Bioethics: Principles, Issues, and Cases
By Lewis Vaughn

INSTRUCTOR'S MANUAL
TEST QUESTIONS

[Please note: Questions #1-10 of each chapter appear on the Student Resources section of the Companion Website]

Chapter 1 Moral Reasoning in Bioethics

1. Ethics is the study of morality using the tools and method of
*a. Philosophy
b. Science
c. Description
d. Sociology

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

3. A key feature of moral norms is
a. Moral relativism
*b. Normative dominance
c. Normative subjectivity
d. Partiality

4. A moral principle that applies in all cases unless an exception is warranted is
a. Absolute
*b. Prima facie
c. Relative
d. Void

5. The overriding of a person's actions or decision-making for his or her own good is known as
*a. Paternalism
b. Beneficence
c. Autonomy
d. Nonmaleficence

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

a. True
*b. False

7. Nonmaleficence is the bedrock precept of codes of conduct for health care professionals.
*a. True
b. False

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

9. Moral absolutism is the view that there are moral norms or principles that are valid or true for everyone.
a. True
*b. False

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

11. Cultural relativism logically entails tolerance for other cultures.
a. True
*b. False

12. If people's moral judgments differ from culture to culture, moral norms are relative to culture.
a. True
*b. False

13. Cultural relativism implies that we cannot legitimately criticize other cultures.
*a. True
b. False

14. All religious people accept the divine command theory.
a. True
*b. False

15. Logical argument and persuasion are essentially the same thing.
a. True
*b. False

16. A deductive argument is intended to give
a. Probable support to its conclusion
b. True support to its conclusion

*c. Logically conclusive support to its conclusion
d. Logically inconclusive support to its conclusion

17. 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

18. 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

19. 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

20. 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

Chapter 2 Bioethics and Moral Theories

1. A moral theory explains
a. Why one event causes another
b. Why an action is prudent
c. Why an action is effective or ineffective or why a person is reasonable or unreasonable
*d. Why an action is right or wrong or why a person or a person's character is good or bad

2. Consequentialist moral theories insist that the rightness of actions depends solely on
*a. Their consequences or results
b. Their intrinsic nature
c. The agent's motives
d. The agent's desires

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

4. Act-utilitarianism is the view that
a. The rightness of actions depends solely on the character of the agent
*b. The rightness of actions depends solely on the relative good produced by individual actions
c. The rightness of actions depends on both the relative good produced by individual actions and the conformity to rules
d. The rightness of actions depends on a good will

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

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

7. Natural law tradition resolves dilemmas through the principle of utility.
a. True
*b. False

8. Rawls's equal liberty principles says 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

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

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

11. Moral theories are not relevant to our moral life.
a. True
*b. False

12. 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

13. Rule-utilitarianism is the idea that the rightness of actions depends solely on the relative good produced by individual actions.
a. True
*b. False

14. Classic utilitarianism depends heavily on a strong sense of impartiality.
*a. True
b. False

15. Kant's categorical imperatives are absolutist.
*a. True
b. False

16. Kant's principle of respect for persons says that we should always treat persons
a. 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

17. 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

18. The primary inspiration for contemporary versions of virtue ethics is
a. John Rawls
b. Socrates
*c. Aristotle
d. Thomas Aquinas

19. 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

20. Any moral theory that is inconsistent with the facts of the moral life is
*a. Problematic

b. Acceptable
c. Certainly false
d. Salvageable

Instructor's Manual and Test Bank to Accompany

Bioethics

Principles, Issues, and Cases
Fourth Edition

by Lewis Vaughn

TABLE OF CONTENTS

INTRODUCTION

Many reviewers of this text said they wanted certain kinds of supplemental material. This manual tries to supply it. The text's existing pedagogy is already more substantial than that of other books of this kind. It includes the following:

- Brief synopses of each reading
- End-of-chapter summaries
- End-of-chapter cases for evaluation (actual news stories)
- Sections that examine classic cases in bioethics
- A bibliography for each ethical issue
- End-of-chapter lists of key terms
- A variety of text boxes adding background information, illustrations, and analyses
- Sections demonstrating how the major moral theories can be applied to the issues

This manual supplements these aids with the following:

- A set of essay questions for each reading
- A bank of test questions (multiple choice and true/false) for each chapter
- Sample syllabi/course schedules
- A chapter-by-chapter list of key terms
- Useful web links

The test questions as well as the essay questions should be especially helpful. The test questions are designed as chapter quizzes but will work equally well as study questions. The essay questions for each reading can also be used as a short quiz or as additional study questions. They can even be merged into a larger bank and used to test the students' grasp of a whole chapter.

SAMPLE SYLLABI/COURSE SCHEDULES

Although this text can accommodate a variety of course designs and teaching styles, a majority of teachers are likely to fit their plans into one of two broad approaches. The option probably used by most is to begin the course with substantial introductory material (intro to ethics and bioethics, moral principles and theories, moral reasoning, etc.) and then turn to a half dozen or more major bioethical issues and their accompanying cases. The text supports this approach by showing in later chapters how the introductory concepts apply to each issue examined. Some teachers will prefer to devote only one week to this initial groundwork; others will take up to three weeks. The material in this text's two introductory chapters can easily fill either time frame. The second approach is to provide a much briefer introduction to bioethics and quickly plunge into a larger set of issues and cases.

With either option, the text offers pedagogical features that can add depth and breadth to the coverage of issues: presentations of classic cases, sets of newsworthy cases for evaluation, suggestions for further reading, chapter summaries, and a variety of text boxes that give additional background on the issues (legal, medical, scientific, statistical, and social).

Here's how these two basic approaches could be mapped out.

Sample 1: A course with a substantial introduction.

Week	Topic
1	Introduction to ethics and bioethics, ethical relativism, ethics and religion
2	Moral principles in bioethics, critical thinking, moral arguments
3	Moral theories, utilitarianism, Kantian ethics, natural law theory, Rawls' theory, virtue ethics, the ethics of care, feminist ethics
4	Paternalism, patient autonomy, truth-telling
5	Confidentiality, informed consent
6	Euthanasia and physician-assisted suicide
7	Abortion
8	Reproductive technology, cloning
9	Surrogacy
10	Genetic choice, genetic testing
11	Gene therapy, stem cells
12	Research ethics
13	Research ethics
14	Justice in health care, right to health care
15	Resource allocation, rationing

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Sample 2: A course providing a minimal introduction.

Week	Topic
1	Introduction to bioethics, paternalism, patient autonomy
2	Truth-telling, confidentiality
3	Informed consent
4	Human research, Tuskegee, Nazi doctors, clinical trials
5	Research and informed consent, research on the vulnerable
6	Euthanasia, concepts of death
7	Physician-assisted suicide
8	Abortion
9	Reproductive technology, IVF
10	Cloning
11	Surrogacy
12	Genetic choice, genetic testing
13	Gene therapy, stem cells
14	Justice in health care, right to health care
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READING SUMMARIES AND ESSAY QUESTIONS

CHAPTER 2—Bioethics and Moral Theories

1. "Utilitarianism," *John Stuart Mill*

English philosopher John Stuart Mill argues for his view of ethics in *Utilitarianism* (1861), from which this excerpt is taken. He explains that utilitarians judge the morality of conduct by a single standard, the *principle of utility*: Right actions are those that result in greater overall well-being (or *utility*) for the people involved than any other possible actions. We are duty bound to maximize the utility of everyone affected, regardless of the contrary urgings of moral rules or unbending moral principles.

a. What does Mill mean by "Better to be Socrates dissatisfied than a pig satisfied?"
b. How does Mill respond to the charge that utilitarianism is a pig philosophy?
c. What is Mill's "proof" of the truth of utilitarianism?

2. "The Moral Law," *Immanuel Kant*

Kant argues that his moral theory is the very antithesis of utilitarianism, holding that right actions do not depend in the least on consequences, the production of happiness, or the desires and needs of human beings. For Kant, the core of morality consists of following a rational and universally applicable moral rule—the Categorical Imperative—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 perform it for duty's sake alone.

a. How does Kant's moral theory differ from Mill's utilitarianism?
b. How are we supposed to apply Kant's means–end principle to situations involving a lying promise?
c. According to Kant, what is the only thing that is good without qualification?

3. "Nicomachean Ethics," Aristotle

Aristotle (384–322 B.C.) was born in Stagira in Macedon, the son of a physician. He was a student of Plato at the Academy in Athens and tutor of Alexander the Great. Aristotle saw ethics as the branch of political philosophy concerned with a good life. It is thus a practical rather than a purely theoretical science. In this selection from *Nicomachean Ethics,* Aristotle considers the nature of ethics in relation to human nature. From this same perspective he discusses the nature of virtue, which he defines as traits that enable us to live well in communities. To achieve a state of well-being or happiness, proper social institutions are necessary. Thus, the moral person cannot exist in isolation from a flourishing political community that enables the person to develop the necessary virtues for the good life.

Aristotle goes on to show the difference between moral and intellectual virtues. While the intellectual virtues may be taught directly, the moral ones must be lived in order to be learned. By living well, we acquire the best guarantee to the happy life. But again, happiness requires that one be lucky enough to live in a flourishing state.

a. According to Aristotle, how are moral virtues best acquired?
b. What does Aristotle mean by his claim that moral excellence is an intermediate between excess and defect?
c. How does Aristotle distinguish between moral and intellectual virtues?

4. "Caring," *Nel Noddings*

Noddings contrasts two approaches to ethics. One is the traditional, prevailing view in which ethics has been discussed "in the language of the father: in principles and propositions, in terms of justification, fairness, justice." The other view—the one she affirms—is what she refers to as the mother's voice, in which "human caring and the memory of caring and being cared for… form the foundation of ethical response."

a. What does Noddings mean by her claim that "ethics has so far been guided by Logos" and that "the more natural, and perhaps, stronger approach would be through Eros"?
b. What is the "ethical ideal" that Noddings believes should be at the heart of the moral life?
c. What are some of Noddings's reasons for rejecting the "ethics of principle"?

5. **"The Need for More than Justice," *Annette C. Baier***

Baier makes a case for moral theories that can accommodate both and ethic of justice (thought by some to be the traditional male view) and an ethic of care (the alleged female view). "I think," she says, "that the best moral theory has to be a cooperative product of women and men, has to harmonize justice and care."

a. What are the two major approaches to ethics that Baier contrasts?
b. What criticisms does she lodge against justice oriented moral theories?
c. What is her opinion of care-centered views offered by thinkers such as Alasdair MacIntyre and Susan Wolf?

6. "Moral Saints," *Susan Wolf*

Susan Wolf is a professor of philosophy at the University of North Carolina, Chapel Hill, working mostly in ethics and the related areas of philosophy of mind, philosophy of action, political philosophy, and aesthetics. In this selection, she examines the idea of moral saints, exploring the implications of moral sainthood for utilitarianism, Kantian ethics, and moral philosophy generally.

a. How does Wolf define *moral saint*? What kind of persons would satisfy this definition?
b. What is the conflict between our moral ideals and our moral assumptions that Wolf addresses?
c. According to Wolf, what characteristics should a moral saint have?

CHAPTER 3—Paternalism and Patient Autonomy

7. "Paternalism," *Gerald Dworkin*

Dworkin accepts the notion (famously articulated by John Stuart Mill) that society may sometimes justifiably restrict a person's liberty for purposes of self-protection or the prevention of harm to others. But he takes issue with Mill's related antipaternalistic idea that a person "cannot rightfully be compelled to do or forbear because it will be better for him to do so." He argues that some limited forms of state paternalism can be justified because "[u]nder certain conditions it is rational for an individual to agree that others should force him to act in ways which, at the time of action, the individual may not see as desirable." In a representative government, rational people could agree to restrict their liberty even when the interests of others are not affected. But in such cases the state bears a heavy burden of proof to show "the exact nature of the harmful effects (or beneficial consequences) to be avoided (or achieved) and the probability of their occurrence."

[a.] What is Mill's view on liberty and paternalism?
[b.] How does Dworkin justify limited forms of state paternalism?
[c.] What does Dworkin say about the state's burden of proof in justifying paternalism?

8. "The Refutation of Medical Paternalism," *Alan Goldman*

Except in a few extraordinary cases, strong paternalism in medicine is unjustified, Goldman argues. Patients have a right of self-determination, a right of freedom to make their own choices. Decisions regarding their own futures should be left up to them because persons are the best judges of their own interests and because self-determination is valuable for its own sake, regardless of its generally positive effects. This right implies "the right to be told the truth about one's condition, and the right to accept or refuse or withdraw from treatment on the basis of adequate information regarding alternatives, risks, and uncertainties." The faulty premise in the argument for medical paternalism, says Goldman, is that health and prolonged life can be assumed to be the top priorities for patients (and so physicians may decide for patients accordingly). But very few people always prioritize these values in this way.

[a.] Why does Goldman say that decisions regarding people's own futures are best left up to them?
[b.] According to Goldman, why is self-determination important?
[c.] What does Goldman say about doctors' and patients' differing views on the importance of health and prolonged life?

9. "Why Doctors Should Intervene," *Terrence F. Ackerman*

Respect for patient autonomy is distorted when autonomy is understood as mere noninterference, says Ackerman. On this prevalent hands-off view, "[t]he doctor need be only an honest and good technician, providing relevant information and dispensing professionally competent care." But this approach fails to genuinely respect autonomy, he argues, because it does not recognize that many factors can compromise autonomy, including illness and a host of psychological, social, and cultural constraints. At times, true respect for autonomy may require the physician to intervene, to deviate from the patient's stated preferences. The goal of the physician–patient relationship should be "to

resolve the underlying physical (or mental) defect, and to deal with cognitive, psychological, and social constraints in order to restore autonomous functioning."

[a.] According to Ackerman, how does the noninterference approach fail to genuinely respect autonomy?
[b.] What factors does he think can compromise autonomy?
[c.] According to Ackerman, under what circumstances is it appropriate for a physician to ignore a patient's choices?

10. "Autonomy, Futility, and the Limits of Medicine," *Robert L. Schwartz*
Does respecting the principle of autonomy require physicians to provide any treatment that an autonomous patient requests? Schwartz says that physicians are not obligated to give scientifically futile treatment (a worthless cancer therapy, for example). More importantly, neither are they morally required to provide treatment that is outside the scope of medical practice (such as surgical amputation of a limb for purely religious reasons). In many instances (including the famous Wanglie case), the central question was not whether the treatment requested by the patient was futile, but whether the treatment was beyond the proper limits of medicine. Schwartz contends that defining the scope of medicine should be left to physicians themselves.

[a.] What limitations on the exercise of autonomy does Schwartz recognize?
[b.] What happened in the Wanglie case?
[c.] What is Schwartz's view of patient requests for treatments that are beyond the limits of medicine?

11. " Four Models of the Physician-Patient Relationship," *Ezekiel J. Emanuel and Linda L. Emanuel*
The Emanuels outline four ways that the physician-patient relationship could be arranged based on different understandings of (1) the goals of physician-patient interaction, (2) the physician's obligations, (3) the patient's values, and (4) the moral principle of patient autonomy. They discuss four models of physician-patient interaction—what they call the paternalistic, the informative, the interpretive, and the deliberative. They identify the advantages of each model and examine possible objections, ultimately arguing for the deliberative model, in which "the aim of the physician-patient interaction is to help the patient determine and choose the best health-related values that can be realized in the clinical situation." In this approach, "the physician acts as a teacher and friend, engaging the patient in dialogue on what course of action would be best. Not only does the physician indicate what the patient could do, but, knowing the patient and wishing what is best, the physician indicates what the patient should do, what decision regarding medical therapy would be admirable."

[a.] What is the central criticism of the paternalistic model?
[b.] What is the main criticism of the informative model's conception of patient autonomy?
[c.] What is the deliberative model? Why do the Emanuels prefer it over the other models?

12. "Patient Autonomy and Physician Responsibility," *AMA Journal of Ethics*
Two medical school students provide separate commentaries on balancing patient autonomy and physician duties in the case of an HIV-positive, hospitalized patient.

