

Introduction to Bioethics

Course Outline

The purpose of this course is to give an introduction to four major ethical issues in the sphere of healthcare practice and research, while at the same time developing an understanding of the major positions in contemporary Anglo-American moral philosophy. Each week we will focus on a particular problem, which will illuminate a particular perspective on morality—covering deontology, consequentialism, the normative status of ‘the natural’, and distributive justice.

General Recommended Reading

Where possible I will provide you with downloaded versions of the articles on the reading list; if you are unable to attain particular articles or chapters that cannot be downloaded, I will provide photocopies. If possible, however, you should at least buy or borrow these three books, to which we will return throughout the course. All are available from Amazon. You should read the introductions to these three books before beginning your term’s work.

Holland, Stephen, *Bioethics: A Philosophical Introduction*, (Cambridge: Polity Press, 2003).

Kuhse, Heidi and Peter Singer (eds.), *Bioethics: An Anthology*, (Oxford: Blackwell Press, 2006).

Harris, John (ed.), *Bioethics*, (Oxford: Oxford University Press, 2001).

Your core reading for each week will amount to less than 100 pages, and it should therefore always be possible for you to cover it all. If you have extra time then read some of the additional material.

Notes on Essays

You will write one essay for each tutorial. These should be at least 2500 words in length, and should be emailed to me before 1700hrs on the day before your tutorial. You should remember some key points when writing your essay:

1. Each essay title presents a particular position on the debate covered in the relevant week. You are invited to ‘discuss’ this position. This means, first, explaining what it means, and, second, evaluating whether it is defensible or indefensible. You are expected to make a substantive argument, and come to a definitive conclusion—albeit that your conclusion may be that the matter is undecidable. The most important thing is that you present an *argument*: critically assess everything that you write to ensure that it all contributes to either falsifying or proving the essay title. If you find that you have strayed from the title, or that you are just writing generally about the topic without making a specific argument, then you need to re-think.
2. It is worth remembering one technique when considering these essay titles. In most cases, they will be elliptical versions of substantive arguments. There will be premisses, and a conclusion. There are, then, three tasks that face you in assessing any question: first, you must establish whether you think, on its own terms, that the conclusion is true. Second, you must consider whether the conclusion is validly inferred from the premisses. Third, you must assess whether or not the premisses are true. For example, take this question: ‘Since there is no morally relevant difference between abortion and IVF therapy, and abortion is

always immoral, IVF therapy must also always be immoral.’ Discuss. Start by breaking this down: there are two premisses, and a conclusion. P1 Abortion is always immoral. P2 There is no morally relevant difference between abortion and IVF therapy. C Therefore IVF therapy is always immoral. Start by considering your gut response to the conclusion. My gut response is that it is false. So let us see whether it is validly inferred—if there is a logical problem here. There appears to be no logical problem. If, therefore, the conclusion is false, it must be true that either P1 or P2, or both, is also false, since you cannot validly infer a false conclusion from true premisses. If you think, then, that C is wrong, you must show that either P1 or P2, or both, are also wrong. It seems likely that there will be problems with both. Conversely, you may find yourself quite in agreement with the proposition to be discussed, in which case the method is the same, except at each point you should provide additional reasons to reinforce, rather than undermine, the truth of the premisses or the conclusion, and/or the inference from one to the other. One effective method is to consider objections that a critic might raise, and to show how they can be rejected.

3. You are expected to engage with the reading in your essays, but *not* to reproduce it. Whenever you refer to the reading you should make sure that you are *using* it. That is, you must either be deploying it critically to support your argument, or making your own critical assessment of the philosopher in question, and explaining why you think his or her position is wrong. Mere paraphrase without critical engagement is not sufficient.
4. Moral philosophy is, in the simplest sense, about two things: intuitions, and reasons. Usually we have gut feelings about moral problems, and these are very important. They are like the scientist’s data. Given, however, the assumption that we are rational beings (necessary for any argument to take place), we must be able to give *reasons* for these intuitions. Sometimes this is not possible—we reach the bedrock of morality—but at most times we can find some way of explaining what it is that is wrong or right about a given solution to a moral problem. Your task in your essays is to work out what your considered judgment, or intuition, about a certain problem is, and then attempt to back that up with reasons. If you find that you cannot provide adequate reasons, you must work out whether this is because you are at the bedrock of morality, or because your intuition is misguided. For every point that you make in your essays, then, whether it be your own positive argument, or a criticism of one of the philosophers under consideration, you must provide substantive supporting reasons.
5. Don’t be intimidated by the fact that you are not a philosophy major. Moral philosophy is just a more careful way of phrasing arguments that everybody has in everyday life and politics.

