

51. In “The Philosophers’ Brief,” the philosophers argue that state interests do not justify a categorical prohibition on all

a. living wills.

b. right-to-life petitions

c. assisted suicide.

d. suicides.

Answer: c

52. In “The Philosophers’ Brief,” the philosophers maintain that each individual has a right to make the most intimate and personal choices central to

a. the laws of the state.

b. personal dignity and autonomy.

c. the consensus of public opinion.

d. the values of one’s family.

Answer: b

53. In “The Philosophers’ Brief,” the philosophers say that the liberty interest asserted by the patient-plaintiffs is protected by the

a. Privacy Clause.

b. previous rulings of lower courts.

c. Freedom Clause.

d. Due Process Clause.

Answer: d

“Legalizing Assisted Dying Is Dangerous for Disabled People,” Liz Carr

54. Carr says that, unfortunately, people see assisted suicide for healthy, non-disabled persons as a tragedy, but they see assisted suicide for disabled persons as

a. understandable.

b. disastrous.

c. horrible.

d. intolerable.

Answer: a

55. Carr says that given such attitudes toward disabled persons, legalizing assisted dying could for them be

a. problematic

b. dangerous.

c. discriminatory.

d. upsetting.

Answer: b

56. Carr points out that in the context of economic arguments about health care and concerns about waste of resources, disabled people may be seen as

a. part of the puzzle.

b. benign.

c. just another expenditure.

d. a drain.

Answer: d

“’For Now I Have My Death,’ 1: The ‘Duty to Die’ Versus the Duty to Help the Ill Stay Alive” Felicia Ackerman

57. Ackerman criticizes the view of John Hardwig who argues that if you are old and had made sacrifices for your family and are now ill, and if keeping you alive takes a great deal of your family’s time and money, you have a duty to die (maybe a duty to commit suicide) to avoid burdening your family. She argues that Hardwig’s assumptions are

a. plausible but weak.

b. incoherent.

c. dubious.

d. unclear.

Answer: c

58. Ackerman believes that Hardwig’s views reflect

a. moral wisdom.

b. society’s bias against the old and ill.

c. unselfish perspectives on the family.

d. an accurate assessment of unacceptable family burdens.

Answer: b

59. Ackerman notes that Hardwig’s approach has the advantage of acknowledging the existence of

a. genuine conflicts of interest between patients and their families.

b. the unacceptably severe burdens that a dying patient can place on a family.

c. the distinction between the duty to die to avoid burdening your children and the duty to die to avoid burdening your spouse.

d. an immensely important duty to die.

Answer: a

*Vacco v. Quill*, U.S. Supreme Court

60. In *Vacco v. Quill*, the court finds that there is no constitutional right to

a. health insurance coverage for assisted dying.

b. a patient’s dying.

c. hospice care.

d. a physician’s help in dying.

Answer: d

61. In *Vacco v. Quill,* the court finds that each state

a. must rescind its own assisted dying laws.

b. may establish its own policy on assisted dying.

c. must enact its own law establishing a right to assisted dying.

d. is exempt from the Equal Protection Clause.

Answer: b

62. In *Vacco v. Quill*, the court finds that the distinction between refusing lifesaving medical treatment and assisted suicide is

a. irrational.

b. arbitrary.

c. valid.

d. nonexistent.

Answer: c

PART IV: JUSTICE AND HEALTH CARE
**Chapter 11:** **Dividing up Health Care Resources**

**CHAPTER SUMMARY**

The U.S. system of health care has been ailing—or failing, as some would say—for years. Its most obvious symptoms are 47 million uninsured people under age 65, soaring costs, and low grades on some measures of national health, such as infant mortality rates.

Debates about ethical allocations of health care resources often reduce to clashes between theories of **distributive justice**—that is, theories regarding the fair distribution of society’s benefits and burdens. **Libertarian theories of justice** say that the benefits and burdens of society should be distributed through the fair workings of a free market and the exercise of liberty rights of noninterference. The role of government is to protect the rights of individuals to freely pursue their own interests in the economic marketplace without violations of their liberty through coercion, manipulation, or fraud. On this view, no one has a right to health care. In **utilitarian theories of justice**, a just distribution of benefits and burdens is one that maximizes the net utility for society. Depending on calculations of net benefits, a utilitarian might endorse a system of universal health care insurance, or a qualified right to health care, or a two-tiered plan. **Egalitarian theories of justice** say that important benefits and burdens of society should be distributed equally. To achieve greater equality, the egalitarian would not be averse to mandating changes to the distribution of society’s goods or to interfering in the workings of a free market. Egalitarian theorists could consistently endorse several schemes for allocating health care, including systems that give equal access to all legitimate forms of health care, that offer a guaranteed minimal level of health care for everyone, or that provide care only to those most in need.

Some theorists assert the strong claim that people have a positive moral right to health care. Libertarians would reject this view, utilitarians could endorse a derivative right to health care, and egalitarians could favor a bona fide entitlement to a share of society’s health care resources. Some of the latter argue for a right to a decent minimum of health care.

Because people’s health care needs are virtually limitless and the supply of resources is always bounded, rationing of health care in some form is ever with us. The dilemmas of rationing arise most visibly and acutely on the level of individual patients and providers who must contend with scarce life-saving resources such as organ transplants. The central moral issue in these cases is what criteria should be used to decide which patients get transplants and who should make the decisions.