[a.] According to Patrick C. Beeman, what ethical and professional issues does this case raise?
[b.] How does Beeman suggest that the case could have been handled better?
[c.] How does Ryan C. VanWoerkom think the handling of the case could have been better?

13. "Confronting Death," *Dax Cowart and Robert Burt*
In 1973 Dax Cowart was severely injured in a horrific accident, leaving him blind, without the use of his hands, and burned over two-thirds of his body. The treatment for his burns was so excruciatingly painful that in his agony he refused to consent to the treatments, demanding that they be stopped and that he be allowed to die. His request was repeatedly denied, even though his psychiatrist pronounced him competent. He eventually recovered, and his story provoked serious debate about patient autonomy and a patient's right to refuse treatment and to die. Here is a respectful dialogue on the issues between Cowart and Robert Burt, who had long-term correspondence with him and expressed disagreement with part of Cowart's view.

[a.] Why does Burt think it imperative that anyone hearing a request to die from someone like Dax Cowart "explore it with him and even argue with him"?
[b.] Is there a real disagreement between Cowart and Burt? If so, what is the crux of that disagreement?
[c.] On what moral principles do Cowart and Burt agree?

14. *Bouvia v. Superior Court*, California Court of Appeals
In this 1986 ruling, the court asserted that competent adults have a "constitutionally guaranteed right" to decide for themselves whether to submit to medical treatments, a right that outweighs the interests of physicians, hospitals, and the state. A competent patient may refuse treatments even if they are needed to keep her alive.

[a.] What were the events in Bouvia's life leading up to the court decision?
[b.] What did the court say about a patient's right to refuse treatment?
[c.] According to the court, does a patient's intent to hasten her death give a hospital reason to try to force treatment upon her? What was the court's reasoning on this issue?

15. "Fundamental Elements of the Patient–Physician Relationship," *American Medical Association (AMA) Council on Ethical and Judicial Affairs*
In this section of its medical code of ethics, the AMA declares that the patient–physician relationship is a collaborative alliance in which both parties have responsibilities. Physicians should serve as their patients' advocates and respect their rights, including the right to accept or refuse recommended treatment, to receive complete information about treatments and their alternatives, and to have their confidentiality protected.

[a.] What does the AMA say about the patient's right to refuse treatment?
[b.] How does this statement differ from the principles in the Hippocratic Oath?
[c.] What does the code say about "continuity of health care"?

16. "Advocacy or Subservience for the Sake of Patients?," *Helga Kuhse*

Kuhse asks whether nurses should be patient advocates, ready when necessary to question physician authority, or be skilled and caring professionals who must always defer to physicians on important medical decisions. Contrary to Lisa Newton's view, she favors the former, arguing that the nurse's subservience to physicians is not necessary for managing serious medical problems and issues and that requiring nurses to be subservient would probably harm patients.

a. Why does Kuhse think nurses should not be subservient to physicians?
b. According to Kuhse, how could a nurse's subservience to physicians harm patients?
c. How might Newton respond to Kuhse's nontraditional view of nursing?

17. "Paternalism Revisited," *Harriet Hall*

Hall questions the wide acceptance of patient autonomy and informed consent as rigid rules defining physician-patient relationships. She argues that in some situations what may be needed is beneficent paternalism. "Sometimes patients want autonomy, sometimes they want to be guided or even told what to do," she says. A patient may not understand the implications of a course of action, or may reject a treatment out of fear or false beliefs.

a. Why does Hall think that strict observance of patient autonomy and informed consent can be a mistake?
b. According to Hall, how can informed consent be used to protect doctors instead of patients?
c. Why does Hall conclude that "maybe a little judicious beneficent paternalism is not such a bad thing after all"?

CHAPTER 4—Truth-Telling and Confidentiality

18. "Telling the Truth to Patients: A Clinical Ethics Exploration," *David C. Thomasma*

According to Thomasma, truth-telling is important because it is "a right, a utility, and a kindness," but it can be trumped by more important values. "[T]ruth is a secondary good," he says. "Although important, other primary values take precedence over the truth. The most important of these values is survival of the individual and the community. A close second would be preservation of the relationship itself."

[a.] What does Thomasma mean by his contention that truth-telling is a right, a utility, and a kindness?

[b.] Is Thomasma's view a form of strong paternalism? Why or why not?
[c.] What point does he make by citing the case of ambiguous genitalia?

19. "On Telling Patients the Truth," *Mack Lipkin*

Lipkin urges a decidedly paternalistic attitude toward truth-telling. He argues that because the stress of being sick can distort patients' thinking and because they lack understanding of medical concepts, it is usually impossible to convey to them the full medical truth. Many times, telling the whole truth can do more harm than good. Moreover, many patients prefer not to know the full details about their condition. "Often enough," Lipkin says, "the ethics of the situation, the true moral responsibility, may demand that the naked facts not be revealed." The critical question is not whether deception occurs, but whether the deception is meant to benefit the patient or the physician.

[a.] According to Lipkin, why is it usually impossible to tell patients the whole truth?
[b.] What is Lipkin's crucial test for determining the appropriate degree of honesty to use with patients?
[c.] What does he say about the charge that doctors are too authoritarian?

20. "Is It Ever Okay to Lie to Patients?" *Shelly K. Schwartz*

In this essay, Shelly Schwartz explores the issue of truth-telling as it relates to physicians' responsibilities, discussing legal, moral, and emotional aspects.

[a.] What are some of the legal requirements pertaining to the physician's duty of truth-telling?
[b.] According to research, what do most patients want to know about their illness?
[c.] What are some of the reasons that doctors give for not being completely frank with their patients about a serious illness?

21. "Respect for Patients, Physicians, and the Truth," *Susan Cullen and Margaret Klein*

Cullen and Klein argue that deception to benefit patients is wrong because such deception disrespects patients by restricting their freedom to make choices about their own lives. But if a patient explicitly states that she does not want to know the facts about her condition, generally physicians should respect her wishes. Those who claim that it is not possible to tell patients the truth are confusing the "whole truth" with the "wholly true." Patients cannot and need not understand the whole truth—that is, all the medical details of a disease process. But they can understand enough to appreciate the nature and seriousness of the disease and the benefits and risks of treatments. Cullen and Klein concede that in rare cases, it is permissible for doctors to deceive a patient—but only if the deception is for a short while and if the potential gain from the deception is probable and significant. By this criterion, a brief deception to save the patient's life may be justified.

[a.] How do Cullen and Klein respond to those who claim it is impossible to tell patients the truth?

[b.] What is the "default position" for physicians?
[c.] According to Cullen and Klein, when is it permissible for doctors to deceive a patient?

22. "Why Privacy Is Important," *James Rachels*

Rachels asks, Why should we care so much about privacy? He notes that we have a sense of privacy that cannot be fully explained by our fear of being embarrassed or our concerns about being disadvantaged in some material way. He argues that "privacy is necessary if we are to maintain the variety of social relationships with other people that we want to have, and that is why it is important to us." To manage the relationships that we have with people, we must have "control over who has access to us."

[a.] According to Rachels, why is privacy important to us even in situations where there is nothing embarrassing, shameful, or unpopular in what we are doing?
[b.] What does he mean by his claim that privacy is necessary for us to maintain different social relationships?
[c.] What does he think is the connection between controlling our relationships and controlling our privacy?

23. "Confidentiality in Medicine—A Decrepit Concept," *Mark Siegler*

Siegler points out that in this age of high-technology health care, the traditional ideal of patient–physician confidentiality does not exist in practice. Modern health care involves teams of specialists—medical, financial, governmental, social, and more—and they all require access to, and dissemination of, a great deal of confidential information about patients. These developments seem to be in response to people's demand for better and more comprehensive care. But they also are changing our traditional concept of medical confidentiality. Confidentiality is important because it shows respect for the patient's individuality and privacy and nurtures the bond of trust between patient and doctor.

[a.] What were the results of Siegler's informal survey to determine the number of people who had access to his patient's hospital record?
[b.] Does he favor giving up attempts to preserve confidentiality?
[c.] What possible solutions does Siegler offer for preserving confidentiality in today's health care systems?

24. "Ethical Relativism in a Multicultural Society," *Ruth Macklin*

Macklin investigates moral dilemmas brought on by clashes between the cultural background of physicians and that of patients. Tolerance is an important value in developed Western countries, but sometimes tolerance of the beliefs and practices of other cultures can lead physicians either to harm patients or to violate patient autonomy. Macklin concludes that Western physicians should respect non-Western cultural and religious beliefs as much as possible, but they need not embrace beliefs that can result in practices that are detrimental to patients or others.

a. According to Macklin, how could tolerance of the beliefs and practices of other cultures lead physicians to harm patients?

b. Does Macklin advocate intolerance toward other cultures? Explain.
c. According to Macklin, how can tolerance of other cultures cause physicians to violate patient autonomy?

25. *Tarasoff v. Regents of the University of California*, Supreme Court of California
In this 1976 case, the court held that the professional duties of confidentiality can be overridden when a patient poses a serious danger to others. It concluded that "the public policy favoring protection of the confidential character of patient–psychotherapist communications must yield to the extent to which disclosure is essential to avert danger to others. The protective privilege ends where the public peril begins."

[a.] What are the facts that led to this court case?
[b.] What was the court's ruling?
[c.] In the court's view, what are the considerations that can establish a duty to warn?

CHAPTER 5—Informed Consent

26. "The Concept of Informed Consent," *Ruth R. Faden and Tom L. Beauchamp*
Faden and Beauchamp distinguish two common views of informed consent and argue that only one of them reflects the true meaning of the concept. Real informed consent involves more than a patient's merely agreeing to, or acquiescing in, some suggested course of action. An informed consent is a patient's autonomous action that *authorizes* a course of action. The other common meaning of the term is defined legally or institutionally and does not refer to autonomous authorization. Faden and Beauchamp also believe that the tendency to equate informed consent with shared decision-making is confused. Decision-making, which has been linked historically to informed consent, is not enough.

[a.] According to Faden and Beauchamp, what is the difference between $Sense_1$ and $Sense_2$ of informed consent?
[b.] What do they think is the necessary element of true informed consent?
[c.] What is their criticism of equating informed consent with shared decision-making?

27. "Informed Consent—Must It Remain a Fairy Tale?," *Jay Katz*
The ideal of informed consent with its presumptions of autonomy and joint decision-making is yet to be fully realized in practice, says Katz. The concept has been legally recognized, but genuine patient self-determination is still not the norm. Physicians acknowledge it but are likely to see it as a perfunctory fulfillment of legal requirements or as an enumeration of risks. The goal of joint decision-making between physicians and patients is still unfulfilled. Physicians must come to see that they have a "duty to respect patients as persons so that care will encompass allowing patients to live their lives in their own self-willed ways."

[a.] Why does Katz refer to informed consent as a "fairy tale"?

[b.] How does Katz respond to the three claims traditionally used to support paternalism?
[c.] What approach to informed consent does Katz advocate?

28. "Transparency: Informed Consent in Primary Care," *Howard Brody*

Brody observes that the theory and the practice of informed consent are far apart and that accepted legal standards send physicians the wrong message about what they are supposed to do. He thinks that a conversation standard of informed consent does send the right message but is probably legally unworkable. He proposes instead a "transparency standard," which says that "disclosure is adequate when the physician's basic thinking has been rendered transparent to the patient."

[a.] What is Brody's criticism of the "conversation standard" of informed consent?
[b.] What is his assessment of the "reasonable patient" standard?
[c.] What reasons does he give for preferring the "transparency standard"?

29. "Informed Consent: Some Challenges to the Universal Validity of the Western Model," *Robert J. Levine*

Levine says that because different countries and cultures may have vastly different perspectives on the nature of persons, and because the point of informed consent is to show respect for persons, it is not possible to provide a definition of informed consent that is universally applicable. The rules of the Western model of informed consent are not appropriate for many cultures. The ethical principle of respect for persons is universally applicable, but applying it to specific cultures with varying notions of *person* can be problematic. Levine suggests that instead of insisting on sticking to the rules, we use practical procedures to deal with the cultural differences when they arise.

[a.] What does Levine mean when he says that the informed consent standards of the Declaration of Helsinki are not universally valid?
[b.] As Levine sees it, what is the purpose of informed consent?
[c.] According to Levine, how do varying notions of *person* make applying the rules of informed consent problematic?

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

This 1972 case helped settle the question of what standard should be used to judge the adequacy of disclosure by a physician. The court ruled that adequacy should not be judged by what the medical profession thinks is appropriate, but by what information the patient finds relevant to his or her decision. The scope of the communication to the patient "must be measured by the patient's need, and that need is the information material to the decision."

[a.] What does the court say about the appropriateness of "full" disclosure?
[b.] What does the court mean by its assertion that "the patient's right of self-decision shapes the boundaries of the duty to reveal"?
[c.] What is the rule of disclosure that the court adopts?

CHAPTER 6—Human Research

31. The Nuremberg Code

In the aftermath of the famous Nuremberg trials of Nazi doctors, the Nuremberg Code established basic ethical standards for conducting research in human subjects.

[a.] How does the Code's first principle relate to the treatment of prisoners by the Nazi doctors?
[b.] What does the Code say about the degree of risk that subjects may undertake?
[c.] What types of experiments should never be conducted?

32. Declaration of Helsinki, *World Medical Association*

This international ethical code echoes principles in the Nuremberg Code and breaks some new ground as well. In addition to affirming the importance of informed consent, it provides guidelines for conducting research on subjects who cannot give their informed consent, insists on the review of research protocols by "independent committees," discusses the use of placebo controls, and declares that "considerations related to the well-being of the human subject should take precedence over the interests of science and society."

[a.] What does this ethical code say about conducting research on subjects who are not able to give informed consent?
[b.] When are placebo controls justified?
[c.] What balance does the code strike between the interests of science or society and those of human subjects?

33. "The Belmont Report," *National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research*

In 1974 Congress created the Commission to provide guidance on the ethical issues that arise in research on human subjects. The result of the Commission's work is this report, which lays out a general approach to thinking about research ethics and elucidates the three most relevant moral principles—respect for persons, beneficence, and justice.

[a.] According to the report, what is the meaning of the moral principle of respect for persons and how does it relate to research in human subjects?
[b.] What are the implications of the principle of beneficence for human research?
[c.] What are some of the ways in which the principle of justice is relevant to human research?

34. "Final Report: Human Radiation Experiments," *Advisory Committee on Human Radiation Experiments*

This official report details the government-sponsored radiation experiments conducted on thousands of human subjects from 1944 to 1974. Subjects were exposed to harmful levels of radiation, often without their consent and without being told of the potential dangers. The report also reviews the safety of contemporary human research using radiation and recommends apologies and compensation to the victimized subjects or their next of kin.

[a.] According to the report, what may be the greatest harm from past radiation experiments?
[b.] What policies does the Committee recommend to protect the rights and interests of individuals and the public?
[c.] What deficiencies did the Committee uncover in contemporary human research involving radiation?

35. "Of Mice but Not Men: Problems of the Randomized Clinical Trial," *Samuel Hellman and Deborah S. Hellman*

The Hellmans contend that randomized clinical trials place physician-scientists (physicians who simultaneously act as scientists) in a terrible ethical bind. As physicians, they have a duty to look out for the best interests of their patients; as scientists, they have an obligation to ensure the integrity of their research. But often they cannot do both, the Hellmans say. Before or during a trial, if a physician-scientist believes that a new treatment is better (or worse) than the alternative treatment, she has a physician's duty to communicate this judgment to her patient-subjects and ensure that they get the best treatment. But if she does so, the validity of the research will be compromised. Thus, randomized trials often pit the good of patients against the good of society. The authors "urge that such situations be avoided and that other techniques of acquiring clinical information be adopted."

[a.] According to the Hellmans, what is the ethical bind that physician-scientists can find themselves in?
[b.] What is their view of the usefulness of the physician's beliefs?
[c.] What are the Hellmans's recommendations for avoiding the ethical bind?