Week 1: The Moral Status of Embryos and Foetuses

Overview

It is commonly thought that there is something morally special about being a person, and that because of this there are certain things which, while permissibly done to non-persons, cannot be done to us. One deontological view is that, because each person is of ultimate, non-derivative value, in our relations with other persons we must always respect this, by never treating them as merely means to our own purposes. Abortion, IVF treatment, and stem-cell research all involve treating embryos or foetuses as means to

purposes that are not their own—terminating them because of the wishes of the parents, or as a means of increasing the chances of pregnancy, or for the sake of medical research. Most people think that the same sort of conduct would be impermissible were it not embryos and fetuses, but born children whose termination was at stake. One way of defending abortion, IVF therapy, and stem-cell research, then, is to argue that there is a fundamental morally relevant difference between embryos and fetuses on the one hand, and children on the other hand. And one way to attack these practices is to argue that this morally relevant difference does not exist. In this week's reading, we consider what sort of moral status can be assigned to embryos and fetuses, and whether, as some philosophers argue, our decision on moral status is sufficient to win the argument against or for abortion and similar practices.

Core Reading

- Holland, Stephen, *Bioethics: A Philosophical Introduction*, (Cambridge: Polity Press, 2003), chapter 1.
- Holm, Søren, 'Going to the roots of the stem cell controversy', in *Bioethics* (2002), Vol. 16, No. 6, pp. 493-507.
- Tooley, Michael, 'Abortion and Infanticide', in *Bioethics: An Anthology*, edited by Heidi Kuhse and Peter Singer (Oxford: Blackwell Press, 1999), pp. 21-35.
- Finnis, John, 'Abortion and Health Care Ethics', in *Bioethics: An Anthology*, pp. 13-20.
- Marquis, Don, 'Why Abortion is Immoral', in *Bioethics: An Anthology*, pp. 46-57.
- Jarvis Thomson, Judith, 'A Defence of Abortion', in *Bioethics: An Anthology*, pp. 36-45.
- McMahan, Jeff, *The Ethics of Killing - Problems at the Margins of Life* (Oxford: Oxford University Press, 2002), pp. 398-422.

Additional Reading

- Quinn, Warren, 'Abortion: Identity and Loss', in *Philosophy and Public Affairs*, (1984), Vol. 13, No. 1, pp. 24-54.

Essay Question

'There is no defensible criterion of moral status according to which embryos and fetuses are not morally identical to born human beings, therefore any medical practice which terminates embryos or fetuses is morally identical to terminating the life of a born human being, and is therefore morally impermissible.' Discuss.

Week 2: Active and Passive Euthanasia

Overview

Like abortion, euthanasia involves the ending of life, and as such there are parallel issues about the moral status of the potential candidate for euthanasia. For example, on what definitions of moral status is a patient in a persistent vegetative state accorded all the rights of personhood? However, the key issues around euthanasia lead us not towards the deontological concept of moral status, but towards consequentialist arguments about the quality of life, and our responsibility for what we allow to happen, as well as what we directly cause. Given the medical resources presently available, it is possible to keep almost any person from biological death for an indefinite period of time. In many cases, then, we must make a decision about when life can permissibly be ended. On what

grounds do we make such a decision? How should those grounds be limited? If it is permissible to withdraw treatment, with the directly foreseeable consequence that the patient will die, then why do most medical practitioners think it impermissible to take active measures to help patients die? Is there a morally relevant difference between deliberately withdrawing treatment, with the foreseeable and intended consequence that the patient dies, and deliberately administering a lethal injection, with an identical consequence? This week we consider the problem of euthanasia through the lens of two fundamental questions: what makes life valuable? And what is the difference between killing and letting die? Having emphasised deontological readings last week, this week pays more attention to the consequentialist perspectives on these two issues: that life is only valuable when it is valuable to the person whose life it is, and that there is no difference between active and passive euthanasia.