**KEY TERMS**

**distributive justice** Justice regarding the fair distribution of society’s advantages and disadvantages.

**egalitarian theories of justice** Doctrines affirming that important benefits and burdens of society should be distributed equally.

**libertarian theories of justice** Doctrines holding that the benefits and burdens of society should be distributed through the fair workings of a free market and the exercise of liberty rights of noninterference.

**managed care** A system for providing health care to a particular group of patients (members of the system) using restraints to control costs and increase efficiency.

**utilitarian theories of justice** Doctrines asserting that a just distribution of benefits and burdens is one that maximizes the net good (utility) for society.

**STUDENT SELF-QUIZ QUESTIONS**

1. The theory of justice insisting that the benefits and burdens of society should be distributed through the fair workings of a free market and the exercise of liberty rights of noninterference is

a. utilitarian.

b. Rawlsian.

c. libertarian.

d. egalitarian.

Answer: c

2. Tarantola and Gruskin argue for a human rights approach in

a. some hospitals.

b. healthy communities.

c. physician autonomy.

d. public health.

Answer: d

3. Allen Buchanan rejects

a. societal duties.

b. a right to a decent minimum of care.

c. rights of restitution.

d. prudential arguments.

Answer: b

4. In the United States, life expectancy at birth is 81.1 years. Life expectancy in Japan and France is

a. much lower.

b. about the same.

c. much higher.

d. slightly lower.

Answer: c

5. The United States has

a. less frequent hospital admissions for preventable diseases than in comparable countries.

b. lower rates of medical, medication, and lab errors than comparable countries.

c. higher five-year survival rates for certain cancers (colorectal, breast, and cervical, ages 15 and over) than in comparable countries.

d. the lowest rate of deaths amenable to health care among comparable countries.

Answer: c

6. Health insurance in the United States is so expensive that its high cost is the main reason for lack of coverage.

a. True

b. False

Answer: a

7. Critics of the United States health care system point to discrepancies between the huge expenditures for health care and surprisingly low grades on standard measures of national health.

a. True

b. False

Answer: a

8. Most wealthy nations can provide maximum health care for everyone.

a. True

b. False

Answer: b

9. The United States spends more on health care per capita than any other country.

a. True

b. False

Answer: b

10. Utilitarian theories of justice affirm that important benefits and burdens of society should be distributed equally.

a. True

b. False

Answer: b

**TEST BANK**

**Multiple Choice Questions**

1. Rationing on the level of the total health care system is known as

a. microallocation.

b. managed care.

c. distribution.

d. macroallocation.

Answer: d

2. The theory of justice most likely to insist on a system of universal health care is

a. libertarianism.

b. egalitarianism.

c. capitalism.

d. utilitarianism.

Answer: b

3. Norman Daniels believes that a right to health care can be derived from the principle of justice called

a. utilitarian opportunity.

b. fair equality of opportunity.

c. preventive care for all.

d. libertarian fairness.

Answer: b

4. A right not to be interfered with in obtaining something is known as a \_\_\_\_\_\_\_ right.

a. constitutional

b. civil

c. positive

d. negative

Answer: d

5. An August 2018 survey of public attitudes toward the Affordable Care Act showed that

a. most of those surveyed had an unfavorable opinion of ACA.

b. about 50 percent of those surveyed had a favorable opinion of ACA, while 40 percent voiced an unfavorable opinion.

c. almost everyone surveyed had a favorable opinion of ACA.

d. most respondents had no opinion of ACA.

Answer: b

6. A(n) \_\_\_\_\_\_\_ theory of justice insists that a just distribution of benefits and burdens is one that maximizes the net good (utility) for society.

a. utilitarian

b. Rawlsian

c. libertarian

d. egalitarian

Answer: a

7. The uninsured are less likely than the insured to get

a. needed medical treatment.

b. prescription drugs.

c. preventive tests.

d. All of the above

Answer: d

8. \_\_\_\_\_\_\_ justice concerns the fair distribution of society’s advantages and disadvantages, or benefits and burdens, including income, property, employment, rights, taxes, and public service.

a. Rawlsian

b. Utilitarian

c. Libertarian

d. Distributive

Answer: d

9. According to the \_\_\_\_\_\_\_ view of justice, the role of government is to protect the rights of individuals to freely pursue their own interests in the economic marketplace without violations of their liberty through coercion, manipulation, or fraud.

a. Rawlsian

b. utilitarian

c. libertarian

d. distributive

Answer: c

10. According to the \_\_\_\_\_\_\_ view of justice, no one has a right to health care.

a. Rawlsian

b. utilitarian

c. libertarian

d. distributive

Answer: c

11. QALYs are one tool used in the \_\_\_\_\_\_\_ approach to rationing health care.

a. Rawlsian

b. utilitarian

c. libertarian

d. distributive

Answer: b

12. Critics of QALYs object that they discriminate against

a. people with disabilities.

b. older people.

c. both people with disabilities and older people.

d. neither people with disabilities nor older people.