36. "A Response to a Purported Ethical Difficulty with Randomized Clinical Trials Involving Cancer Patients," *Benjamin Freedman*

Defenders of randomized clinical trials claim that physician-scientists do not violate a duty of fidelity to patients if the effectiveness of the treatments being tested is unknown and if the physicians are therefore in doubt (in a state of equipoise) about the treatments' merits. But critics say that if a physician suspects even for flimsy reasons that one treatment is better or worse than another, he cannot be in equipoise. Freedman thinks this view of equipoise is mistaken. He argues that true equipoise does not depend on uncertainty in the physician, but on genuine disagreement in the medical community about a treatment's value based on a lack of good evidence gleaned from randomized clinical trials. When this kind of doubt exists, randomized clinical studies are permissible.

[a.] What is Freedman's conception of equipoise?
[b.] What view of equipoise does he think is mistaken?
[c.] What does Freedman say about the claim that clinical trials treat subjects as means to an end?

37. "Racism and Research: The Case of the Tuskegee Syphilis Study," *Allan M. Brandt*

Brandt recounts in detail the abuses of human rights and the deliberate harm perpetrated in the infamous Tuskegee Syphilis Study, probably the most egregious example of unethical research in American history. Brandt declares that "the Tuskegee study revealed more about the pathology of racism than it did about the pathology of syphilis."

a. On what grounds does Brandt criticize the Tuskegee study?
b. Why does Brandt say the study revealed more about the pathology of racism than it did about the pathology of syphilis?
c. What moral principles (or principle) does Brandt think the study violated?

38. "Is It Time to Stop Using Race in Medical Research?" ***Angus Chen***

In this NPR interview, a population geneticist and a sociologist discuss the problem in research of assuming that race is genetically determined. They say that difficulties arise because science has shown that race is not an innate, genetically defined feature of populations; it is instead defined culturally, legally, and socially. But researchers and physicians may assume otherwise and thus make incorrect judgments about people and their health.

a. How have some scientists taken the concept of race too far? If so, how?
b. Have scientists identified specific genes or bits of DNA that correspond exactly to particular races?
c. How can identifying genetic patterns with particular races cause problems in studying disease?

39. "The Ethics of Clinical Research in the Third World," ***Marcia Angell***

Angell maintains that randomized clinical trials comparing two treatments are morally permissible only when investigators are in a state of equipoise—that is, when there is "no good reason for thinking one [treatment] is better than another." So studies comparing a potential new treatment with a placebo are unethical if an effective treatment exists. If there is an effective treatment, subjects in the control group must receive the best known treatment. By this standard, some ongoing trials in the third world must be judged impermissible—namely the trials testing regimens to prevent mother-to-infant transmission of HIV infection. The studies use placebo control groups although a proven preventive exists. Angell concludes that the research community needs to bolster its commitment to the highest ethical standards "no matter where the research is conducted."

[a.] Why does Angell contend that some ongoing trials in the third world are unethical?
[b.] What does she say about the claim that giving no treatment in a third-world clinical trial is the "local standard of care"?
[c.] What point does Angell make by her reference to the infamous Tuskegee studies?

40. "Ethical Issues in Clinical Trials in Developing Countries," ***Baruch Brody***

Brody responds to major doubts raised about the ethics of some third-world clinical trials conducted to evaluate a regimen to prevent mother-to-infant transmission of HIV. He

argues that the use of placebo control groups was ethical because no subjects were 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." According to a reasonable understanding of coercion, he says, no subjects were coerced into participating in the trials. Finally, some have claimed that the trials exploit developing countries "because the interventions in question, even if proven successful, will not be available in these countries." But such trials will not be exploitative, Brody says, if after the studies the subjects themselves are given access to any treatment proven effective.

[a.] Why does Brody think that using placebo control groups is permissible?
[b.] What is Brody's definition of "coercion"?
[c.] Under what circumstances would research in developing countries not be exploitative?

CHAPTER 7—Abortion

41. "A Defense of Abortion," *Judith Jarvis Thomson*

In this classic essay, Thomson argues that even if a fetus is a person at conception, at least some abortions could still be morally permissible. 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 woman has a right not to have her body used by someone else against her will, which is essentially the case when she is pregnant by no fault of her own (as a result of rape, for instance). The correct lesson about the unborn's right to life is not that killing a fetus is always wrong, but that killing it unjustly is always wrong.

[a.] What is Thomson's famous violinist analogy and what point does she try to make with it?
[b.] What is her argument for abortion?
[c.] What does Thomson say about the claim that a pregnant woman has a special responsibility to her fetus?

42. "Why Abortion Is Immoral," *Don Marquis*

Marquis first identifies what it is that makes murder wrong and then applies this understanding to the case of abortion. He argues that murdering someone is wrong because it robs him or her of a future—a loss of all possible "experiences, activities, projects, and enjoyments." Likewise, abortion is almost always wrong because it deprives the fetus of all prospects of such future experiencing and being.

[a.] For Marquis, why is murder wrong?
[b.] What is his argument against abortion?
[c.] What exceptions does he allow to his principle that having or performing an abortion is wrong?

43. "An Almost Absolute Value in History," *John T. Noonan Jr.*

Noonan asserts that a human entity becomes a person at fertilization. He points to

problems with the notion that personhood arises at some other point in human development (at viability, the point of fetal experience, or social visibility). He argues that the most plausible view is that personhood (and the right to life) begins at conception, because it is at conception that the "new being receives the genetic code. It is this genetic information which determines his characteristics, which is the biological carrier of the possibility of human wisdom, which makes him a self-evolving being. A being with a human genetic code is man."

[a.] What are Noonan's reasons for rejecting the various suggestions that personhood arises at some later stage of fetal development?
[b.] Why does he think that personhood must begin at conception?
[c.] What assumption does he make about the relationship between being human and being a person?

44. "On the Moral and Legal Status of Abortion," *Mary Anne Warren*

In this famous essay, Warren defends the view that abortion is always morally permissible. It is permissible, she says, because the unborn is not a person. Merely being human—a creature with human DNA—is not sufficient for personhood; to qualify as a person, an entity must possess certain intrinsically valuable traits. She identifies several traits that seem "most central" to personhood: (1) consciousness and the capacity to feel pain, (2) reasoning, (3) self-motivated activity, (4) the capacity to communicate, and (5) "the presence of self-concepts, and self-awareness, either individual or racial or both." Warren argues that any being that has none of these traits is surely not a person; a fetus has none of them and is therefore not yet a person and "cannot coherently be said to have full moral rights."

[a.] In Warren's view, when does a being qualify as a person?
[b.] What is her argument for abortion?
[c.] What distinction does Warren make regarding the term *human*? Why does she say that genetic humanity is not sufficient for moral humanity?

45. "Virtue Theory and Abortion," *Rosalind Hursthouse*

Rosalind Hursthouse is a professor of philosophy at the University of Auckland. In this selection she reviews and rebuts major criticisms of virtue theory, a moral outlook whose lineage goes back to Aristotle and that offers an alternative to moral theories based on rules or principles. In applying virtue theory to the issue of abortion, she emphasizes the importance of the moral attitudes of the mother over the demands of rights.

[a.] What are some of the key differences between virtue theory and deontological and utilitarian theories??
[b.] What does Hursthouse think is the major criticism of virtue theory? How does she respond to it?
[c.] According to Hursthouse, how might a virtue theorist deal with the issue of abortion?

46. "Abortion and the Concept of a Person," *Jane English*

English stakes out some middle ground in the abortion debate. Echoing points made by Judith Jarvis Thomson, she argues that whether or not a fetus is a person, a woman may be justified in some instances (most notably in early pregnancy) in having an abortion as a form of self-defense. But an abortion is not always permissible, because even if a fetus is not a person, it still has at least partial moral status—a status that increases the more the fetus resembles a person. So in the late months of pregnancy, abortion seems wrong except to spare a woman from great injury or death.

[a.] What is English's "middle" position on abortion?
[b.] Why does she say that abortion is not always morally permissible?
[c.] What significance does she put on a fetus resembling a person?

47. "Abortion," *Margaret Olivia Little*

Margaret Little is director of the Kennedy Institute of Ethics, and Professor of Philosophy at Georgetown. She offers an analysis of the issue of abortion that is more nuanced than assessments based only on questions of whether a fetus is a person. She explores values that women often wrestle with when deciding whether to end a pregnancy. These include the responsibilities of motherhood, respect for creation, the sanctity of developing human life, and the demands of kinship. Based on how they weigh these ideals, women might ultimately choose to continue a pregnancy or to end it.

[a.] Little discusses two ways of viewing the situation of ending a pregnancy. What are they and what are their implications?
[b.] Why does Little say we should acknowledge "moral prerogatives over identity-constituting commitments"?
[c.] Why does Little say that the issue of abortion will not be settled merely by the contemplation of the value of human life? What other factors does she think might be relevant?

48. "Abortion through a Feminist Ethic Lens," Susan Sherwin

Sherwin says that a central moral feature of pregnancy is that it takes place in women's bodies and has a tremendous impact on women's lives. Policies about abortion affect women uniquely. So we must evaluate how proposed abortion policies "fit into general patterns of oppression for women," and a decision to have or not to have an abortion must be left to the individual woman, the one who best understands the circumstances of the decision. A fetus has moral significance, but its moral standing depends on its relationship to the pregnant woman. Feminist views, says Sherwin, stress "the importance of protecting women's right to continue as well as to terminate pregnancies as each sees fit."

[a.] According to Sherwin, what is the most obvious difference between feminist and nonfeminist approaches to abortion?
[b.] How does her attitude toward the fetus differ from that of nonfeminist analysts?
[c.] What does she think defines personhood?

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

In this decision, the Court ruled that no state can ban abortions performed before viability. The Court thought that the Constitution implied a guaranteed right of personal privacy that limits interference by the state in people's private lives and that the right encompassed a woman's decision to have an abortion. But the woman's right is not absolute and must be balanced against important state interests. Thus, the Court held that in the first trimester, the woman's right to an abortion cannot be restrained 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. After viability, the state may regulate and even ban abortion except when necessary to preserve her life or health.

[a.] In the view of the Court, what are the constitutional roots of the right to privacy?
[b.] What does the Court mean by the assertion that a woman's right to abortion is not absolute?
[c.] How does the Court define a woman's right to abortion in each trimester?

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

In this 1992 ruling, the Court found that "[t]he essential holding of *Roe v. Wade* should be retained and once again reaffirmed." But it rejected *Roe's* trimester framework and established an "undue burden" test for assessing the restrictions that states put on abortion. Before viability, abortion can be restricted in many ways as long as the constraints do not amount to an undue burden on a woman wishing to obtain an abortion. The Court held that several restrictions do not impose such burdens, including the requirement that a woman give her written informed consent to abortion and that minors under age 18 who seek abortions obtain parental consent or a judge's authorization. But a spousal notification provision does constitute an undue burden.

[a.] How does the Court define an "undue burden" on a woman seeking an abortion?
[b.] What restrictions on a woman's ability to obtain an abortion does the Court allow?
[c.] In what way does the Court uphold the central holding of *Roe v. Wade*?

CHAPTER 8—Reproductive Technology

51. "IVF: The Simple Case," *Peter Singer*

Singer addresses seven moral objections that have been lodged against in vitro fertilization (IVF), focusing on its use in the "simple case" ("a married, infertile couple use an egg taken from the wife and sperm taken from the husband, and all embryos created are inserted into the womb of the wife"). The objections include the charges that IVF is unnatural, that it is risky for the offspring, and that it separates the procreative and conjugal aspects of marriage and so damages the marital relationship. He concludes that all the objections are weak and that "[t]hey should not count against going ahead with IVF when it is the best way of overcoming infertility" and when the infertile couple decides against adoption.

[a.] How does Singer respond to the claim that IVF is unnatural?
[b.] What does he say about the claim that IVF separates the procreative and the conjugal aspects of marriage? That IVF is illicit because it involves masturbation?
[c.] According to Singer, what is the objection to IVF from some feminists? How does he respond to it?

52. "IVF and Women's Interests: An Analysis of Feminist Concerns," *Mary Anne Warren*

In this essay, Warren examines some feminist objections to IVF and other new reproductive technologies. Because of the risks and costs to women of IVF, she says, it is not at all clear that it provides a net benefit to them. But if the disadvantages do not clearly outweigh the possible benefits, "then the matter is properly left to individual choice," and it would be wrong to conclude that women's interests demand an end to research in IVF and related technologies. She finds no merit in the argument by some feminists that because of the pressure from patriarchal society for women to have children (the "pronatalist" attitude), women cannot give genuine voluntary consent to IVF treatments even if they are well informed. On the contrary, "[n]either the patriarchal power structure nor pronatalist ideology makes women incapable of reasoned choice about childrearing."

[a.] How does Warren respond to the charge that patriarchy and pronatalist ideology destroy women's ability to make reasoned choices?
[b.] What is Warren's assessment of the dangers of male control of women's reproductive processes?
[c.] Why does Warren believe that a just concern for women's interests does not demand the elimination of reproductive technologies?

53. "'Give Me Children or I Shall Die!' New Reproductive Technologies and Harm to the Children," *Cynthia B. Cohen*

Cohen points out that some evidence indicates that reproductive technologies cause serious illness and defects in a small percentage of children. She argues that if these technologies do in fact cause such harm, it would be wrong to use them. Some who disagree put forth the "Interest in Existing Argument," which says that even if the new technologies caused children to be born with serious disorders, the harm done would be morally permissible (except in rare cases) because "it is better to be alive—even with serious disease and deficits—than not." Cohen sees several problems with this argument. For one thing, she says, it is based on the false assumption that "children with an interest in existing are waiting in a spectral world of nonexistence where their situation is less desirable than it would be were they released into this world."

[a.] What is Cohen's argument against using harm-causing reproductive technologies?
[b.] What is the Interest in Existing Argument and what is Cohen's critique of it?
[c.] What is the distinction she makes between *nonexistence before coming into being* and *nonexistence after having lived*?

54. "Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation," *Congregation for the Doctrine of the Faith*

This document articulates the official position of the Roman Catholic Church, declaring that many kinds of reproductive technology or practices are morally impermissible. Among other affirmations, it asserts that (1) nontherapeutic experimentation on embryos is illicit, (2) "it is immoral to produce embryos destined to be exploited as disposable 'biological material,'" (3) nontherapeutic genetic manipulations are contrary to human dignity, (4) artificial fertilization involving sperm and egg from unmarried individuals is illicit, and (5) in vitro fertilization is not morally legitimate.

[a.] According to this statement, what are the "fundamental criteria for a moral judgment"?
[b.] What grounds are offered for opposing in vitro fertilization?
[c.] What is thought to be the proper connection between procreation and the conjugal act? What conclusions are drawn from this view?

55. "The Presumptive Primacy of Procreative Liberty," *John A. Robertson*

Robertson argues for the fundamental freedom to reproduce or not to reproduce. This "procreative liberty," he says, equates to the right to make a reproductive choice without interference from others. The right not to procreate includes the freedom to use various methods to avoid begetting or bearing offspring, including abortion. The right to procreate includes the right to use "noncoital technologies" such as IVF. Robertson contends that procreative liberty can be overridden—but only by very weighty considerations.

a. According to Robertson, what rights are included in "procreative liberty"?
b. To what kind of moral theory does Robertson appeal to support his notion of procreative liberty?
c. To what kind of reproductive technologies does Robertson's "reproductive freedom" apply?

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

Taking a consequentialist approach, Purdy asserts that in some cases the benefits of surrogate mothering may outweigh its costs and thus be morally permissible. Some feminists argue that the practice is necessarily wrong because it transfers the burden and risks of pregnancy from one woman to another, because it separates sex from reproduction, or because it separates reproduction from child-rearing. But Purdy finds these arguments unconvincing. She examines the claim that surrogacy is baby-selling and concludes that "selling babies" is not an accurate description of what happens in surrogacy. A better characterization is that the birth mother is "giving up her parental right to have a relationship with the child." Certainly in some circumstances, surrogate mothering can be rendered immoral by coercion of the surrogate or by unjust surrogacy contracts. "Fair and reasonable regulations," she says, "are essential to prevent exploitation of women."