Core Reading

- Holland, Stephen, *Bioethics: a Philosophical Introduction*, chapters 3 and 5.
- Rachels, James, 'Active and Passive Euthanasia', in *Bioethics: an Anthology*, pp. 227-231.
- Singer, Peter, 'Is the Sanctity of Life Ethic Terminally Ill?', in *Bioethics: an Anthology*, pp. 292-304.
- Grisez, Germain and Joseph M. Boyle Jr., 'The Morality of Killing: a Traditional View', in *Bioethics: an Anthology*, pp. 211-214.
- Kuhse, Helga, 'A Modern Myth: That Letting Die is not the Intentional Causation of Death', in *Bioethics: an Anthology*, pp. 255-268.
- Kuhse, Helga, 'Why Killing is Not Always Worse—and Sometimes Better—than Letting Die', in *Bioethics: an Anthology*, pp. 236-242.
- Quinn, Warren, 'Actions, Intentions, and Consequences: The Doctrine of Doing and Allowing', in *Philosophical Review* (1989), Vol. 89, pp. 287-312.

Additional Reading

- Bennett, Jonathan, 'Whatever the Consequences', in *Bioethics: an Anthology*, pp. 215-226.
- Dworkin, Ronald, *Life's Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*, (New York: Vintage Books, 1994), chapter 3.
- Scheffler, Samuel, 'Doing and Allowing', in *Ethics* (2004), Vol. 114, No.1, pp. 215-239.
- McMahan, Jeff, *The Ethics of Killing - Problems at the Margins of Life*, (Oxford: Oxford University Press, 2002), pp. 455-492.
- Callahan, Daniel, 'When Self-Determination Runs Amok', in *Bioethics: an Anthology*, pp. 327-331.

Essay Question

EITHER 'Since passive euthanasia is, in some circumstances, permissible, and there is no morally relevant difference between active and passive euthanasia, there must be some cases where it is permissible deliberately to end the life of the terminally ill.' Discuss.

OR 'Killing is wrong because of the value of life, but a life is only valuable if it has value for the person who is living it, therefore there is nothing morally wrong with ending a person's life when that life is not valuable to her.' Discuss.

Week 3: Genetic Therapy and Genetic Enhancement

Overview

Recent advances in genetics raise the prospect of being able to treat debilitating diseases such as Alzheimer's and muscular dystrophy by altering sufferers' genetic makeup. If, however, research proved successful, advances such as these might prove equally effective in enhancing the memory and physical strength of those without prior abnormalities or diseases. It is conceivable that, in the near future, it will be theoretically possible for parents to decide on aspects of the genetic makeup of their prospective children from musicality, to intelligence, to sexual orientation. Most people find this notion morally problematic, but pinning down the exact problem with it requires us to consider arguments generally obscured from Anglo-American philosophical thought, about, in particular, the moral significance of nature and the natural. Will anyone be harmed by making future generations physically, intellectually, and musically perfect? If not, then how can it be wrong, unless we ascribe some sort of impersonal value to nature? If we must ascribe such a value, then on what grounds?

Core Reading

Holland, Stephen, *Bioethics: a Philosophical Introduction*, introduction to part IV, chapter 9.

Sandel, Michael, 'The Case against Perfection', in *Atlantic Monthly*, (2004), No. 4, pp.

Harris, John, 'Is Gene Therapy a Form of Eugenics?', in *Bioethics: An Anthology*, pp. 165-170.

Agar, Nicholas, 'Liberal Eugenics', in *Bioethics: An Anthology*, pp. 171-181.

Shapiro, Michael H., 'The Impact of Genetic Enhancement on Equality', in *Wake Forest Law Review* (1999), Vol. 34, pp. 561ff.

McGee, G., 'Ethical Issues in Enhancement: An Introduction,' in *Cambridge Quarterly of Healthcare Ethics* (2000), Vol. 9, No. 3, pp. 299-303.

Reiss, M.J., 'What Sort of People Do We Want? The Ethics of Changing People Through Genetic Engineering', *Notre Dame Journal of Law, Ethics, and Public Policy* (1993), Vol. 13, pp. 63-.

Additional Reading

Scully, J. L., 'Drawing a Line: Situating Moral Boundaries in Genetic Medicine', in *Bioethics* (2001), Vol. 15, No. 3, pp. 189-204.

Daniels, N., 'Normal Functioning and the Treatment-Enhancement Distinction', *Cambridge Quarterly of Healthcare Ethics* (2000), Vol. 9, No. 3, pp. 309-322.