Answer: c

13. A(n) \_\_\_\_\_\_\_ would reject rationing health care based on the social value of one’s life.

a. Kantian

b. utilitarian

c. egalitarian

d. Both a and c

Answer: d

14. \_\_\_\_\_\_\_ concerns the health of whole populations.

a. Public health

b. Macroallocation

c. Microallocation

d. Positive rights

Answer: a

15. In the United States, many minorities have

a. poorer health than the rest of the population.

b. higher mortality than the rest of the population.

c. lower-quality health care.

d. All of the above

Answer: d

**True/False Questions**

16. Although the United States spends more on health care than any other country, the quality of the care is not obviously better overall than that of other countries.

a. True

b. False

Answer: a

17. Most people think that the government should *not* provide a national health care program for all Americans.

a. True

b. False

Answer: b

18. A right to health care is considered a positive right.

a. True

b. False

Answer: a

19. What a right to a decent minimum of care involves has been fairly easy to specify.

a. True

b. False

Answer: b

20. The rationing of health care has never been tried in the United States.

a. True

b. False

Answer: b

21. Researchers have estimated that the risk of death is 25 percent higher for the uninsured than the insured.

a. True

b. False

Answer: a

22. In the United States, life expectancy at birth (81.1 years) is lower than that of most of the other economically advanced countries.

a. True

b. False

Answer: a

23. The infant mortality rate in the United States is higher than any other developed country except Mexico.

a. True

b. False

Answer: a

24. A major provision of the Patient Protection and Affordable Care Act is that health insurers are barred from denying coverage to people for any reason, including health status, and from charging higher premiums based on health status and gender.

a. True

b. False

Answer: a

25. A libertarian would *not* be averse to mandating changes to the distribution of society’s goods or to interfering in the workings of a free market.

a. True

b. False

Answer: b

26. According to most libertarians, the enjoyment by everyone of the highest attainable standard of physical and mental health is in itself a recognized human right.

a. True

b. False

Answer: b

27. Organ transplants are an example of macroallocation.

a. True

b. False

Answer: b

28. QALYs gauge a treatment’s impact by considering only a patient’s length of life, not its quality.

a. True

b. False

Answer: b

29. Libertarians generally support positive rights.

a. True

b. False

Answer: b

30. Libertarians generally support negative rights.

a. True

b. False

Answer: a

**Short Answer Questions**

31. What is the *human rights approach* to health care?

Answer: We can best achieve just distributions of health and health care by ensuring that human rights (e.g., fair treatment, freedom from coercion, nondiscrimination, protection from abuse, equality) in general are respected. Respecting human rights contributes to well-being and health (including access to health care), and these positive contributions to health depend on respect for human rights.

32. How might a utilitarian justify a right to health care?

Answer: Utilitarians can admit a right to health care, though it would be what some have called a derivative right, a rule ultimately justified by assessments of utility.

33. What is a right to a “decent minimum” level of health care?

Answer: Everyone would have access to a minimal, basic array of health care resources. This tier of care would be universally available, publicly supported, and guaranteed for all in need. A second tier of additional health care services (elective or nonessential therapies, for example) would be available in the free marketplace for those who can afford them.

34. According to critics, how do QALYs discriminate against the disabled?

Answer: These objective measurements do not take into account the subjective nature of people’s assessments of the value of their own lives, and they often undervalue the quality of life enjoyed by those with disabilities. A paraplegic may value his life and think its quality extremely high despite his disability. A perfectly healthy person may think her life miserable despite a lack of physical ailments. The subjective valuation seems to be the important one, especially for those with disabilities, and it’s just what is ignored by QALYs.

35. Under what conditions would a libertarian support a cost-sharing system of health care?

Answer: A libertarian would accept a system of health care only if it is freely endorsed and financed by those who participate in it. For example, health insurance acquired through free choice by a group of private citizens to meet their own health care needs would be acceptable.

**Questions for Readings**

“Is There a Right to Health Care and, if So, What Does It Encompass?,” Norman Daniels

1. Daniels derives his argument for a right to health care from John Rawls’s principle of

a. fair equality of outcomes.

b. equals must be treated equally.

c. fair equality of opportunity.

d. equal shares of social benefits.

Answer: c

2. Daniels contends that adequate health care can protect or restore people’s

a. normal range of opportunities.

b. human rights.

c. sense of justice.

d. normal range of rights.

Answer: a

3. Daniels points out that in nearly every advanced industrial democracy in the world, there is a right to health care, since institutions exist to assure everyone access to needed services regardless of ability to pay. The notable exception is

a. Norway.

b. the United States.

c. France.

d. Canada.

Answer: b

“The Right to a Decent Minimum of Health Care,” Allen E. Buchanan

1. Buchanan argues that the notion of a universal right to a decent minimum of health care

a. is incoherent.

b. can justify a mandatory decent minimum policy.

c. is socialistic.

d. cannot justify a mandatory decent minimum policy.

Answer: d

2. Buchanan asserts that the claim that everyone is entitled to some minimum level, or welfare floor, of health is

a. plausible.

b. a realistic suggestion.

c. obviously implausible.

d. expresses a noble goal.

Answer: c

3. Buchanan says that the combined weight of arguments from special rights to health care can establish that the state should provide a decent minimum to

a. everyone.

b. particular individuals or groups.

c. all members of the armed forces.

d. all those in need.

Answer: b

“Rights to Health Care, Social Justice, and Fairness in Health Care Allocations: Frustrations in the Face of Finitude,” H. Tristram Engelhardt Jr.

1. Engelhardt asserts that a basic human secular moral right to health care

a. exists.

b. is plausible.

c. does not exist.

d. is inadequate.