[a.] What are Purdy's responses to feminist arguments against surrogacy?

[b.] Why does she reject the notion that surrogacy is baby-selling?
[c.] In what situations does she think surrogacy could be wrong?

57. "Is Women's Labor a Commodity?," *Elizabeth S. Anderson*

Anderson opposes commercial surrogacy on the grounds that it reduces both surrogate mothers and babies to market commodities. This "commodification," she says, entails a type of evaluation that regards women and children as property, as things to be used—which is a far cry from seeing them as they should be seen: beings worthy of respect.

a. Is Anderson's view of surrogacy consequentialist or deontological? Explain.
b. What is Anderson's main objection to surrogacy?
c. What do you think Anderson would say to the assertion that surrogacy is sometimes justified on utilitarian grounds?

58. "Egg Donation and Commodification," *Bonnie Steinbock*

Bonnie Steinbock is professor of philosophy at the State University of New York, Albany. In this essay she addresses the ethical issues raised by egg donation and its commodification. She argues that payment to donors is morally permissible provided the payment is not for the eggs but for the burdens of egg retrieval. She suggests that this distinction will help limit payment and ensure that payment is not made based on the donor's traits or on the number or quality of eggs retrieved.

a. What is Steinbock's attitude toward gamete donation?
b. According to Steinbock, what are some of the reasons that women give for donating their eggs?
c. Why is compensation for egg donation controversial? What is Steinbock's opinion on the issue?

59. "The Wisdom of Repugnance," *Leon R. Kass*

Kass contends that human cloning is both unethical and dangerous in its consequences. People are repelled by many aspects of human cloning, and although this revulsion is not an argument, it is "the emotional expression of deep wisdom, beyond reason's power fully to articulate it." Kass argues that human cloning should also be rejected because it is a major violation of our "given nature" and the social relations based in this nature, it creates serious issues of identity and individuality for the cloned person, it turns begetting into dehumanizing manufacture, and it is "inherently despotic" because it seeks to make children according to their parents' will and in their own image.

[a.] What reasons does Kass offer for rejecting human cloning?
[b.] What significance does Kass give to people's revulsion to the idea of cloning humans?
[c.] What is Kass's argument from our "given nature"?

60. "Cloning Human Beings: An Assessment of the Ethical Issues Pro and Con," *Dan W. Brock*

In this essay Brock reviews the arguments for and against human reproductive cloning.

He maintains that there is probably a right to reproductive freedom that covers human cloning, but there could be other rights in conflict with this right or serious enough harms involved to override it. The possible benefits of human cloning include the ability to relieve infertility, to avoid transmitting serious genetic disease to offspring, and to clone someone (such as a child who died) who had special meaning to individuals. Arguments against the practice include that it violates a right to unique identity or to an open future, that it would cause psychological harm to the later twin, that it would carry unacceptable risks for the clone, and that it would lessen the worth of individuals and diminish respect for human life. Brock finds little merit in the identity and open-future arguments but thinks that human cloning does carry risk of significant harms, although most of the harms that people fear are based on common misconceptions.

[a.] What is the main moral argument in support of human cloning?
[b.] As Brock sees it, what are the possible individual and social benefits of cloning?
[c.] What are the main arguments against human cloning, and what is Brock's assessment of them?

CHAPTER 9—Genetic Choices

61. "Implications of Prenatal Diagnosis for the Human Right to Life," *Leon R. Kass*
In this article Kass explores the morality of aborting fetuses known through genetic testing to be defective. He condemns the practice, arguing that it could lead us to take a less sympathetic view toward people who are genetic "abnormals" and to embrace the insidious principle that "defectives should not be born." He concludes that "we should indeed be cautious and move slowly as we give serious consideration to the question 'What price the perfect baby?'"

[a.] What reasons does Kass give for rejecting the practice of genetic abortion?
[b.] How does Kass think the practice of genetic abortion will affect our behavior toward abnormals?
[c.] What consequences does Kass think will follow if we accept the principle that "defectives should not be born"?

62. "Genetics and Reproductive Risk: Can Having Children Be Immoral?," *Laura M. Purdy*
Purdy contends that it is morally wrong to "reproduce when we know there is a high risk of transmitting a serious disease or defect." This conclusion is based on the judgment that we have an obligation to provide each child with "something like a minimally satisfying life."

[a.] What is Purdy's argument against having children when there is high genetic risk?
[b.] How does Purdy try to justify the principle that we have a duty to provide a minimally satisfying life for our children?

[c.] How does she define a "minimally satisfying" life?

63. "The Morality of Screening for Disability," *Jeff McMahan*

McMahan examines arguments against using screening technologies such as preimplantation genetic diagnosis to avoid giving birth to a disabled child. The most common objections are that screening and selection are discriminatory, diminish human diversity, cause disabled people social harms, and express a hurtful view toward them. McMahan says these objections imply that "it is wrong for people to try to avoid having a disabled child and to have a non-disabled child instead." This view in turn implies that it must be at least permissible to cause oneself to have a disabled rather than a nondisabled child. But, he argues, it is wrong to deliberately cause a disabled child to exist instead of a healthy child; therefore, we must reject some or all of the objections against testing.

[a.] What are the common objections to prenatal or preimplantation screening that McMahan addresses?
[b.] What is his argument that these objections must be unfounded?
[c.] How does McMahan respond to the worry that screening and selection express a negative attitude toward disabled people?

64. "Genetic Dilemmas and the Child's Right to an Open Future," *Dena S. Davis*

Davis explores whether genetic counselors—who are fiercely committed to respecting the autonomy of their patients—are duty bound to respect the requests of parents who want help in deliberately producing children with disabilities. She focuses on the example of deaf parents who would like their children to be deaf. She concludes that counselors should not participate in purposely creating deaf children because such a result would violate a child's right to an open future.

a. What does Davis mean by a child's "right to an open future"?
b. According to Davis, what is a genetic counselor's duty to deaf parents who want a deaf child?
c. Is Davis's approach to the deaf-child dilemma consequentialist or deontological? Explain.

65. "Disowning Knowledge: Issues in Genetic Testing," *Robert Wachbroit*

Wachbroit considers whether physicians are justified in limiting patients' access to certain kinds of genetic tests or test results. He argues that sometimes such restrictions can be justified on scientific grounds, but too often they represent a "resurgent paternalism" in which physicians make nonmedical judgments out of concern that genetic information might cause social or psychological harm to patients. We should respect people's decisions to know—as well as their decisions not to know.

[a.] What is Wachbroit's response to the claim that physicians should restrict the availability of genetic tests because of social or psychological harms?
[b.] As Wachbroit sees it, when might restrictions be justified?

[c.] Why does he maintain that in some cases people may have a responsibility to know their genetic condition?

66. "The Non-Identity Problem and Genetic Harms—The Case of Wrongful Handicaps," *Dan W. Brock*

In this essay Brock scrutinizes the claim that it would be wrong not to prevent devastating genetic diseases or disabilities in a child. Some have held that failing to prevent an impairment is wrong because the child would be better off if the impairment were prevented. But Brock finds this view incoherent, arguing on logical grounds that a failure to prevent a serious disability cannot in fact *wrong the child*. He maintains instead that although failing to prevent a serious disability does not wrong the child, it is nevertheless wrong for "non-person-affecting" reasons.

[a.] According to Brock, why is it incoherent to claim that a seriously impaired child would be better off if the impairment were prevented?
[b.] What does Brock mean by his claim that failure to prevent a serious disability cannot wrong the child but is nevertheless wrong?
[c.] What is a non-person-affecting principle?

67. "Is Gene Therapy a Form of Eugenics?," *John Harris*

Harris addresses a common claim in debates about genetic therapy—that although we have a duty to cure disease (to restore normal functioning), we do not have a duty to enhance or improve upon a normal healthy life. He rejects this distinction, arguing that "[t]here is in short no moral difference between attempts to cure dysfunction and attempts to enhance function where the enhancement protects life or health."

[a.] What is Harris's argument that there is no moral difference between curing dysfunction and enhancing function?
[b.] How does Harris try to show that failing to protect individuals by enhancing their function would cause them harm?
[c.] What is Harris's attitude toward gene therapy?

68. "Genetic Enhancement," *Walter Glannon*

On the question of genetic enhancement, Glannon argues that a line of demarcation can be drawn between treatment and enhancement. Gene therapy is permissible if it is intended to ensure or restore normal functions, but it is morally illegitimate if it is aimed at enhancing functions beyond normal. He thinks there are several moral problems with enhancement, but his main moral concern is "that it would give some people an unfair advantage over others with respect to competitive goods like beauty, sociability, and intelligence."

[a.] How does Glannon defend the treatment-enhancement distinction?
[b.] What are his arguments against genetic enhancement?
[c.] According to Glannon, how could enhancement undermine our autonomy and moral agency?

69. "Genetic Interventions and the Ethics of Enhancement of Human Beings," *Julian Savulescu*

Julian Savulescu is an Australian philosopher and bioethicist and the Uehiro Professor of Practical Ethics at the University of Oxford. Savulescu explores the morality of genetic enhancement, presenting three arguments in favor of the ethical use of enhancement while critiquing the main objections to it. He asserts that not only is enhancement permissible; it is a moral obligation.

[a.] What is Savulescu's first argument for enhancement? What is the thought experiment he uses to make his point?
[b.] Why does Savulescu say that enhancement is essentially no different than treating disease??
[c.] What is the "playing God" argument? What reasons does Savulescu give for rejecting it?

70. "Germ-Line Gene Therapy," *LeRoy Walters and Julie Gage Palmer*

In this essay Walters and Palmer examine arguments for and against germ-line gene therapy. Major moral arguments in its favor include that it may be the only way to prevent damage to some people, that it may enable parents to avoid passing on a genetic disorder to children or grandchildren, and that this kind of therapy "best accords with the health professions' healing role and with the concern to protect rather than penalize individuals who have disabilities." Among the arguments against germ-line therapy are that any unanticipated negative effects will hurt not only the patient but also his or her descendants and that the intervention fails to show proper respect for preimplantation embryos and implanted fetuses. Walters and Palmer conclude that some of the pro arguments are strong and all of the con arguments are weak.

[a.] What arguments for germ-line gene therapy do Walters and Palmer examine?
[b.] What arguments against it do they address?
[c.] How do Walters and Palmer respond to each of the arguments against it?

71. "What Does ''Respect for Embryos' Mean in the Context of Stem Cell Research?," *Bonnie Steinbock*

Steinbock examines the question of whether embryonic stem cell research is consistent with proper respect for embryos. She argues that early embryos have less than full moral status—they are not due the same respect that we give persons—but they still have a "significance and moral value that other bodily tissues do not have." We must not use embryos in frivolous ways, she says, but "respect for embryos does not require refraining from research likely to have significant benefits, such as treating disease and prolonging life."

[a.] How does Steinbock distinguish between respect for embryos and respect for persons?
[b.] On what grounds does she think embryos have a moral value that other bodily tissues lack?

[c.] On her view, what follows from rejecting the claim that embryos are ends in themselves?

72. "Declaration on the Production and the Scientific and Therapeutic Use of Human Embryonic Stem Cells," *Pontifical Academy for Life*

In this official position statement on embryonic stem (ES) cells, the Roman Catholic Church declares that it is morally impermissible to produce or use living human embryos to obtain ES cells, to produce and then destroy cloned human embryos to acquire ES cells, or to use ES cells that others have already derived.

[a.] What reasons does the Academy give for condemning the use of living human embryos to derive ES cells?
[b.] Why does the Academy denounce the use of ES cells supplied by other researchers?
[c.] What alternative to using ES cells does it endorse?

CHAPTER 10 Euthanasia and Physician-Assisted Suicide

73. "Death and Dignity: A Case of Individualized Decision Making," *Timothy E. Quill*

Quill recounts the story of Diane, a patient of his with terminal cancer who wanted to face death with dignity and on her own terms. He admits that although he did not directly assist her in committing suicide, he "helped indirectly to make it possible, successful, and relatively painless." Quill says that from this experience he learned, among other things, about "the range of help I can provide if I know people well and if I allow them to say what they really want."

a. Does Quill think all terminal cancer patients should be treated as he treated Diane?
b. Why does Quill think he acted appropriately in Diane's case?
c. What moral principle (or principles) does Quill seem to be appealing to in explaining his behavior?

74. "Voluntary Active Euthanasia," *Dan W. Brock*

Brock argues that the same two basic moral principles that support a patient's right to make choices about life-sustaining treatment also support the permissibility of voluntary active euthanasia. The first principle is individual self-determination; the second is individual well-being. Individual self-determination applies to the manner, circumstances, and timing of one's death and dying. A concern for individual well-being may justify euthanasia when a suffering patient determines that life is no longer a benefit.

[a.] What is Brock's argument from individual self-determination?
[b.] Why does he maintain that forgoing life-sustaining treatment is not merely "allowing to die" but also "killing"?

[c.] How does Brock assess the good and bad consequences of permitting euthanasia?

75. "When Self-Determination Runs Amok," *Daniel Callahan*

Callahan is opposed to the use of voluntary euthanasia and assisted suicide. He argues that a person's right of self-determination does not morally justify someone else killing that person, even for mercy's sake. He contends that, contrary to common opinion, there is indeed a moral difference between killing and letting die. A policy that lets physicians practice euthanasia will lead to dire consequences and pervert the profession of medicine.

[a.] Why does Callahan insist that a person's right of self-determination does not justify someone else killing that person?
[b.] Why does he think there is an important moral difference between killing and letting die?
[c.] What is his argument from dire consequences?

76. "Physician-Assisted Suicide: A Tragic View," *John D. Arras*

Arras is a firm believer in autonomy and finds himself "deeply sympathetic to the central values motivating the case for [physician-assisted suicide] and euthanasia." Nevertheless, he argues that legalizing the practices poses "too great a threat to the rights and welfare of too many people."

[a.] What are the two kinds of slippery slope arguments discussed by Arras?
[b.] What is the "tragic choice" argument?
[c.] What conclusion does Arras come to about physician-assisted suicide and euthanasia?

77. "Active and Passive Euthanasia," *James Rachels*

In this famous essay, Rachels argues that the traditional distinction between killing and letting die is untenable, that "killing is not in itself any worse than letting die." If so, then active euthanasia is no worse than passive euthanasia. Thus, doctors may have to distinguish between active and passive euthanasia for legal reasons, but "they should not give the distinction any added authority and weight by writing it into official statements of medical ethics."

[a.] What is Rachels' Smith–Jones thought experiment?
[b.] How does he use this thought experiment to make his case?
[c.] What opposing arguments does Rachels address?

78. "Dying at the Right Time: Reflections on (Un)Assisted Suicide," *John Hardwig*

John Hardwig is professor emeritus of the department of philosophy at the University of Tennessee. In this essay he argues that when "death comes too late," we may have a duty to die or a duty to help someone else die. Severe, unrelieved pain is just one of several problems that could justify ending a life. Sometimes preserving a life can devastate the lives of those who care about the person. In particular dire situations, there may be moral justification for unassisted suicide, family-assisted suicide, or physician-assisted suicide.

[a.] What are some of the problems that Hardwig thinks could justify ending a life?
[b.] According to Hardwig, why might someone have a duty to die?
[c.] What are some of the reasons that might justify a person to choose unassisted suicide?

79. "The Philosophers' Brief," *Ronald Dworkin, Thomas Nagel, Robert Nozick, John Rawls, Thomas Scanlon, and Judith Jarvis Thomson*

In the 1997 Supreme Court cases *Vacco v. Quill* and *Washington v. Glucksberg*, six prominent philosophers presented this amicus brief, urging that states should recognize a right to assisted suicide. They argued that "individuals have a constitutionally protected interest in making those grave decisions [about their own deaths] for themselves, free from the imposition of any religious or philosophical orthodoxy by court or legislature." They conceded that states have a legitimate interest in protecting people from irrational or unstable decisions about their dying but asserted that states cannot deny people wishing to die a chance to demonstrate that their decisions are informed, stable, and free. They maintained that there is no morally significant difference between a physician deliberately withdrawing medical treatment to let a patient die from a natural process and a physician hastening the patient's death by more active means.