Lachs, J., 'Grand Dreams of Perfect People,' in *Cambridge Quarterly of Healthcare Ethics* (2000), Vol. 9, No. 3, pp. 323-329.

Goering, S., 'Gene Therapies and the Pursuit of a Better Human', in *Cambridge Quarterly of Healthcare Ethics* (2000), Vol. 9, No. 3, pp. 330-341.

Shickle, D., 'Are "Genetic Enhancements" Really Enhancements', in *Cambridge Quarterly of Healthcare Ethics* (2000), Vol. 9, No. 3, pp. 342-352.

Resnick, D.B., 'The Moral Significance of the Therapy-Enhancement Distinction in Human Genetics,' in *Cambridge Quarterly of Healthcare Ethics* (2000), Vol. 9, No. 3, pp. 365-377.

Essay Question

EITHER ‘Neither genetic therapy nor genetic enhancement harms anybody, therefore, provided everyone is guaranteed equal access to both, there is no basis for moral concern about either.’ Discuss.

OR ‘Since there is no sound basis for a distinction between genetic therapy and genetic enhancement, the moral arguments for both must stand or fall together.’ Discuss.

Week 4: Healthcare and Distributive Justice

Overview

One of the central problems of liberal political philosophy is the question of how, in a just society, scarce resources should be distributed. Should we allow historical title to determine people’s fate, so that we have control only over what we have inherited from our parents? Or is there something wrong with a system that gives absolute priority to personal property rights, and is redistribution necessary? If we believe redistribution justifiable, at what should it aim? Should we aim for equality, even if it means levelling some down? Should we aim to provide for people’s most fundamental interests, and then let the market take care of the rest? Should we aim to maximise overall well-being? In practical politics the illusion of an ever-expanding pie sometimes obscures these questions, but they resurface with a vengeance in the problem of how a just state should distribute access to healthcare. Should individuals be left to make their own decisions? Should we leave the healthcare of the poorest to be a matter of charity, or should they be able to demand basic healthcare—or more—as a right? On what grounds can we justify taxing person A in order to pay for healthcare for person B? Where a National Health Service exists, how should it divide its resources? Should it determine the provision of care solely on the basis of the need of the patient, or should it also consider the likely amount of quality life that the patient will lead after leaving the hospital? Should it make provision for cosmetic enhancement? Should it penalise patients who are directly responsible for their own illnesses, such as smokers and some of the obese? These problems become even more pertinent when we consider a specific problem such as organ transplants: here we have a resource that is extremely scarce, is indivisible, and in many cases will make the difference between life and death. How do we decide who should receive a transplant? How do we ensure that enough transplants are available?

Core Reading

Daniels, Norman, ‘Health-Care Needs and Distributive Justice’, in *Bioethics*, pp. 319-346.

Shaw, A. B., ‘In Defence of Ageism’, in *Bioethics: an Anthology*, pp. 374-380.

Cappelen, A. W., and O. F. Norheim, ‘Responsibility in health-care: A liberal-egalitarian approach’, in *Journal of Medical Ethics*, Vol. 31, No. 8, pp. 476-480.

Harris, John, ‘Could We Hold People Responsible for Their Own Adverse Health?’ in *Journal of Contemporary Health Law & Policy*, (1995-1996), pp. 147-153.

Walzer, Michael, *Spheres of Justice*, chapter on healthcare.

Harris, John, ‘The Survival Lottery’, in *Bioethics: an Anthology*, pp. 399-403.

Titmuss, Richard M., ‘Why Give to Strangers?’, in *Bioethics: an Anthology*, pp. 383-386.

Additional Reading

Kluge, Eike-Henner W., ‘Organ Donation and Retrieval: Whose Body is it Anyway?’, in *Bioethics: an Anthology*, pp. 387-389.

Parfit, Derek, ‘Equality or Priority?’, in *Bioethics*, pp. 347-387.

Brock, Dan, 'Quality of Life Measures in Healthcare and Medical Ethics', in *Bioethics*, pp. 387-428.

Kamm, Frances M., *Morality, Mortality Volume I: Death and Whom to Save From It*, (Oxford: Oxford University Press, 1998), part III.

Essay Question

EITHER 'When healthcare resources are scarce, we can permissibly deny care to people who are responsible for their own ill health.' Discuss.

OR 'Taxation for the provision of healthcare for all places an unfair burden on those who would rather take private health insurance.' Discuss.