Answer: c

2. Engelhardt distinguishes between losses that people suffer because of bad fortune and those caused by unfairness. The former do not establish a duty of aid to the unfortunate, but the latter may

a. constitute claims on others.

b. establish a duty of the state to render aid.

c. establish a duty of the state to provide an absolute minimum of health care.

d. constitute very restricted claims on others.

Answer: a

3. According to Engelhardt, providing the best possible health care for all and containing health care costs is

a. difficult but not impossible.

b. impossible.

c. feasible.

d. possible in some modern states.

Answer: b

“Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care,” The Commonwealth Fund

1. According to the “Mirror, Mirror” report, the U.S. health care system performs well in

a. the rate of deaths amenable to health care.

b. rates of medical, medication, and lab errors.

c. five-year survival rates for certain cancers and in mortality rates for breast and colorectal cancer.

d. quick access to a doctor or nurse.

Answer: c

2. According to the “Mirror, Mirror” report, the country among the eleven surveyed that has the highest overall performance ranking is

a. Australia.

b. the Netherlands.

c. the United States.

d. the United Kingdom.

Answer: d

3. Among the eleven countries included in the “Mirror, Mirror” study, the country with the worst health care performance ranking is

a. France.

b. the United States.

c. New Zealand.

d. Sweden.

Answer: b

“Public Health Ethics: Mapping the Terrain,” James F. Childress, et al.

1. According to Childress, et al., public health is primarily concerned with the

a. health of individuals with risk factors.

b. prevention of disease.

c. health of the entire population, rather than the health of individuals.

d. collection and use of epidemiological data.

Answer: c

2. According to Childress, et al., a key concept of morality in public health ethics is

a. consensus.

b. universalizability.

c. individualism.

d. scope.

Answer: b

3. According to Childress, et al., moral principles in public health are

a. absolutist.

b. autonomous.

c. political.

d. prima facie.

Answer: d

“Human Rights Approach to Public Health Policy,” D. Tarantola and S. Gruskin.

1. Tarantola and Gruskin argue that by ensuring that human rights in general are respected, we can

a. identify the most relevant absolutist moral principle.

b. ignore other prima facie moral considerations.

c. produce just distributions of health and health care.

d. evade the influence of national laws and international treaties.

Answer: c

2. Tarantola and Gruskin argue that both public health policy and human rights emphasize the importance of

a. outcome and impact.

b. consensus and political action.

c. education and wealth.

d. assessment and measurement.

Answer: a

3. Tarantola and Gruskin argue that the broad goals of health and human rights are

a. local and temporary.

b. mutually exclusive.

c. universal and culture bound.

d. universal and eternal.

Answer: d

**Chapter 12: Pandemic Ethics**

**CHAPTER SUMMARY**

The COVID-19 **pandemic** has been both a public health and moral challenge on a vast scale. It has forced moral choices on health care workers and on millions of others worldwide.

Science tells us that the pandemic is real, that it threatens multitudes, and that it can be—and has been—deadly. These facts alone cannot tell us what our moral obligations are when we are confronted by this plague, but our moral judgments must take the facts into account. To ignore the scientific evidence, to misunderstand it, or to fall for misinformation or half-truths is to risk bad moral choices and unsafe decisions.

Many moral questions about COVID-19 appear when health care workers try to decide how to allocate scarce medical resources, such as ventilators, ICU hospital beds, personnel, masks, PPE, medications, and vaccines. The decisions that must be made involve balancing moral principles, but a common difficulty is that even when we know what moral principles are relevant to a decision, they may conflict. For example, the principle of utility (i.e., maximize the number of lives saved) often conflicts with the principle of equity (i.e., every patient should get an equal chance to receive life-saving care). Ezekiel J. Emanuel and his colleagues have offered a strategy for reconciling the conflicts. They have identified four fundamental values that should govern decisions: maximizing the benefits produced by scarce resources, treating people equally, promoting and rewarding instrumental value, and giving priority to the worst off.

Even though science has identified the specific practices that can help defeat COVID-19, many people have been unwilling to adopt them. Some of the resistors are simply misinformed, some have prudential reasons, some have a deep distrust of experts, some hate being told what to do, and some have political motivations. Many people of color mistrust the government and health care institutions because of past discrimination and mistreatment. But many people offer moral arguments against compliance, most especially libertarian appeals to individual freedom. A common response to the libertarian view is the communitarian argument that what matters most is not individual liberty but the common good.

Scientific analyses and news accounts remind us that COVID-19 misinformation and disinformation can seriously harm people. Misinformation is a falsehood, a statement that is factually incorrect; disinformation is a deliberate falsehood, a lie. Either type of message—merely false or deliberately false—can have tragic consequences, and when it does, we might rightly judge the messengers as having acted not just rashly or recklessly but immorally. We can assign to them varying degrees of blame depending on their motives, awareness of their actions, and the degree of harm done.

**KEY TERMS**

**epidemic**  The phenomenon in which a disease occurs in larger numbers than expected in a particular population and geographic area.

**pandemic**  An epidemic that has spread worldwide.

**quarantine**  The separation from others of people who have been exposed to a disease.

**self-isolation**  The practice of asking people who are sick with a contagious disease or have symptoms to stay home and go out only in an emergency.

**triage** The sorting and allocation of treatments to patients in an emergency to maximize the number of survivors in medical emergencies.