[a.] What is the philosophers' argument regarding the "liberty interest" and the Due Process Clause?
[b.] What are their reasons for asserting that state interests do not justify a categorical prohibition on all assisted suicide?
[c.] What do they say about the difference between killing and letting die?

80. "Legalizing Assisted Dying Is Dangerous for Disabled People," *Liz Carr*

Liz Carr, a disabled person, sees a curious discrepancy in people's attitudes toward assisted suicide for healthy, non-disabled persons and assisted suicide for the disabled. In the former case, she says, suicide is seen as a tragedy, but in the latter, people seem much too eager to view assisted suicide as understandable under the circumstances. As she points out, "the sympathy we disabled people evoke can be used to justify support for us to kill ourselves while non-disabled people are told they have 'everything to live for.'… Please, don't wish death upon us because you feel pity for our condition." She argues that, given such attitudes toward disabled persons, legalizing assisted dying could be dangerous for them.

[a.] According to Carr, what is the difference between how people view assisted suicide for non-disabled persons and assisted suicide for the disabled?
[b.] How could this discrepancy in attitudes be dangerous for disabled people?
[c.] How does Carr think economic arguments about health care might be related to attitudes about assisted suicide for disabled people?

81. "For Now I Have My Death," *Felicia Ackerman*

Felicia 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 (for example, most or all of your spouse's free time

and much of the money that you had previously set aside for your child's college education), you have a duty to die (maybe a duty to commit suicide) to avoid burdening your family. Ackerman argues that Hardwig's assumptions in such cases are dubious. She recognizes that laying down hard and fast rules saying exactly what people's obligations are in such situations is not possible. But she nevertheless thinks the right answer is that the family should sacrifice to keep their loved one alive. "A teenager," she says, "should work and borrow his way through college in order to free up money to prolong the life of a beloved parent who raised him and sacrificed for him. A spouse should forgo tennis lessons…in order to take care of the beloved partner 'that he promised his faith unto.' Sometimes, it's simply the only loving thing to do."

[a.] What is the nature of the bias that Ackerman thinks Hardwig is displaying?
[b.] What is "the paradox of the selfless invalid"?
[c.] How does Ackerman criticize Hardwig's conception of "what can constitute an unacceptable family burden"?

82. *Vacco v. Quill*, U.S. Supreme Court
At issue in this case is whether a ban on assisted suicide enacted in New York State is constitutional—specifically whether the prohibition violates the Equal Protection Clause of the Fourteenth Amendment. The Court finds that it does not, that in fact there is no constitutional right to a physician's help in dying. But each state may establish its own policy on the issue.

[a.] What is the issue in this case and what is the Court's ruling?
[b.] What does the Court say about the Equal Protection Clause?
[c.] Why does the Court think it important to make a distinction between letting a patient die and making that patient die?

CHAPTER 11—Dividing Up Health Care Resources

83. "Is There a Right to Health Care and, if So, What Does It Encompass?," *Norman Daniels*
Daniels argues for a strong right to health care, deriving it from John Rawls's justice principle of "fair equality of opportunity." He reasons that disease and disability diminish people's "normal species functioning" and thus restrict the range of opportunities open to them. Because people are entitled to fair equality of opportunity and because adequate health care can protect or restore their normal range of opportunities, they have a positive right to adequate health care.

[a.] What is Daniels' argument for a strong right to health care?
[b.] What is his critique of other theories of justice?
[c.] What does he think a right to health care includes?

84. "The Right to a Decent Minimum of Health Care," *Allen E. Buchanan*
In this article Buchanan argues that the notion of a universal right to a decent minimum of health care cannot justify a mandatory decent minimum policy. But the combined

weight of other arguments, he says, can establish that the state should provide certain individuals or groups with a decent minimum. The necessary arguments are from special rights, from the prevention of harm, from prudential considerations, and from enforced beneficence.

[a.] Why does Buchanan think the notion of a universal right to a decent minimum of health care cannot justify a mandatory decent minimum policy?
[b.] According to Buchanan, what arguments, when taken together, support a claim on the state to provide certain people with health care?
[c.] What are Buchanan's arguments for "enforced beneficence"?

85. "Rights to Health Care, Social Justice, and Fairness in Health Care Allocations: Frustrations in the Face of Finitude," *H. Tristram Engelhardt Jr*.
Engelhardt asserts that "[a] basic human secular moral right to health care does not exist — not even to a 'decent minimum of health care.'" He 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 (there is no moral right to such aid), but the latter may constitute claims on others. Out of compassion or benevolence, society may freely consent to help those in need, but there is no forced obligation to do so.

[a.] What points does Engelhardt seek to make with his distinction between the unfortunate and the unfair?
[b.] What problems does he see with the equal distribution of health care?
[c.] Why does he reject the notion of a moral right to health care?

86. "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care," *The Commonwealth Fund*
This report compares health care system performance in the United States with that of ten other prosperous countries, including Switzerland, France, Germany, Canada, and the Netherlands. It concludes that although the United States spends more on health care than other countries, the nation overall experiences poorer health. Life expectancy is lower for many U.S. populations, and more people are living with serious health problems, while the U.S. system fails to reliably deliver health care services to those who need them.

[a.] In what ways does the U.S. health care system excel?
[b.] On what measures of health care does the United States rank last among the countries included in the study?
[c.] How does the United States compare with Canada on measures of "care process," access, administrative efficiency, equity, and health care outcomes?

87. "Public Health Ethics: Mapping the Terrain," *James F. Childress, et al*
Childress et al discuss the main concepts and issues in public health ethics, providing a working definition of the public health sphere, identifying the considerations that dominate moral deliberations, and outlining how moral conflicts arise. They also examine a central question in public health ethics: "When can paternalistic interventions [by the

state or other authorities]…be ethically justified if they infringe general moral considerations such as respect for autonomy, including liberty of action?"

[a.] How do the authors distinguish public health from medicine?
[b.] What is the requirement of universalizability in morality? How is it related to casuistry?
[c.] What are some of the relevant general moral considerations in public health?

88. "Human Rights Approach to Public Health Policy," *John Harris*

Tarantola and Gruskin, both scholars in public health issues, argue for a human rights approach in public health. They contend that we can produce just distributions of health and health care by ensuring that human rights in general are respected. Respecting human rights contributes to well-being and health, and these contributions to health depend on respect for human rights.

[a.] According to Tarantola and Gruskin, how are human rights and public health related?
[b.] What are human rights?
[c.] What does the right to health care entail? How is this right related to human rights?

Bioethics: Principles, Issues, and Cases
By Lewis Vaughn

INSTRUCTOR'S MANUAL
TEST QUESTIONS

[Please note: Questions #1-10 of each chapter appear on the Student Resources section of the Companion Website]

Chapter 1 Moral Reasoning in Bioethics

1. Ethics is the study of morality using the tools and method of
*a. Philosophy
b. Science
c. Description
d. Sociology

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

3. A key feature of moral norms is
a. Moral relativism
*b. Normative dominance
c. Normative subjectivity
d. Partiality

4. A moral principle that applies in all cases unless an exception is warranted is
a. Absolute
*b. Prima facie
c. Relative
d. Void

5. The overriding of a person's actions or decision-making for his or her own good is known as
*a. Paternalism
b. Beneficence
c. Autonomy
d. Nonmaleficence

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

a. True
*b. False

7. Nonmaleficence is the bedrock precept of codes of conduct for health care professionals.
*a. True
b. False

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

9. Moral absolutism is the view that there are moral norms or principles that are valid or true for everyone.
a. True
*b. False

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

11. Cultural relativism logically entails tolerance for other cultures.
a. True
*b. False

12. If people's moral judgments differ from culture to culture, moral norms are relative to culture.
a. True
*b. False

13. Cultural relativism implies that we cannot legitimately criticize other cultures.
*a. True
b. False

14. All religious people accept the divine command theory.
a. True
*b. False

15. Logical argument and persuasion are essentially the same thing.
a. True
*b. False

16. A deductive argument is intended to give
a. Probable support to its conclusion
b. True support to its conclusion

*c. Logically conclusive support to its conclusion
d. Logically inconclusive support to its conclusion

17. 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

18. 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

19. 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

20. 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

Chapter 2 Bioethics and Moral Theories

1. A moral theory explains
a. Why one event causes another
b. Why an action is prudent
c. Why an action is effective or ineffective or why a person is reasonable or unreasonable
*d. Why an action is right or wrong or why a person or a person's character is good or bad

2. Consequentialist moral theories insist that the rightness of actions depends solely on
*a. Their consequences or results
b. Their intrinsic nature
c. The agent's motives
d. The agent's desires

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

4. Act-utilitarianism is the view that
a. The rightness of actions depends solely on the character of the agent
*b. The rightness of actions depends solely on the relative good produced by individual actions
c. The rightness of actions depends on both the relative good produced by individual actions and the conformity to rules
d. The rightness of actions depends on a good will

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

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

7. Natural law tradition resolves dilemmas through the principle of utility.
a. True
*b. False

8. Rawls's equal liberty principles says 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

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

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

11. Moral theories are not relevant to our moral life.
a. True
*b. False

12. 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

13. Rule-utilitarianism is the idea that the rightness of actions depends solely on the relative good produced by individual actions.
a. True
*b. False

14. Classic utilitarianism depends heavily on a strong sense of impartiality.
*a. True
b. False

15. Kant's categorical imperatives are absolutist.
*a. True
b. False

16. Kant's principle of respect for persons says that we should always treat persons
a. 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

17. 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

18. The primary inspiration for contemporary versions of virtue ethics is
a. John Rawls
b. Socrates
*c. Aristotle
d. Thomas Aquinas

19. 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

20. Any moral theory that is inconsistent with the facts of the moral life is
*a. Problematic

b. Acceptable
c. Certainly false
d. Salvageable

Chapter 3 Paternalism and Patient Autonomy

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

2. The overriding of a person's actions or choices although he or she is substantially autonomous is called
*a. Strong paternalism
b. Weak paternalism
c. Nonautonomous action
d. Beneficence

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

4. The case of Elizabeth Bouvia concerned
a. Medical competence
b. Mental competence
*c. Refusal of treatment
d. Justice in health care

5. Generally, Kantian ethics rejects
a. Autonomy
*b. Paternalism
c. The right to refuse treatment
d. Self-determination

6. Weak paternalism is not usually considered an objectionable violation of autonomy.
*a. True
b. False

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

b. False

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

9. An advance directive is a legal document that speaks for the patient if he or she is incapacitated.
*a. True
b. False

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

11. Early medical practice was strongly paternalistic.
*a. True
b. False

12. The Hippocratic Oath asserted patients' rights to decide about their own medical care.
a. True
*b. False

13. Physician autonomy is the freedom of doctors to determine the conditions they work in and the care they give patients.
*a. True
b. False

14. The utilitarian philosopher John Stuart Mill endorsed state paternalism.
a. True
*b. False

15. A person is either fully autonomous or entirely lacking in autonomy.
a. True
*b. False

16. 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. The best medical care available anywhere

17. The model of the physician-patient relationship favored by the Emanuels is the_____.
a. Paternalistic model

b. Informative model
c. Interpretive model
*d. Deliberative model

18. 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

19. 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

20. 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

Chapter 4 Truth-Telling and Confidentiality

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

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

3. The authority of persons to control who may possess and use information about themselves is considered
*a. A right to privacy
b. A right to medical treatment
c. A right of refusal
d. A right of competence

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

5. The case of Carlos R. was mostly about
a. The rights of people who are HIV positive
b. Gay rights
*c. Medical confidentiality versus a duty to warn
d. The duty of physicians to report a crime

6. The Hippocratic Oath insists on a strong duty of truth-telling.
a. True
*b. False

7. Data from surveys suggest that most patients prefer to be told the truth about their diagnosis.
*a. True
b. False

8. The main argument in favor of truth-telling rests on the physician's duty of beneficence.
a. True
*b. False

9. Complete confidentiality in modern health care is entirely feasible.
a. True
*b. False

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

11. Disclosure of confidential medical information has exposed some patients to discrimination from insurance companies and employers.
*a. True
b. False

12. Physicians agree that the obligation to respect confidentiality is absolute.
a. True
*b. False

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

a. True
*b. False

14. In today's health care system, complete confidentiality is feasible.
a. True
*b. False

15. Kantian ethics implies an unambiguous duty to truth-telling and confidentiality.
*a. True
b. False

16. 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

17. 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

18. 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

19. In the Hippocratic Oath, the physician's respect for confidentiality is
*a. Clearly expressed
b. Rejected
c. Never mentioned
d. Ambiguously expressed

20. 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

Chapter 5 Informed Consent

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

2. The ability to render decisions about medical interventions is known as
a. Consent
b. Disclosure
*c. Competence
d. Voluntariness

3. The 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

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

5. A credible and severe threat of harm or force to control another has been called
a. Manipulation
b. Enticement
*c. Coercion
d. Waiver

6. Incompetence does not come in degrees.
a. True
*b. False

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

8. Informed consent requires that patients understand all information given to them.
a. True
*b. False

9. Some theorists have defined informed consent as autonomous authorization.
*a. True
b. False

10. The requirement of informed consent can be derived directly from Kantian ethics.
*a. True
b. False

11. Philosophers have justified informed consent through appeals to the principles of autonomy and beneficence.
*a. True
b. False

12. Throughout medical history, physicians have practiced the healing arts while putting great emphasis on informed consent.
a. True
*b. False

13. 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

14. True informed consent is merely a matter of warning the patient of the risks of treatment.
a. True
*b. False

15. To determine a patient's decision-making capacity, a court must usually get involved.
a. True
*b. False

16. Patients are legitimately judged incompetent in cases of
a. Reluctance by the patient to undergo treatment
*b. Mental retardation and dementia
c. The patient's refusal of treatment
d. Terminal disease

17. Physicians are often not obligated to provide disclosure in cases of
*a. Waiver
b. Serious illness
c. Dubious medical procedures
d. Physician incompetence

18. Tom L. Beauchamp defines informed consents as
a. Shared decision-making

b. Transparency
*c. Autonomous authorization
d. Universal validity

19. 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

20. From a strictly Kantian viewpoint, therapeutic privilege is
a. Always permissible
b. Respectful to persons
*c. Never permissible
d. Necessary

Chapter 6 Human Research

1. An inactive or sham treatment is called a
a. Randomization
b. Trial
*c. Placebo
d. Nocebo

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

3. The infamous experiment to study the damaging effects of untreated syphilis in 600 poor black men is known as
a. The Nazi experiments
*b. The Tuskegee study
c. The radiation experiments
d. The Willowbrook study

4. A scientific study designed to test a medical intervention in humans is known as
a. A placebo study
b. An observational study
*c. A clinical trial
d. An in vitro trial

5. An indispensable feature of most clinical trials is
a. Nonrandomization
b. Phase I controls
*c. Blinding
d. Animal models

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

7. It is generally understood that consent to do research on children is not required.
a. True
*b. False

8. Probably the chief argument against the third-world AZT studies is that in using a placebo (no-treatment) 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

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

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

11. Out of the post–World War II trial of Nazi doctors came the Nuremberg Code.
*a. True
b. False

12. Properly conducted clinical trials provide the strongest and most trustworthy evidence of a treatment's effectiveness.
*a. True
b. False

13. For most clinical trials, randomization is unnecessary.
a. True
*b. False

14. Usually the safety and effectiveness of a treatment can be established by a single clinical trial.

a. True
*b. False

15. There is substantial agreement in bioethics on the general moral principles that should apply to human research.
*a. True
b. False

16. 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

17. The first article of the Nuremberg Code concerns
a. Placebo-controlled trials
*b. Informed consent
c. Scientific credentials
d. Randomization

18. 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

19. Research on the mentally impaired
a. Is unnecessary
b. Is unethical
c. Does not require consent
*d. Is scientifically necessary