**STUDENT SELF-QUIZ QUESTIONS**

1. A(n) \_\_\_\_\_\_\_ is a disease that occurs in larger numbers than expected in a particular population and geographic area.

a. pandemic

b. epidemic

c. endemic

d. outbreak

Answer: b

2. In order to maximize the number of lives saved (utility) one might need to discriminate against those with pre-existing medical conditions or who are of old age, because they have a lower chance for survival. This would be a violation of the principle of

a. beneficence

b. nonmaleficence

c. equity

d. autonomy

Answer: c

3. Many health care workers who were reluctant to get the COVID-19 vaccine cited the need for more

a. safety data

b. efficacy data

c. real-world proof

d. None of the above

Answer: c

4. Many people who resist public health recommendations do so on the basis of a moral appeal to individual freedom, which rest on the principle of

a. beneficence

b. nonmaleficence

c. equity

d. autonomy

Answer: d

5. The \_\_\_\_\_\_\_ argument is that what matters most is what is best for the community as a whole.

a. communitarian

b. libertarian

c. liberal

d. equity

Answer: a

6. Misinformation is always a deliberate falsehood or lie.

a. True

b. False

Answer: b

7. Risk of hospitalization from COVID-19 is higher for African Americans than for white, non-Hispanic persons.

a. True

b. False

Answer: a

8. The common cold is a form of coronavirus.

a. True

b. False

Answer: a

9. Most ethicists agree that in the context of COVID-19, there is good justification for making critical care decisions on the basis of social utility.

a. True

b. False

Answer: b

10. *Bullshitters* are people who are motivated to hold false beliefs despite contrary evidence and who may betray through their behavior some awareness of the truth.

a. True

b. False

Answer: b

**TEST BANK**

**Multiple Choice Questions**

1. Which of the following criteria for allocating scarce resources have been *rejected* by most ethicists?

a. Wealth

b. Political importance

c. Moral worth

d. All of the above

Answer: d

2. One nonmoral reason many Americans resisted official recommendation for containing the COVID-19 virus was

a. misinformation.

b. respect for autonomy.

c. appeal to the common good.

d. concerns about equity.

Answer: a

3. According to the \_\_\_\_\_\_\_ view, what matters most is not individual liberty but the common good, what’s best for the community as a whole.

a. libertarian

b. communitarian

c. Kantian

d. prudential

Answer: b

4. According to the \_\_\_\_\_\_\_ view, what matters most is individual freedom and a person’s right to direct their own life for themselves.

a. libertarian

b. communitarian

c. Kantian

d. prudential

Answer: a

5. According to Ezekiel J. Emanuel et al., in the context of a pandemic, the value of \_\_\_\_\_\_\_ is most important for resource allocation.

a. maximizing benefits

b. treating people equally

c. promoting and rewarding instrumental value

d. giving priority to the worst off

Answer: a

6. \_\_\_\_\_\_\_ are motivated to hold false beliefs despite contrary evidence.

a. Deliberate deceivers

b. Self-deceivers

c. Bullshitters

d. Communitarians

Answer: b

7. \_\_\_\_\_\_\_ knowingly traffic in lies to score partisan points, show support for their tribe, troll the opposition, exact revenge, or make a buck.

a. Deliberate deceivers

b. Self-deceivers

c. Bullshitters

d. Communitarians

Answer: a

8. \_\_\_\_\_\_\_ do not care whether what they say is true or false but do intend to deceive their audience about their motives.

a. Deliberate deceivers

b. Self-deceivers

c. Bullshitters

d. Communitarians

Answer: c

9. \_\_\_\_\_\_\_ means not believing a claim unless there are legitimate reasons for doing so.

a. Lateral reading

b. Vertical reading

c. Reasonable skepticism

d. Selective listening

Answer: c

10. Which of the following is a legitimate reason for rejecting a claim from a media source?

a. It contradicts your beliefs.

b. You do not like the source.

c. Your gut tells you not to trust the source.

d. You have read laterally and determined the source itself is heavily biased.

Answer: d

11. Consider the following scenario: James reads a web story about a shocking side effect of the COVID-19 vaccine that he’s never heard of before. He leaves the site after a quick look to see what other sources have to say about the person or organization behind the site. This best exemplifies

a. fake news.

b. vertical reading.

c. lateral reading.

d. absolute skepticism.

Answer: c

12. Which of the following is *not* a part of critical reading?

a. Rejecting all claims that lack explicitly cited support of experts

b. Accepting claims that are supported independently by reliable authorities, evidence, or other claims that you know to be true

c. Rejecting claims when there is good reason for believing them false

d. Suspending judgment on claims that you are unsure of, for it is unreasonable to accept a claim without good reasons

Answer: a

13. Reliable fact-checking organizations

a. explain their fact-checking methodology and disclose their sources.

b. disclose their funding sources.

c. might be partisan, but are an excellent source for fact-checking the opposition.

d. a and b

Answer: d

14. Which of the following could be held morally responsible for pushing COVID-19 falsehoods?

a. Deliberate deceivers

b. Self-deceivers

c. Bullshitters

d. All of the above

Answer: d

15. Which of the following are trustworthy fact-checking sites?

a. Snopes.com

b. Politifact.com

c. FactCheck.org

d. All of the above

Answer: d

**True/False Questions**

16. Ethicists generally agree that a first-come, first-served approach to allocating scarce resources should notbe used.

a. True

b. False

Answer: a

17. According to Ezekiel J. Emanuel et al., because maximizing benefits is paramount in a pandemic, removing a patient from a ventilator or an ICU bed to provide it to others in need is justifiable and patients should be made aware of this possibility at admission.

a. True

b. False

Answer: a

18. It is generally accepted that disability can be effectively used as a proxy for compromised health when making decisions regarding scarce resource allocation.

a. True

b. False

Answer: b

19. The efficacy of quarantine and self-isolation are highly disputed in the medical community.

a. True

b. False

Answer: b

20. According to Ezekiel J. Emanuel et al., critical COVID-19 interventions such as testing, PPE, ICU beds, ventilators, therapeutics, and vaccines should go first to front-line health care workers and others who care for ill patients or keep critical infrastructure operating.

a. True

b. False

Answer: a

21. According to Ezekiel J. Emanuel et al., a first-come, first-served allocation process should be used when patients have similar prognoses.

a. True

b. False

Answer: b

22. COVID-19 vaccines can alter people’s DNA and infect them with the virus.

a. True

b. False

Answer: b

23. Disinformation is factually incorrect on purpose.

a. True

b. False

Answer: a

24. Someone who believes that COVID-19 is not a threat just because it makes their favorite political leader look clueless is a self-deceiver.

a. True

b. False

Answer: a

25. Someone who paints themselves in a flattering light to present as something they are not is a self-deceiver.

a. True

b. False

Answer: b

26. Reasonable skepticism would lead one to reject any source that contradicts one’s deeply held beliefs.

a. True

b. False

Answer: b

27. When one reads laterally, one focuses on features of a site that might indicate how reliable it is (e.g., the site’s layout, design, name).

a. True

b. False

Answer: b

28. One benefit of reading laterally is that it helps one determine who is really behind the information they are seeing.

a. True

b. False

Answer: a

29. Someone who is reading critically starts from a position of mistrust for all sources in the mainstream media.

a. True

b. False

Answer: b

30. Although fact-checkers are responsible for rating the reliability of sources and truth claims, there is no way to readily identify the trustworthiness of fact-checkers.

a. True

b. False

Answer: b

**Short Answer Questions**

31. Explain how the principles of utility and equity often come into conflict regarding allocation of scarce resources.

Answer: Utility maximizes the number of lives saved, while equity that every patient should get an equal chance of receiving life-saving care. To maximize utility, one may need to discriminate against those who have lower chances of recovery. Considerations of equity would condemn such discrimination and require that everyone be given equal consideration.

32. Explain the autonomy-based argument that lying is morally wrong.

Answer: Lying is morally wrong because it undermines personal autonomy by interfering with a person’s rational capacity to make personal choices.

33. In what cases should self-deceivers be held morally responsible for their deception and for pushing the resulting falsehoods?

Answer: Self-deceivers can be held morally responsible if they intended to acquire the false beliefs or can recognize and resist the desires and emotions that distort their thinking.

34. What are the four steps in reading critically?

Answer: (1) Accept claims that are supported independently by reliable authorities, evidence, or other claims that you know to be true; (2) Accept claims that are adequately supported by the source itself through citations to other credible sources (experts, research, reports, etc.) or through references to supporting facts; (3) Reject claims when there is good reason for believing them false; (4) Suspend judgment on claims that you are unsure of.

35. Explain the difference between reading vertically and reading laterally and describe the benefits of reading laterally.

Answer: Reading laterally involves leaving a website after a quick look to see what other sources have to say about the person or organization behind the site. Reading vertically means one stays on a site, focusing only on features that are not sure indicators of reliability (e.g., the site’s layout, design, and authoritative-sounding name). Reading laterally allows one to quickly reach accurate conclusions about a site’s reliability by helping one (1) determine who is really behind the information you’re seeing; (2) uncover the purpose or motivation behind the information (is it to sell you something, persuade you to support a cause, push political views, report the news, or entertain you?); and (3) find out how credible the source of the information is.

**Chapter 13: Race, Racial Bias, and Health Care**

**CHAPTER SUMMARY**

Racism presupposes the idea that distinct races exist and that important, inherent differences among them can be distinguished. This presupposition alone, however, does not constitute racism. **Racism** is the additional belief that some races are inferior in these important ways or are otherwise deserving of dislike or hostility. The two essential elements in this definition are *inferiorization* and *antipathy*.

Racism is morally wrong, and also empirically wrong—it is based on assumptions about the world that science has shown to be unfounded. The consensus among scientists and scholars is that the traditional view of races—that there are distinct groups of people sharing significant biological characteristics—is false. But even though races in the biological sense do not exist, “racialized groups”—groups that people *believe* are discrete races and treat as such—do. Scholars contend that despite the nonexistence of biological race, giving up entirely our ability to talk and think about racialized groups and racial realities would have disastrous effects, which is why so many observers condemn the notion of racial color blindness.

Although some today believe racism and **racial discrimination** are a thing of the past, most experts who have studied racism and race relations strongly disagree. They say racism is indeed a significant problem in America, as evidenced by widespread racial inequalities at nearly every level of society. Many people understand racism as **individual racism**, person-to-person acts of intolerance or discrimination. But a prevalent, seldom-acknowledged kind of racism is **institutional or structural racism**, unequal treatment that arises from the way organizations, institutions, and social systems operate. An enormous body of sociological and historical evidence shows that huge inequalities between white people and people of color exist in education, wealth, health, and home ownership—and these disparities have been caused and perpetuated largely through discrimination, segregation, and other forms of structural racism.