20. The heart of the modern doctrine of informed consent is
*a. Kantian
b. Utilitarian
c. Rawlsian
d. Hippocratic

Chapter 7 Abortion

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

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

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

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

5. Abortion liberals contend that even if infants are not persons, infanticide is
a. Always permissible
b. Unthinkable
*c. Rarely permissible
d. Encouraged

6. Almost half of all pregnancies are unintended.
*a. True
b. False

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

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

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

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

11. The Hebrew and Christian scriptures denounce abortion.
a. True
*b. False

12. Virtue ethics is never used to decide issues involving abortion.
a. True
*b. False

13. In *Roe v. Wade*, the Court balanced the woman's right and state interests according to trimester of pregnancy.
*a. True
b. False

14. 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

15. Most Western industrialized countries have lower abortion rates than the United States does.
*a. True
b. False

16. The risk of death associated with abortion performed at eight weeks or earlier is _____.
a. One death in 100 abortions
b. One death per 11,000 abortions
*c. One death per 1 million abortions
d. One death in 3,000 abortions

17. 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

18. 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

19. 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

20. Late-term abortions are
*a. Rare
b. Commonplace
c. Uncontroversial
d. Impossible

Chapter 8 Reproductive Technology

1. The uniting of sperm and egg in a laboratory dish, instead of inside a woman's body, is called
a. Ovarian stimulation
b. Gamete intrafallopian transfer (GIFT)
*c. In vitro fertilization (IVF)
d. Preimplantation genetic diagnosis (PGD)

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

3. A woman who gestates a fetus for others, usually for a couple or another woman, is called
a. A social parent
*b. A surrogate
c. A test-tube mother
d. The true mother

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

5. The classic case of Baby M concerned
a. Cloning

b. Abortion
*c. Surrogacy
d. Stem cells

6. IVF cycles pose health risks for both woman and child.
*a. True
b. False

7. The strongest arguments for IVF have appealed to individual autonomy or reproductive rights.
*a. True
b. False

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

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

10. Genetic determinism is a myth.
*a. True
b. False

11. At last count, there were fewer than 2,000 infertile couples in the United States.
a. True
*b. False

12. Multiple pregnancies resulting from IVF cycles raise the risks of children's life and health.
*a. True
b. False

13. 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

14. Some have objected to IVF because of its potential for causing birth defects and disease in children.
*a. True
b. False

15. Surrogate arrangements are generally simple and legally straightforward.
a. True
*b. False

16. Some argue against surrogacy by claiming that it amounts to
a. Adoption
b. Cloning
*c. Baby-selling
d. Family autonomy

17. 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

18. In 2008, the average age of women using assisted reproductive technology (ART) services was _____.
a. 25
b. 21
c. 45
*d. 36

19. 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

20. 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

Chapter 9 Genetic Choices

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

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

3. Gene therapy in germ-line cells is currently
a. Routine
*b. Not feasible
c. Low risk
d. Widely accepted

4. The deliberate attempt to improve the genetic makeup of humans by manipulating reproduction is known as
a. Germ-line therapy
b. Somatic cell therapy
*c. Eugenics
d. Gene activation

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

6. Many gene therapies have been approved for routine use.
a. True
*b. False

7. Physicians have debated whether they should reveal to a patient the results of a genetic test showing that he or she is at high risk for an unpreventable, untreatable disease.
*a. True
b. False

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

9. Genetic testing is now available for over 1,000 diseases.
*a. True
b. False

10. Genetic tests almost always yield definitive answers.

a. True
*b. False

11. 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

12. Direct-to-consumer genetic tests are reliable, useful, and safe.
a. True
*b. False

13. Many symptomless people at risk for Huntington's disease decide not to be tested.
*a. True
b. False

14. Genetic discrimination is prohibited by law.
*a. True
b. False

15. Julian Savulescu argues that genetic enhancement is not morally permissible.
a. True
*b. False

16. Some argue that gene therapy should not be permitted because it amounts to
a. Abortion
*b. Eugenics
c. Genetic repair
d. Treatment of disease

17. Negative eugenics is widely regarded as
*a. Permissible or obligatory
b. Impermissible
c. Impossible
d. Prohibited

18. 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

19. 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

20. Preimplantation genetic diagnosis (PGD) is
a. Inexpensive
b. Dangerous
*c. Common
d. Not yet feasible

Chapter 10 Euthanasia and Physician-Assisted Suicide

1. Performing an action that directly causes someone to die—what most people think of as "mercy killing"—is called
a. Passive euthanasia
b. Voluntary euthanasia
*c. Active euthanasia
d. Involuntary euthanasia

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

3. The definition of death that has become the standard in legal and medical matters is called
a. The higher brain theory
*b. The whole brain view
c. The traditional view
d. The mind–body theory

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

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

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

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

8. In a recent survey, a large majority of adults say 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 his or her family request it.
*a. True
b. False

9. Ethicists agree that no one ever has a duty to die.
a. True
*b. False

10. Most ethicists agree that the horrific suffering of dying patients can always be relieved without resort to lethal means.
a. True
*b. False

11. Some argue that there is no morally significant difference between mercifully killing a patient and mercifully letting the patient die.
*a. True
b. False

12. There is considerable agreement about the moral rightness of allowing a patient to die.
*a. True
b. False

13.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

14. James Rachels argues that there is no morally significant difference between killing and letting die.
*a. True
b. False

15. For doctors and nurses, death has always been easy to correctly define.

a. True
*b. False

16. Some argue that directly intending a patient's death may be permissible because, to the patient, death
a. May be a great harm
b. May be what the family wishes
c. May release physicians from responsibility
*d. May not be a harm

17. 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
*a. Little or no evidence that this is the case
b. Definitive evidence that this is the case
c. Substantial evidence that this is the case
d. Some evidence that this is the case

18. Peter Singer views the issue of euthanasia as
a. A classic utilitarian
b. A natural law theorist
c. A Kantian
*d. A preference utilitarian

19. 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

20. In the *Cruzan* case, the Supreme Court recognized
a. The right of patients to commit suicide with assistance
b. The constitutional right to physician-assisted suicide
*c. The right of patients to refuse treatment
d. The right of active euthanasia

Chapter 11 Dividing Up Health Care Resources

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

2. Tarantola and Gruskin argue for a human rights approach in
a. Some hospitals
b. Healthy communities
c. Physician autonomy
*d. Public health

3. Allen Buchanan rejects
a. Societal duties
*b. A right to a decent minimum of care
c. Rights of restitution
d. Prudential arguments

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

5. The United States has
a. Less frequent hospital admissions for preventable diseases than in comparable countriesre
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

6. Health insurance is so expensive that its high cost is the main reason for lack of coverage.
*a. True
b. False

7. Critics of the U.S. 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

8. Most wealthy nations can provide maximum health care for everyone.
a. True
*b. False

9. The United States spends more on health care per capita than any other country.
a. True
*b. False

10. Utilitarian theories of justice affirm that important benefits and burdens of society should be distributed equally.
a. True
*b. False

11. 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

12. Most people think that the government should not provide a national health care program for all Americans.
a. True
*b. False

13. A right to health care is considered a positive right.
*a. True
b. False

14. What a right to a decent minimum of care involves has been fairly easy to specify.
a. True
*b. False

15. The rationing of health care has never been tried in the United States.
a. True
*b. False

16. Rationing on the level of the total health care system is known as
a. Microallocation
b. Managed care
c. Distribution
*d. Macroallocation

17. The theory of justice most likely to insist on a system of universal health care is
a. Libertarianism
*b. Egalitarianism
c. Capitalism
d. Utilitarianism

18. 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 opportunityPreventive care for all
d. Libertarian fairness

19. A right not to be interfered with in obtaining something is known as a
a. Constitutional right
b. Civil right
c. Positive right
*d. Negative right

20. An August 2018 survey of public attitudes toward the Affordable Care Act (ACA, or "Obamacare") 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 on the law

ANSWER KEY

Chapter 1
1. a
2. d
3. b
4. b
5. a
6. b
7. a
8. b
9. b
10. a
11. b
12. b
13. a
14. b
15. b
16. c
17. c
18. d
19. c
20. b

Chapter 2
1. d
2. a
3. b
4. b
5. a
6. a
7. b

~~8. a~~
~~9. b~~
~~10. a~~
~~11. b~~
~~12. a~~
~~13. b~~
~~14. a~~
~~15. a~~
~~16. b~~
~~17. d~~
~~18. c~~
~~19. b~~
~~20. a~~

~~Chapter 3~~

~~1. d~~
~~2. a~~
~~3. b~~
~~4. c~~
~~5. b~~
~~6. a~~
~~7. a~~
~~8. b~~
~~9. a~~
~~10. a~~
~~11. a~~
~~12. b~~
~~13. a~~
~~14. b~~
~~15. b~~
~~16. b~~
~~17. d~~
~~18. a~~
~~19. a~~
~~20. c~~

~~Chapter 4~~

~~1. d~~
~~2. b~~
~~3. a~~
~~4. b~~
~~5. c~~
~~6. b~~
~~7. a~~
~~8. b~~
~~9. b~~

~~10. a~~
~~11. a~~
~~12. b~~
~~13. b~~
~~14. b~~
~~15. a~~
~~16. c~~
~~17. c~~
~~18. d~~
~~19. a~~
~~20. b~~

~~Chapter 5~~
~~1. b~~
~~2. c~~
~~3. c~~
~~4. a~~
~~5. c~~
~~6. b~~
~~7. a~~
~~8. b~~
~~9. a~~
~~10. a~~
~~11. a~~
~~12. b~~
~~13. a~~
~~14. b~~
~~15. b~~
~~16. b~~
~~17. a~~
~~18. c~~
~~19. d~~
~~20. c~~

~~Chapter 6~~
~~1. c~~
~~2. d~~
~~3. b~~
~~4. c~~
~~5. c~~
~~6. a~~
~~7. b~~
~~8. a~~
~~9. a~~
~~10. a~~
~~11. a~~

~~12. a~~
~~13. b~~
~~14. b~~
~~15. a~~
~~16. c~~
~~17. b~~
~~18. b~~
~~19. d~~
~~20. a~~

~~Chapter 7~~
~~1. c~~
~~2. d~~
~~3. b~~
~~4. c~~
~~5. c~~
~~6. a~~
~~7. a~~
~~8. a~~
~~9. a~~
~~10. a~~
~~11. b~~
~~12. b~~
~~13. a~~
~~14. a~~
~~15. a~~
~~16. c~~
~~17. d~~
~~18. c~~
~~19. b~~
~~20. a~~

~~Chapter 8~~
~~1. c~~
~~2. d~~
~~3. b~~
~~4. c~~
~~5. c~~
~~6. a~~
~~7. a~~
~~8. b~~
~~9. a~~
~~10. a~~
~~11. b~~
~~12. a~~
~~13. a~~

~~14. a~~
~~15. b~~
~~16. c~~
~~17. d~~
~~18. d~~
~~19. c~~
~~20. d~~

~~Chapter 9~~

~~1. c~~
~~2. d~~
~~3. b~~
~~4. c~~
~~5. c~~
~~6. b~~
~~7. a~~
~~8. a~~
~~9. a~~
~~10. b~~
~~11. a~~
~~12. b~~
~~13. a~~
~~14. a~~
~~15. b~~
~~16. b~~
~~17. a~~
~~18. c~~
~~19. b~~
~~20. c~~

~~Chapter 10~~

~~1. c~~
~~2. d~~
~~3. b~~
~~4. c~~
~~5. c~~
~~6. a~~
~~7. a~~
~~8. a~~
~~9. b~~
~~10. b~~
~~11. a~~
~~12. a~~
~~13. a~~
~~14. a~~
~~15. b~~

~~16. d~~
~~17. a~~
~~18. d~~
~~19. b~~
~~20. c~~

~~Chapter 11~~
~~1. c~~
~~2. d~~
~~3. b~~
~~4. c~~
~~5. c~~
~~6. a~~
~~7. a~~
~~8. b~~
~~9. b~~
~~10. b~~
~~11. a~~
~~12. b~~
~~13. a~~
~~14. b~~
~~15. b~~
~~16. d~~
~~17. b~~
~~18. b~~
~~19. d~~
~~20. b~~

Bioethics: Principles, Issues, and Cases
By Lewis Vaughn

QUESTIONS FOR READINGS

CHAPTER 2—Bioethics and Moral Theories

1. "Utilitarianism," *John Stuart Mill*

1. According to Mill, to determine whether one pleasure is more valuable than another, we must
a. determine which one is objectively most pleasurable.
*b. determine which pleasure most experienced people prefer.
c. consult philosophers of the past.
d. consult science.

2. 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.

3. 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.

2. "The Moral Law," *Immanuel Kant*

1. According to Kant, nothing can be called good without qualification except
a. right action.
b. good consequences.
c. happiness.
*d. a good will.

2. 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.

3. 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. a contingent law.
*c. a universal law.
d. a rule of thumb.

3. "Nicomachean Ethics," *Aristotle*
1. 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.

2. 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.

3. According to Aristotle, moral virtues can best be acquired through
a. study.
*b. practice and habit.
c. physical exertion.
d. great teachers.

4. "Caring," *Nel Noddings*
1. Noddings says that ethics has been discussed largely in the language of
a. the professional ethicist.
b. the teacher.
c. the mother.
*d. the father.

2. Noddings insists that the feminine view is rooted in
a. principles and values.
*b. receptivity and relatedness.
c. logic and reasoning.
d. detachment.

3. Noddings says her essay is in practical ethics from the
*a. feminine view
b. utilitarian view
c. Kantian view
d. relativistic view

5. "The Need for More than Justice," *Annette C. Baier*

1. 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,

2. Baier says that the best moral theory has to
a. downplay justice.
b. see justice as part of the problem.
c. discount female insights.
*d. harmonize justice and care.

3. 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.

6. "Moral Saints," *Susan Wolf*
1. 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.

2. Wolf says that some people might regard the absence of moral saints in their lives as
a. a curse.
b. a situation to be remedied.
c. a fact to be regretted.
*d. a blessing.

3. 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.

CHAPTER 3—Paternalism and Patient Autonomy

7. "Paternalism," *Gerald Dworkin*
1. 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.

2. 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.

3. Dworkin argues that the state's burden of proof in justifying paternalism is
a. light.
*b. heavy.
c. irrelevant.
d. immaterial.

8. "The Refutation of Medical Paternalism," *Alan Goldman*
1. Goldman argues that persons
a. are never the best judges of their own interests.
b. should leave decisions about their health to the experts.
*c. are the best judges of their own interests.
d. strong paternalism in medicine is usually justified.

2. 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.

3. 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. don't matter among most patients.
*d. cannot be assumed to be the top priorities for patients.

9. "Why Doctors Should Intervene," *Terrence F. Ackerman*
1. 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.

2. Ackerman says that autonomy can be compromised by
*a. illness.
b. hospital costs.
c. honest physician-patient communication.
d. family support.

3. 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 the patient's preferences to the letter.
*d. it does not recognize that many factors can compromise autonomy.

10. "Autonomy, Futility, and the Limits of Medicine," *Robert L. Schwartz*
1. 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.

2. 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.

3. Schwartz says that defining the scope of medicine should be left to
a. holistic doctors.
b. patients.
*c. physicians.
d. nurses.

11. "Four Models of the Physician-Patient Relationship," *Ezekiel J. Emanuel and Linda L. Emanuel*
1. The physician-patient relationship model whose goal is to help the patient determine and choose the best health-related values that can be realized in the clinical situation is called the
a. paternalistic model.
b. informative model.
c. interpretive model.
*d. deliberative model.

2. According to the Ezekiels,
*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.

3. According to the Ezekiels, the dominant model in bioethics has been the
a. interpretive model.
*b. informative model.
c. autonomous model.
d. professional model.

12. "Patient Autonomy and Physician Responsibility," *AMA Journal of Ethics*
1. According to Beeman, this case raises many ethical and professional issues, including
a. the costs of medical interventions.
b. the conflict between autonomy and the doctor's reputation.
*c. the conflict between a patient's wishes and a doctor's clinical judgment.
d. the conflict between a patient's wishes and the cost-effectiveness of treatments.