Health disparities are differences among population groups in mortality and disease. For thirty years, researchers have been finding significant health disparities between white people and people of color, with the latter often faring worse. The most worrisome disparities can be found in infant mortality, life expectancy, and age-adjusted death rates. Research suggests that a significant cause of these disparities is various forms of structural racism.

Research reveals that a widespread problem in health care is **implicit bias**, a negative attitude toward a group of people that operates unintentionally or unconsciously. Decades of studies have demonstrated that virtually everyone has implicit biases, that discriminatory behavior can be predicted based on such biases, that implicit biases often have a more powerful impact on behavior than explicitly held beliefs, and that health care providers are not immune to this human failing.

Using race as a factor in determining appropriate treatment for patients has been called “race-based medicine.” Some physicians see race as a useful data point in customizing treatments for persons perceived to belong to particular racial groups. But a growing number of experts say the practice is built on a groundless supposition—that race is a reliable indicator of genetic differences—and that basing treatments on considerations of race may harm patients. They argue that using race this way is a form of racial profiling that is as morally suspect as racial profiling in law enforcement.

**KEY TERMS**

**implicit bias**  A negative attitude toward a group of people that operates unintentionally or unconsciously.

**individual racism** Person-to-person acts of intolerance or discrimination.

**institutional or structural racism**  Unequal treatment that arises from the way organizations, institutions, and social systems operate.

**racial discrimination** Unfavorable treatment of people because of their race.

**racial prejudice** Antipathy toward a racial group based on a faulty view of that group.

**racism** The belief that some races are inferior in important ways or are otherwise deserving of dislike or hostility.

**STUDENT SELF-QUIZ QUESTIONS**

1. The effort to prove that there are separate races, that race explains basic differences among people, that some races are superior to others, and that the White European race was superior to all is known as

a. scientific racism.

b. biological essentialism.

c. racial constructivism.

d. social Darwinism.

Answer: a

2. Consider this argument: Since society labels people according to racial categories, which often leads to race-based differences in resources, opportunities, and well-being, the concept of race must be conserved. This argument is known as

a. scientific racism.

b. biological essentialism.

c. racial constructivism.

d. social Darwinism.

Answer: c

3. Inferiorizing racism is morally wrong because it violates the fundamental moral principles of

a. respect for persons.

b. justice.

c. utility.

d. All of the above

Answer: d

4. \_\_\_\_\_\_\_ is a measure of the overall health of a population, typically expressed as the average number of years a newborn would be expected to live.

a. Wealth disparity

b. Health disparity

c. Life expectancy

d. Fertility rate

Answer: c

5. Racial discrimination can lead to health disparities via

a. increased levels of stress.

b. implicit bias of healthcare providers.

c. decreased socioeconomic status and decreased healthcare provider density.

d. All of the above

Answer: d

6. There is consensus among scientists that there are distinct groups of people sharing significant biological characteristics, and that race has a physical, scientific basis.

a. True

b. False

Answer: b

7. The idea that people can be divided into discrete groups based on their common biological and cultural traits originated in the ancient world.

a. True

b. False

Answer: b

8. Racism can harm people through institutions and procedures—even when the persons behind those systems do not themselves harbor any racial prejudice.

a. True

b. False

Answer: a

9. Researchers have found significant health disparities between white people and people of color, with the latter often faring worse.

a. True

b. False

Answer: a

10. Using race as a factor in diagnosis and treatment is an uncontroversial method of customizing patient treatment.

a. True

b. False

Answer: b

**TEST BANK**

**Multiple Choice Questions**

1. \_\_\_\_\_\_\_ describes person-to-person acts of intolerance or discrimination.

a. Structural racism

b. Individual racism

c. Inferiorizing

d. Racial antipathy

Answer: b

2. \_\_\_\_\_\_\_ describes unequal treatment on the basis of race that arises from the way organizations, institutions, and social systems operate.

a. Structural racism

b. Individual racism

c. Inferiorizing

d. Racial antipathy

Answer: a

3. \_\_\_\_\_\_\_ describes the treatment of certain groups as inferior to other groups.

a. Structural racism

b. Individual racism

c. Inferiorizing

d. Racial antipathy

Answer: c

4. \_\_\_\_\_\_\_ describes general racial bigotry, hostility, and hatred.

a. Structural racism

b. Individual racism

c. Inferiorizing

d. Racial antipathy

Answer: d

5. Racism is

a. morally wrong.

b. empirically wrong.

c. morally wrong and empirically wrong.

d. neither morally wrong nor empirically wrong.

Answer: c

6. The idea that people can be divided into discrete groups based on their common biological and cultural traits originated in the

a. ancient world.

b. sixteenth century.

c. pre-Civil War South.

d. 1960s.

Answer: b

7. Scientific research debunked the conclusions of scientific racism by showing that they were based on

a. obvious biases.

b. faulty assumptions.

c. methodological errors.

d. All of the above

Answer: d

8. Race constructivists argue that we still need the concept of race

a. because it is based in biological fact.

b. because race-based social grouping has led to differences in resources, opportunities, and well-being.

c. to facilitate race-based social movements or policies.

d. Both b and c

Answer: d

9. Racial discrimination can lead to health disparities because

a. residential segregation can exacerbate the rates of disease among people of color.

b. physicians can have subconscious biases that systematically differ so that people of color are treated worse than non-POC individuals.

c. chronic experiences of racial discrimination have deleterious effects on the physical and mental health of individuals.

d. All of the above

Answer: d

10. Using race as a factor in determining appropriate treatment for patients is called

a. implicit bias.

b. race-based medicine.

c. explicit bias.

d. inferiorization.