2. Van Woerkom says that a physician who fully understands, accepts, and exercises the professional rights of his position will
*a. teach the patient about the risks and benefits of procedures as related to their own health.
b. guide the patient in how to communicate with the staff.
c. teach the patient about the physician's authority over the patient's health.
d. teach the patient about the principle of nonmaleficence.

3. Beeman says that the chief ethical concern in this case is the classic conflict between
a. autonomy and justice.
*b. autonomy and beneficence.
c. beneficence and utility.
d. autonomy and nonmaleficence.

13. "Confronting Death," *Dax Cowart and Robert Burt*
1. 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.

2. 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.

3. 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.

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

1. 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.

2. 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.

3. 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.

15. "Fundamental Elements of the Patient–Physician Relationship," *AMA Council on Ethical and Judicial Affairs*

1. The AMA's medical code of ethics says that physicians should
a. serve as their patients' legal guardians.
b. serve as their patients' conscience.
c. be protectors of their own professional rights.
* d. serve as their patients' advocates.

2. 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.

3. 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.

16. "Advocacy or Subservience for the Sake of Patients?," *Helga Kuhse*

1. 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.

2. 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.

3. 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.

17. "Paternalism Revisited," *Harriet Hall*
1. Hall argues that in some clinical situations, what may be needed is
a. the strongest possible patient autonomy.
b. unrestrained paternalism.
c. the weakest form of paternalism.
*d. beneficent paternalism.

2. Hall questions whether there is any such thing as
a. informed consent.
*b. fair informed consent.
c. a good way to observe a DNR order.
d. a need for informed consent.

3. According to Hall, informed consent was intended to protect patients, but in practice it is often
a. used to harm patients.
*b. used to protect doctors from hard decisions.
c. used to mislead patients.
d. used to mislead doctors.

CHAPTER 4—Truth-Telling and Confidentiality

18. "Telling the Truth to Patients: A Clinical Ethics Exploration," *David C. Thomasma*
1. Thomasma says that it is right to be told the truth because
*a. respect for persons demands it.
b. it is a legal requirement.
c. institutions depend on truth-telling
d. justice demands it.

2. Thomasma says that although truth is important, other primary values take precedence over it, including

a. kindness to the individual.
b. utility.
*c. survival of the individual or community.
d. self-respect.

3. According to Thomasma, truth is contextual. Its revelation depends upon
a. the stage of the patient's disease.
b. the kindness of those treating the patient.
c. the ease in which the whole truth can be told.
*d. the nature of the relationship between the doctor and patient and the duration of that relationship.

19. "On Telling Patients the Truth," *Mack Lipkin*

1. 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 and because of their lack of medical knowledge.
c. patients have no medical training.
d. doctors lack the ability to explain medical concepts in a way that patients can understand.

2. Lipkins's attitude toward truth-telling is
*a. paternalistic.
b. anti-paternalistic.
c. sympathetic.
d. divisive.

3. Lipkin says that the crucial question in truth-telling is whether
a. the deception is successful in disguising the truth.
b. the patient appreciates the reasons for the deception.
*c. the deception is intended to benefit the patient or the doctor.
d. the deception is unintended.

20. "Is It Ever Okay to Lie to Patients?" *Shelly K. Schwartz*

1. Schwartz says that physicians are often forced to balance compassion with
a. mercy.
b. culture.
c. cruelty.
*d. the patient's right to know.

2. 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.

3. Schwartz says that most studies over the last decade found that patients who were told candidly they are going to die
*a. lived just 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.

21. "Respect for Patients, Physicians, and the Truth," *Susan Cullen and Margaret Klein*
1. Cullen and Klein say that patients cannot understand the "whole truth" about their disease, but they can
a. understand the doctor's intent.
*b. understand enough to appreciate the nature and seriousness of the disease and the benefits and risks of treatments.
c. understand the details of the disease process.
d. understand dire warnings about a disease outcome.

2. Cullen and Klein say that a significant majority of patients
a. do not care whether they are told that they have a serious disease.
*b. want to know about the state of their health.
c. do not want to know about the state of their health.
d. want their wife or husband to be informed about their health.

3. Cullen and Klein argue that deception to benefit patients is wrong because it disrespects them by
a. sparing them from psychological distress.
b. delaying understanding of the truth.
*c. restricting their freedom to make choices about their own lives.
d. undercuts the authority of medical professionals.

22. "Why Privacy Is Important," *James Rachels*
1. Rachels says there is a close connection between our ability to control 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.

2. 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.

3. Rachels says that if we are to maintain a system of different relationships with different people
*a. we need to separate our associations.
b. we need to unite our associations.
c. we need to make our associations productive.
d. we need to ignore certain associations.

23. "Confidentiality in Medicine—A Decrepit Concept," *Mark Siegler*
1. 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
a. that will be released only in partial form.
b. that has known errors and discrepancies.
*c. that will be exchanged among members of the health care team in order to provide care for the patient.
d. that will never be exchanged among members of the health care team in order to provide care for the patient.

2. 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.

3. 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.

24. "Ethical Relativism in a Multicultural Society," *Ruth Macklin*
1. According to Macklin, most patients in the United States
a. do not want to know their diagnosis and prognosis.
b. never learn of their diagnosis and prognosis.
*c. do want to know their diagnosis and prognosis.
d. are from non-Western cultures.

2. Macklin asserts that sometimes tolerance of the beliefs and practices of other cultures can lead physicians to
a. ignore patients.
*b. harm patients.
c. adopt non-Western values.
d. deny patients proper care.

3. According to Macklin, in modern medicine, intolerance of another's religious or traditional practices that pose no threat of harm is
*a. discourteous or prejudicial.
b. dangerous and unreasonable.
c. illegal.
d. prudent.

25. *Tarasoff v. Regents of the University of California*, Supreme Court of California
1. 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.

2. 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.

3. 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.

CHAPTER 5—Informed Consent

26. "The Concept of Informed Consent," *Ruth R. Faden and Tom L. Beauchamp*
1. Faden and Beauchamp believe that the tendency to equate informed consent with shared decision-making is
a. irrelevant.
b. rare.
*c. confused.
d. untimely.

2. 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.

3. 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.

27. "Informed Consent—Must It Remain a Fairy Tale?," *Jay Katz*
1. 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.

2. 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.

3. 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.

28. "Transparency: Informed Consent in Primary Care," *Howard Brody*
1. 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.

2. 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.

3. To operationalize the best features of the conversation model in medical practice, Brody proposes the
a. legal standard.
b. bureaucratic standard.
c. full disclosure standard.
*d. transparency standard.

29. "Informed Consent: Some Challenges to the Universal Validity of the Western Model," *Robert J. Levine*
1. Levine says that the informed consent standards of the Declaration of Helsinki are
a. universally valid.

b. valid only in Asian countries.
*c. not universally valid.
d. objectively valid.

2. Levine says that the principle of respect for persons is universally applicable but that applying it to specific cultures can be a problem because
a. cultures have varying levels of technology.
*b. cultures have varying notions of persons.
c. cultures are very distant geographically.
d. communicating across cultures is nearly impossible.

3. Levine argues that the principle of respect for persons is universally applicable if it is construed as
a. the utilitarian standard of best overall consequences.
b. Aristotle's principle inherent in virtue ethics.
*c. Kant's principle of treating humanity as an end, never as merely a means.
d. Kant's principle of legal moralism.

30. *Canterbury v. Spence*, U.S. Court of Appeals
1. 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.

2. 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.

3. The court declared that the topics importantly demanding communication of information include
a. the costs of the treatment.
*b. the inherent and potential hazards of the proposed treatment.
c. the physician's formal education.
d. the inherent hazards of following the physician's advice.

CHAPTER 6—Human Research
31. The Nuremberg Code
1. According to the code, the 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.

2. According to the 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.

3. According to the code, the experiment should be designed and based on all available information so that
*a. the anticipated results will justify the performance of the experiment.
b. the anticipated results will be exactly as expected.
c. the anticipated results will not justify replication of the experiment.
d. the anticipated results will be considered a breakthrough in the field of inquiry.

32. Declaration of Helsinki, *World Medical Association*
1. Unlike previous international ethical codes, this code 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.

2. The code 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.

3. This code declares that at the conclusion of the 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.

33. "The Belmont Report," *National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research*
1. According to this 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.

2. According to this 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 reflectons.

3. According to this 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.

34. "Final Report: Human Radiation Experiments," *Advisory Committee on Human Radiation Experiments*
1. This official report 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.

2. This report 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.

3. According to the report, 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.

35. "Of Mice but Not Men: Problems of the Randomized Clinical Trial," *Samuel Hellman and Deborah S. Hellman*
1. 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.

2. The Hellmans point out that the purpose of the randomized clinical trial is to avoid the problems of
a. disease characteristics.
b. confirmatory trials.
c. double-blind controls.

*d. observer bias and patient selection.

3. 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.

36. "A Response to a Purported Ethical Difficulty with Randomized Clinical Trials Involving Cancer Patients," *Benjamin Freedman*

1. 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.

2. 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.

3. Freedman suggests that the Kantian argument against the morality of clinical trials is
a. powerful.
b. solid.
c. strong.
*d. implausible.

37. "Racism and Research: The Case of the Tuskegee Syphilis Study," *Allan M. Brandt*

1. Probably the most outrageous and unethical example of unethical research in American history is
a. the human radiation studies from 1944 to 1974.
*b. the Tuskegee Syphilis Study.
c. the Belmont study.
d. the Nazi experiments.

2. In the early twentieth century, Darwinism provided a new (false) rationale for
*a. American racism.
b. American art and literature.
c. American democracy.
d. American history.

3. 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.

38. "Is It Time to Stop Using Race in Medical Research?" ***Angus Chen***

1. This interview makes the point that problems arise in medical research when it is assumed that
a. race is not genetically determined.
b. sickle cell anemia is not a disease.
*c. race is genetically determined.
d. cystic fibrosis is not a genetic disease.

2. Scientists say that race is defined
a. genetically.
b. physically and organically.
*c. culturally and socially.
d. visually.

3. Black patients who have symptoms of cystic fibrosis may not be diagnosed because
*a. doctors see CF as a white disease.
b. white diseases are different from black diseases.
c. racial populations have the same genes.
d. doctors see CF as a black disease.

39. "The Ethics of Clinical Research in the Third World," ***Marcia Angell***

1. 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.

2. Angell argues that some trials in the third world are impermissible because the studies
a. don't use placebo control groups.
b. are conducted by Western scientists.
c. are conducted in poor conditions.
*d. use placebo control groups even though a proven treatment exists.

3. 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.

40. "Ethical Issues in Clinical Trials in Developing Countries," *Baruch Brody*

1. 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.

2. Brody says some critics have suggested that participants in third world clinical trials are coerced into participating because of
a. physical threats.
*b. their desperation.
c. promises of a cure.
d. easily refused offers.

3. Brody says third world clinical trials 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.

CHAPTER 7—Abortion

41. "A Defense of Abortion," *Judith Jarvis Thomson*

1. According to Thomson, the view that abortion is impermissible even to save the mother's life is properly called
a. the moderate view.
*b. the extreme view.
c. the mainstream view.
d. the rationalist view.

2. 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.

3. According to Thomson, unborn persons whose existence is due to rape have
a. a right to use their mothers' bodies.
b. an absolute right to life.
c. unlimited rights.
*d. no right to the use of their mothers' bodies.

42. "Why Abortion Is Immoral," *Don Marquis*

1. 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.

2. 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.

3. 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.

43. "An Almost Absolute Value in History," *John T. Noonan Jr.*

1. According to Noonan, a human entity becomes a person at
a. viability.
b. the point of fetal experience.
c. quickening.
*d. fertilization.

2. Noonan argues that personhood begins at conception because it is at conception that
a. the new being can feel pain.
*b. the new being receives the genetic code.
c. the new being shows movement.
d. the new being comes alive.

3. Noonan says that a being with a human genetic code is
*a. man.
b. potentially man.
c. potentially a person.
d. unformed.

44. "On the Moral and Legal Status of Abortion," *Mary Anne Warren*

1. According to Warren, we must distinguish between two senses of *human being*—human in the genetic sense and human in the
a. physical sense.
b. religious sense.

c. material sense.
*d. moral sense.

2. 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.

3. According to Warren, the traits most central to the concept of personhood include
a. spiritual awareness.
b. human DNA and motivation.
*c. consciousness, reasoning, and self-awareness.
d. a brain, high intelligence, and instinct.

45. "Virtue Theory and Abortion," *Rosalind Hursthouse*
1. Hursthouse maintains that in virtue theory, an action is right if and only if it
a. promotes the best consequences.
*b. is what a virtuous agent would do in the circumstances.
c. is in accordance with a moral rule or principle.
d. is in accordance with God's law.

2. According to Hursthouse, the status of the fetus is, according to virtue theory,
*a. not relevant to the rightness or wrongness of abortion.
b. highly relevant to the rightness or wrongness of abortion.
c. relevant to our assessment of virtue theory.
d. must be determined by a virtuous person.

3. Hursthouse says that in virtue theory, every virtue generates
a. a rule of right action.
b. an action-guiding principle.
c. a list of conflicting actions.
*d. a positive instruction (act justly, kindly, etc.).

46. "Abortion and the Concept of a Person," *Jane English*
1. 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.

2. According to English, a conclusive answer to the question of whether or not a fetus is a person is
*a. unattainable.
b. possible.

c. unnecessary.
d. sufficient.

3. 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 question.

47. "Abortion," *Margaret Olivia Little*
1. 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.

2. Little says that burgeoning human life is
a. not respect-worthy.
b. casually interesting.
c. potentially trivial.
*d. respect-worthy.

3. Little says that for many women who contemplate abortion, the desire to end pregnancy is centrally a desire to
*a. avoid motherhood.
b. avoid gestation.
c. avoid childbirth.
d. avoid pain.

48. "Abortion through a Feminist Ethic Lens," Susan Sherwin
1. 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.

2. Sherwin says that feminists consider it self-evident that
a. the life of the pregnant woman must be balanced against the life of the fetus.
b. the main focus of attention must be the moral status of the developing embryo.
*c. the pregnant woman is a subject of principle concern in abortion decisions.
d. the pregnant woman is of great secondary moral concern.

3. 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.

49. *Roe v. Wade*, U.S. Supreme Court
1. 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.

2. The court asserted that a woman's right to an abortion is based on a Constitutionally guaranteed
*a. right of personal privacy.
b. right to life.
c. right of self-defense.
d. right of due process.

3. The court declared that the woman's right to an abortion is
a. absolute.
b. unsupported by the Constitution.
c. sacrosanct.
*d. not absolute.

50. *Planned Parenthood v. Casey*, U.S. Supreme Court
1. 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.

2. 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.

3. The count found that not all burdens on the right to decide whether to terminate a pregnancy are
a. appropriate.
*b. undue.
c. intelligible.
d. sensible.

CHAPTER 8 Reproductive Technology

51. "IVF: The Simple Case," *Peter Singer*

1. 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.

2. 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.

3. 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.

52. "IVF and Women's Interests: An Analysis of Feminist Concerns," *Mary Anne Warren*

1. Warren argues that if the disadvantages of IVF do not outweigh the possible benefits
*a. then the matter is properly left to individual choice.
b. then further research and study will need to be done.
c. then further research in IVF should be stopped.
d. then women should try other, more natural ways to become pregnant.

2. To the feminist claim that because of patriarchal society, women cannot give genuine voluntary consent to IVF, Warren says
*a. neither patriarchal society nor pronatalist ideology makes women incapable of reasoned choice about childrearing,
b. women are incapable of reasoned choice about many things but not about childrearing.
c. there is no question that IVF provides a net benefit to women.
d. IVF always provides a benefit.

3. Warren argues that
a. we must conclude that women's interests demand an end to IVF research.
*b. it would be wrong to conclude that women's interests demand an end to IVF research.
c. IVF is the best answer to the problem of involuntary infertility in women.
d. very few IVF pregnancies end in spontaneous abortion or stillbirth.

53. "'Give Me Children or I Shall Die!' New Reproductive Technologies and Harm to the Children," *Cynthia B. Cohen*

1. Cohen argues that the assumption that children with an interest in existing are waiting in a spectral world of nonexistence where their situation is less desirable than it would be were they released into this world is
a. true from a religious point of view.
b. probably true.
*c. false.
d. a genuine cause for alarm about new reproductive technologies.

2. Cohen argues that if new reproductive technologies do in fact cause serious harm
a. it still would not be wrong to use them.
*b. it would be wrong to use them.
c. it would be disadvantageous but not wrong to use them.
d. it would be even more important to forge ahead with research.

3. Cohen insists that if it were known before conception that the means used to bring this about could inflict serious or devastating deficits on those children
a. it would still not be wrong to have children.
b. there might be a way to avoid the harm.
c. it would be unfortunate but not wrong to have children.
*d. it would be wrong to have children.

54. "Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation," *Congregation for the Doctrine of the Faith*
1. This document asserts that surrogate motherhood is
a. morally acceptable.
b. morally acceptable with conditions.
*c. morally illicit.
d. morally licit.

2. According to this document, a procedure that is contrary to the unity of marriage and to the child's right to be conceived and brought into the world in marriage and from marriage is
a. conjugal act fertilization.
*b. artificial fertilization.
c. morally licit fertilization.
d. fertilization in and from marriage.

3. According to this document, the practice of keeping alive human embryos *in vivo* or *in vitro* for experimental or commercial purposes is
*a. totally opposed to human dignity.
b. not entirely opposed to human dignity.
c. may be licit depending on the intentions of the people involved.
d. may or may not be contrary to human dignity.

55. "The Presumptive Primacy of Procreative Liberty," *John A. Robertson*
1. 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.

2. Robertson says that "liberty" as used in procreative liberty is a
a. positive right.
*b. negative right.
c. Kantian right.
d. right of avoidance.

3. 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.

56. "Surrogate Mothering: Exploitation or Empowerment?," *Laura M. Purdy*
1. 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.

2. 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.

3. 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.

57. "Is Women's Labor a Commodity?," *Elizabeth S. Anderson*
1. 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.

2. Anderson says that when women's labor is treated as a commodity
a. the moral value of women increases.
*b. the women who perform it are degraded.
c. the women who perform it see themselves as altruistic.
d. the women who perform it are neither degraded nor exploited.

3. Anderson concludes that commercial surrogate contracts
a. should be legal.
b. are too complicated.
*c. should be illegal.
d. provide legitimacy to the surrogate.

58. "Egg Donation and Commodification," *Bonnie Steinbock*
1. Steinbock says that anyone who thinks that it is possible through egg selection to guarantee that a child will be brilliant or beautiful
*a. is likely to be disappointed.
b. is likely to be pleasantly surprised.
c. is unlikely to be disappointed.
d. is being realistic.

2. 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.

3. 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.

59. "The Wisdom of Repugnance," *Leon R. Kass*
1. Kass thinks human cloning should be rejected because it is
a. logically incoherent.
b. unreasonable.
*c. emotionally repugnant.
d. scientifically unproven.

2. Kass claims that in crucial cases, repugnance is
a. a perfect substitute for logical argument.
*b. the emotional expression of deep wisdom.
c. not a good justification for moral choices.
d. not really a feeling.

3. Kass asserts that human cloning should also be rejected because it is
*a. a major violation of our given nature.
b. a major violation of religious articles of faith.
c. a major violation of utilitarian principles of ethics.
d. a departure from precedent.

60. "Cloning Human Beings: An Assessment of the Ethical Issues Pro and Con," *Dan W. Brock*

1. 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.

2. 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. justified.

3. 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.

CHAPTER 9—Genetic Choices

61. "Implications of Prenatal Diagnosis for the Human Right to Life," *Leon R. Kass*

1. According to Kass, aborting fetuses known to be defective through prenatal genetic testing could lead us to embrace the principle that
a. defectives need extra care.
b. we can safely bring defective babies into the world.
c. defectives should be born.
*d. defectives should not be born.

2. Kass declares that aborting fetuses known through genetic testing to be defective
a. should not be condemned.
b. should be studied before implementing.
*c. should be condemned.
d. is not yet feasible.

3. Kass thinks that aborting fetuses known through genetic testing to be defective could lead us to
*a. take a less sympathetic view toward people who are genetic "abnormals."

b. a massive increase in prenatal genetic testing nationwide.
c. a pandemic of aborted fetuses.
d. take a more sympathetic view toward people who are genetic "abnormals."

62. "Genetics and Reproductive Risk: Can Having Children Be Immoral?," *Laura M. Purdy*

1. 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.

2. Purdy argues that we have an obligation to provide each child with something like
*a. a minimally satisfying life.
b. a maximally satisfying life.
c. a life more satisfying than most.
d. a life of above average satisfaction.

3. 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.

63. "The Morality of Screening for Disability," *Jeff McMahan*

1. 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.

2. 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.

3. McMahan says that a common objection is that screening and selection are
a. dangerous.
b. unnatural.
*c. discriminatory.

d. unpredictable.

64. "Genetic Dilemmas and the Child's Right to an Open Future," *Dena S. Davis*
1. 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.

2. 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.

3. 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.

65. "Disowning Knowledge: Issues in Genetic Testing," *Robert Wachbroit*
1. 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.

2. Wachbroit contends that there is no right to
a. informed consent.
b. nongenetic testing.
*c. genetic testing.
d. basic testing.

3. 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.

66. "The Non-Identity Problem and Genetic Harms—The Case of Wrongful Handicaps," *Dan W. Brock*
1. 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.

2. 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.

3. 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.

67. "Is Gene Therapy a Form of Eugenics?," *John Harris*
1. Harris evaluates the idea that although we have and 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.

2. Harris tries to rebut the idea that attempts to produce fine healthy children might be
a. morally permissible.
*b. wrongful.
c. obligatory.
d. underused.

3. Harris argues that between attempts to cure dysfunction and attempts to enhance function (where the enhancement protects life or health)
*a. there is no moral difference.
b. there is a vast moral difference.
c. there is both a legal and moral difference.
d. there is only a medical difference.

68. "Genetic Enhancement," *Walter Glannon*
1. Glannon argues that genetic enhancement is
a. morally legitimate.
b. technologically impossible.
*c. morally illegitimate.
d. morally neutral.

2. 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.

3. Glannon argues that inequalities resulting from enhancements above 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.

69. "Genetic Interventions and the Ethics of Enhancement of Human Beings," ***Julian Savulescu***

1. Savulescu maintains that enhancement is
a. immoral.
*b. a moral obligation.
c. unobjectionable.
d. objectionable.

2. Savulescu argues that enhancement is no different than
a. cosmetic changes.
b. preventing cancer.
*c. treating disease.
d. monitoring biological changes.

3. Savulescu asserts that biological manipulation to increase opportunity is
a. dishonest.
b. unethical.
c. ineffective.
*d. ethical

70. "Germ-Line Gene Therapy," ***LeRoy Walters and Julie Gage Palmer***

1. 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.

2. 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.

3. 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.

71. "What Does ''Respect for Embryos' Mean in the Context of Stem Cell Research?," *Bonnie Steinbock*
1. 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.

2. 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.

3. 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.

72. "Declaration on the Production and the Scientific and Therapeutic Use of Human Embryonic Stem Cells," *Pontifical Academy for Life*
1. According to this position statement, 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.

2. The Academy 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.

3. The Academy asserts that engaging in therapeutic cloning is
a. morally licit.
b. possibly morally illicit.
*c. morally illicit.
d. morally licit in a few circumstances.

CHAPTER 10—Euthanasia and Physician-Assisted Suicide

73. "Death and Dignity: A Case of Individualized Decision Making," *Timothy E. Quill*

1. 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.

2. 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.

3. 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.

74. "Voluntary Active Euthanasia," *Dan W. Brock*

1. 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.

2. Brock argues that voluntary active euthanasia is morally permissible because
a. the action 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.

3. According to Brock, self-determination is valuable because
a. it always trumps all other values.
*b. it permits people to live in accordance with their own conception of a good life.
c. it allows people to resist the intrusion of physicians.

d. it is recognized by the American Medical Association.

75. "When Self-Determination Runs Amok," *Daniel Callahan*
1. 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.

2. 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.

3. 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.

76. "Physician-Assisted Suicide: A Tragic View," *John D. Arras*
1. Arras calls his own approach to a social policy of physician assisted suicide and euthanasia
a. pro-euthanasia.
*b. tragic choice.
c. anti-choice.
d. anti-euthanasia.

2. Arras says we should not conceive of the euthanasia debate as between legalization and
a. regulation.
b. slippery slopes.
*c. abandonment of patients to their pain and suffering.
d. delayed legalization.

3. Arras insists that the social risks of legalization are serious and
*a. highly predictable.
b. unpredictable.
c. manageable.
d. temporary.

77. "Active and Passive Euthanasia," *James Rachels*
1. 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.

2. 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

3. 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.

78. "Dying at the Right Time: Reflections on (Un)Assisted Suicide," *John Hardwig*
1. 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.

2. Hardwig asserts that someone can be better off dead even if
a. her terminal illness goes into remission.
*b. she has no terminal illness.
c. everything in her life is perfect.
d. her life is painless and purposeful.

3. 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.

79. "The Philosophers' Brief," *Ronald Dworkin, Thomas Nagel, Robert Nozick, John Rawls, Thomas Scanlon, and Judith Jarvis Thomson*
1. 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.

2. 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.

3. The philosophers say that the liberty interest asserted by the patient-plaintiffs is protected by
a. the Privacy Clause.
b. the previous rulings of lower courts.
c. the Freedom Clause.
*d. the Due Process Clause.

80. "Legalizing Assisted Dying Is Dangerous for Disabled People," *Liz Carr*
1. 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.

2. Carr says that given such attitudes toward disabled persons, legalizing assisted dying could for them be
a. problematic
*b. dangerous.
c. discriminatory.
d. upsetting.

3. 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.

81. "For Now I Have My Death," *Felicia Ackerman*
1. 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.

2. 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.

3. 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.

82. *Vacco v. Quill*, U.S. Supreme Court
1. In this case, 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.

2. 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.

3. The court finds that the distinction between refusing lifesaving medical treatment and assisted suicide is
a. irrational
b. arbitrary
*c. valid.
d. nonexistent.

CHAPTER 11 Dividing Up Health Care Resources

83. "Is There a Right to Health Care and, if So, What Does It Encompass?," *Norman Daniels*
1. Daniels argues for a right to health care, deriving it 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.

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.

3. Daniels points out that in nearly every advanced industrial democracy in the world, there is a right to health care, since institutions exist in them 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.

84. "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.

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.

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.

85. "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.

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
*a. the latter may constitute claims on others.
b. the latter may establish a duty of the state to render aid.

c. the latter may establish a duty of the state to provide an absolute minimum of health care.
d. the latter may constitute very restricted claims on others.

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.

86. "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care," *The Commonwealth Fund*
1. According to this 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.

2. 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 UK.

3. Among the eleven countries included in this study, the country with the worst health care performance ranking is
a. France.
*b. the United States.
c. New Zealand.
d. Sweden.

87. "Public Health Ethics: Mapping the Terrain," *James F. Childress, et al*
1. According to the authors, public health is primarily concerned with
a. the health of individuals with risk factors.
b. the prevention of disease.
*c. the health of the entire population, rather than the health of individuals.
d. the collection and use of epidemiological data.

2. A key concept of morality in public health ethics is
a. consensus
*b. universalizability.
c. individualism.
d. scope.

3. Moral principles in public health are
a. absolutist.
b. autonomous.
c. political.
*d. prima facie.

88. "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.

2. 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.

3. 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.

KEY TERMS

Chapter 1 Moral Reasoning in Bioethics

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

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 conclusive support 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.

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.

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.

Chapter 2 Bioethics and Moral Theories

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.

Chapter 3 Paternalism and Patient Autonomy

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.

Chapter 4 Truth-Telling and Confidentiality

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.

Chapter 5 Informed Consent

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.

Chapter 6 Human Research

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.

Chapter 7 Abortion

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.

Chapter 8 Reproductive Technology

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.

Chapter 9 Genetic Choices

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.

Chapter 10 Euthanasia and Physician-Assisted Suicide

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.

Chapter 11 Dividing Up Health Care Resources

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.

Web Links

General

Internet Encyclopedia of Philosophy
(http://www.iep.utm.edu/)

The Philosophy Pages (A Guide to Philosophy)
(http://www.philosophypages.com/index.htm/)

Stanford Encyclopedia of Philosophy
(http://plato.stanford.edu/contents.html/)

Mission Critical (Critical Thinking Site)
(http://www.sjsu.edu/depts/itl/graphics/main.html/)

National Institutes of Health
(http://www.nlm.nih.gov/)

Ethics, Bioethics, and Moral Reasoning

Bioethics Resources on the Web (National Institutes of Health)
(http://bioethics.od.nih.gov/)

Bioethics.Net
(http://www.bioethics.net/)

The Internet Encyclopedia of Philosophy: Ethics
(http://www.iep.utm.edu/e/ethics.htm/)

Ethics Updates
(http://ethics.sandiego.edu/index.asp/)

Moral Philosophy
(http://www.philosopher.org.uk/moral.htm/)

Applied Ethics Resources on WWW
(http://www.ethicsweb.ca/resources/)

Informed Consent and Confidentiality

Ethics in Medicine (Informed Consent)
(http://depts.washington.edu/bioethx/topics/consent.html/)

Human Research

U.S. Food and Drug Administration (Clinical Trials)
(http://www.fda.gov/oc/gcp/)

Centers for Disease Control (The Tuskegee Study)
(http://www.cdc.gov/tuskegee/timeline.htm/)

Abortion

Abortion: All Sides of the Issue
(http://www.religioustolerance.org/abortion.htm/)

Abortion and Ethics
(http://ethics.sandiego.edu/Applied/Abortion/index.html/)

Guttmacher Institute
(https://www.guttmacher.org/)

Reproductive Technology

American Society for Reproductive Medicine (http://www.asrm.org/)

National Bioethics Advisory Commission (Cloning) (http://bioethics.georgetown.edu/nbac/pubs/cloning1/cloning.pdf/)

Human Genome Project (Cloning Fact Sheet) (http://www.ornl.gov/sci/techresources/Human_Genome/elsi/cloning.shtml/)

Genetics

National Bioethics Advisory Commission (Stem Cells) (http://bioethics.georgetown.edu/nbac/execsumm.pdf/)

DNA from the Beginning (http://www.dnaftb.org/dnaftb/)

National Institutes of Health (Genetics Home Reference) (http://ghr.nlm.nih.gov/)

National Institutes of Health (Stem Cells) (http://stemcells.nih.gov/info/basics/basics1.asp/)

Bioethics Resources on the Web (Genetic Testing) (http://bioethics.od.nih.gov/geneticstesting.html/)

American Society of Gene Therapy (http://www.asgt.org/index.php/)

Euthanasia and Physician-Assisted Suicide

Cleveland Clinic (Do-Not-Resuscitate Orders) (http://my.clevelandclinic.org/healthy_living/healthcare/hic_do_not_resuscitate_orders_and_comfort_care.aspx/)

Euthanasia ProCon.org (http://www.euthanasiaprocon.org/)

National Institute on Aging (https://www.nia.nih.gov/)

Justice in Health Care

~~Centers for Disease Control (about Minority Health)~~
~~(http://www.cdc.gov/omhd/amh/amh.htm/)~~

~~Institute of Medicine (Consequences of Uninsurance)~~
~~(http://www.iom.edu/?ID=4660/)~~

~~Kaiser Family Foundation (Health Coverage and the Uninsured)~~
~~(http://www.kff.org/uninsured/trends.cfm/)~~

~~Ethics in Medicine (Managed Care)~~
~~(http://depts.washington.edu/bioethx/topics/manag.html/)~~