Answer: b

11. Race-based health disparities can be found in

a. infant mortality.

b. life expectancy.

c. age-adjusted death rates.

d. All of the above

Answer: d

12. \_\_\_\_\_\_\_ are differences among populations in mortality and disease.

a. Life expectancies

b. Age-adjusted death rates

c. Health disparities

d. Implicit biases

Answer: c

13. \_\_\_\_\_\_\_ reflect the degree to which fundamental living conditions of a society—socioeconomic, environmental, and health care related—help people live long and healthy lives.

a. Life expectancies

b. Age-adjusted death rates

c. Health disparities

d. Implicit biases

Answer: a

14. \_\_\_\_\_\_\_ sum up deaths in a population from all causes except old age.

a. Life expectancies

b. Age-adjusted death rates

c. Health disparities

d. Implicit biases

Answer: b

15. Residential segregation contributes to health disparities by

a. constraining opportunities to engage in recommended health behaviors, such as walking.

b. increasing implicit biases of healthcare providers

c. decreasing the altruism of healthcare providers.

d. All of the above

Answer: a

**True/False Questions**

16. Race is a social, as opposed to a biological, construction.

a. True

b. False

Answer: a

17. There are no general genes for race, such that, once identified, their presence could be used to predict secondary racial characteristics.

a. True

b. False

Answer: a

18. The consensus among scientists and scholars is that the traditional view of races—that there are distinct groups of people sharing significant biological characteristics—is wrong.

a. True

b. False

Answer: a

19. Racial health disparities are solely the result of differences in socioeconomic status (e.g., income, education).

a. True

b. False

Answer: b

20. Implicit bias is a highly controversial concept with little empirical evidence supporting its existence.

a. True

b. False

Answer: b

21. The vast majority of provider discrimination causing disparities is a product of explicit, not implicit, bias.

a. True

b. False

Answer: b

22. Studies of the genetic structure of human populations continue to find more variation within racial groups than between them.

a. True

b. False

Answer: a

23. The presuppositions that distinct races exist and that important, inherent differences among them can be distinguished alone constitute racism.

a. True

b. False

Answer: b

24. Racism is morally but not empirically wrong.

a. True

b. False

Answer: b

25. Research suggests that structural racism is a significant cause of race-based health disparities.

a. True

b. False

Answer: a

26. Implicit biases often have a more powerful impact on behavior than explicitly held beliefs.

a. True

b. False

Answer: a

27. Using algorithms for allocating health care to patients is the best way to end systematic discrimination.

a. True

b. False

Answer: b

28. U.S. infant mortality rates have decreased since 2005 for the overall population and within each racial and ethnic group.

a. True

b. False

Answer: a

29. Non-Hispanic Black mothers have a higher percentage of preterm births than any other racial or ethnic group.

a. True

b. False

Answer: a

30. Studies show that members of all groups, including white people, report experiencing racial discrimination.

a. True

b. False

Answer: a

**Short Answer Questions**

31. If race in the biological sense does not exist, why do scholars think we might still need the concept of race?

Answer: Even though races in the biological sense don’t exist, “racialized groups”—groups that people believe are discrete races and treat as such—do. Since such labeling often leads to race-based differences in resources, opportunities, and well-being, the concept of race must be conserved to facilitate race-based social movements or policies, such as affirmative action, that compensate for socially constructed but socially relevant racial differences.

32. What is the most widely accepted explanation for racial health inequalities?

Answer: Research shows that racial health inequities are due mostly to systemic social inequalities— that is, to persistent disadvantages in access to good health care, insurance, housing, education, income, employment, and working conditions.

33. Describe how racism is morally wrong by explaining how it violates the fundamental moral principles of respect for persons, justice, and utility.

Answer: Respect for persons is the principle that persons possess inherent worth and should be treated as such. Persons have rights—the rights of free expression, choice, and privacy, the right not to be coerced, enslaved, cheated, or discriminated against. Racism also violates the principle of justice, the idea that people should get what is fair or what is their due and that equals should be treated equally unless there is a morally relevant reason for treating them differently—and racial difference is not morally relevant. The principle of utility says we should produce the most favorable balance of benefit over harm for all concerned. Racist beliefs, words, and actions can do harm or lead to harm, and the harm is magnified when racism operates through organizations, corporations, governments, and the law.

34. Describe the problems with using race as a treatment determinant in health care.

Answer: Using race in deciding which treatment to use (if any) ignores intraracial differences. Race-based medicine assumes that race is the best predictor available, but the rate at which a drug is metabolized varies as a result of many factors, including environment and lifestyle. There is no reason to treat race as an independent variable that causes or explains differences in treatment response.

35. Identify three ways racial segregation drives health disparities.

Answer: Racial segregation exacerbates the rates of disease among people of color; can reduce the public's sense of urgency about the need to intervene; limits the socioeconomic resources available to residents of POC neighborhoods; reduces health care provider density; constrains opportunities to engage in recommended health behaviors such as walking; is associated with greater density of alcohol outlets, tobacco advertisements, and fast food; increases the risk for exposure to environmental hazards; and contributes to the mental and physical consequences of prevalent violence.