morality & medicine

What should I do? is probably the most important question you can ask yourself, and medical ethics deals with that question posed in the medical context. Just think: regarding, for instance, euthanasia, whatever answer a person in power give to *should we assist this patient in killing herself?*, it'll seriously affect many people. This course is on how to give correct answers to such questions (or, less ambitiously, how to avoid giving blatantly incorrect answers).

Class: Tuesdays, 6-8^{30}pm, room: **226**, Cathedral of Learning.

Instructor: Tom Wysocki, tomwysocki@pitt.edu

Office hours: grad offices at the **11th floor** CL, (tentatively) Tuesdays 1^{30}pm & by appointment. **Mailbox:** 1101CL

Website: tomwysocki.net/mormed20.html That's where the current version of the work plan will be, papers to download, reading questions, etc. You'll submit your work via **Turnitin on Courseweb**, tho.

1. Policies

1. You might not love me for this—too bad for me—but there's a **no-laptop/phone policy** (if you really need to use one, meet me in my office hours to state your reasons). You can have an e-book reader with you though; tentatively, tablets are OK too, but I reserve the right to change my mind on that. Why such cruelty? Here's why:

https://www.scientificamerican.com/article/a-learning-secret-don-t-take-notes-with-a-laptop/

2. Some people have great ideas but don't think they are great, and so keep them to themselves. Others are just shy. That's why I often **call on people** at random and thus **don't grade participation**. This will also keep you more alert throughout the class. Also, please read whatever is assigned for the meeting. If I notice that people don't read the papers, I'll start giving negative points if from the discussion with you it's clear you haven't read the papers.

2. On grading.

1. I'll grade you for: **weekly responses**, other **homework**, which I'll assign every so often, a **midterm exam**, a **final exam**, and a **paper**. There will be a total of 100 points to get in the semester. The distribution is as follows:

I'll then convert your points to a grade per the usual mapping:

A+ [97-100]	A [93-97)	A- [90-93)	B+ [87-90)	B [83-87)	B- [80-83)	C+ [77-80)	C [73-77)	C- [70-73)
D+ [67-70)	D [65-67)	F (-∞, 65)						

2. Also, sign all graded work with your **PeopleSoft number** only. There's lots of research out there showing that people—and that includes instructors—evaluate others' work and competencies partially based on irrelevant factors. Of course, I think I harbor no biases toward anyone and am perfectly fair; research shows that people who

think they harbor no biases are the most biased. So, please, make the world a little more just and identify yourself by your PeopleSoft number only.

3. Please **read the feedback I give you** on your assignments. This is how you can do better next time, if you think you didn't do well enough.

3. On other aims of the course

As I said, the main aim is for you to learn how to **arrive at true moral claims in the medical context**, or at least the most rational & plausible ones, by finding good reasons supporting these claims and criticizing bad reasons. But there are auxiliary aims too.

1. You'll learn how to **write down these arguments**. This isn't relevant only for medical ethics—the ability of presenting your reasons to others so they can be convinced by them will likely be a part of your job, whatever you end up doing in the future. If you don't trust me, read:

https://www.washingtonpost.com/news/grade-point/wp/2017/08/11/why-cant-college-graduates-write/

2. Here's a horror story:

> The 6-year graduation rate for first-time, full-time undergraduate students who began seeking a bachelor's degree at a 4-year degree-granting institution in fall 2010 was 60%. That is, by 2016 some 60% of students had completed a bachelor's degree at the same institution where they started in 2010. The 6-year graduation rate was 59% at public institutions, 66% at private nonprofit institutions, and 26% at private for-profit institutions (https://nces.ed.gov/fastfacts/display.asp?id=40).

Much of that is due to bad time organization, bad studying techniques, not knowing all the resources the university offers, and in general being lost in this new, unfamiliar, and mammoth institution. Therefore, some of the homework will be on **techniques** that hopefully will make you more successful in college (and later in life too).

4. The plan of the semester

Discussion in one meeting is likely to spill over to discussions in the following meeting, and this plan will be adjusted accordingly. For the current version (and for the readings), visit: tomwysocki.net/mormed20.html

Please, **read all non-optional readings** that I ask you to read (and read the optional ones if you can). **Weekly responses** will show whether you read the readings; you'll upload them to Turnitin. Also, every week in class we'll do a mock quiz: I'll give you two questions from anything from the past meetings, you'll respond to them in writing, and then we'll discuss answers in class. This won't be graded, though I'll ask random people to read their responses. There's no penalty for getting it wrong—it's just a learning opportunity. The aim is for you to practice before the exams—**being tested in low-stress conditions facilitates learning** (see experiments by Henry Roediger, *psychnet.wustl.edu/memory/people/henry-l-roediger-iii/*).

As for readings: sometimes it might feel like a lot. But remember we meet for 2.5h—it wouldn't seem much, had we been meeting twice a week.z

1 • 1/7 1st meeting

Objectives for the meeting. (1) Have a taste of how this class will look like. **(2)** Learn the concept of a *morally relevant difference*.

2 • 1/14 Genetic enhancement, bad philosophical arguments, and cognitive biases

Objectives. **(1)** Learn to reconstruct arguments in a premise-conclusion format. **(2)** Learn the distinction between the *normative* and the *descriptive*. **(3)** Take first stabs at evaluating others' arguments. **(4)** Learn of cognitive biases that affect reasoning.

Spoiler alert: Sandel's is a bad, bad argument. Therefore, it makes a great first argument for you to find holes in. Finding holes in arguments as fun as jumping on a child's sandcastle, which he built with such love—some enjoy a little cruelty now and then. But fun isn't the aim here. You want to be good at evaluating arguments, because you want to hold correct moral beliefs, because holding correct moral beliefs, acting on them, and convincing others to them is the best (only?) way to make the world better.

Reading 1. Sandel, *The case against perfection*.
Reading 2. https://theoatmeal.com/comics/believe
Reading 3. Hasher, Goldstein, Toppino (1971), *Frequency and the Conference of Referential Validity*
Reading 4. Eidelman, Crandall, Pattershall (2009), *The existence bias* (**study 4** only)

3 • 1/21 Basic ethical frameworks. Biases continued, if we haven't discussed them yet

Objectives. **(1)** Learn about the three main theories in ethics and how to apply them to cases. **(2)** More on formalizing arguments.

Reading 1. Hope, Savulescu, Hendrick (2008), *Medical Ethics and Law, The Core Curriculum*, chapter 2.
Reading 2. *Optional*. Pence (2015), *Medical Ethics: Accounts of Ground-breaking Cases*, chapter 1.

4 • 1/28 Basic ethical frameworks, continued. The four principles of bioethics

Objectives. **(1)** Learn about the four principles—autonomy, benevolence, non-maleficence, & justice—and how to apply them to cases. **(2)** Justify the four principles using the main ethical theories.

Reading 1. Steinbock, Arras, London, *Moral Reasoning in the Medical Context*. Only sections on *utilitarianism*, *Kantian ethics*, *virtue ethics*, and *the principles approach* (+objections) are required, tho you're encouraged to read it all.
Reading 2. The Belmont report.

5 • 2/4 Research vs. the patient

Objectives. **(1)** Understand the concept of (epistemic) *equipoise*. **(2)** Learn of the ethical tradeoff between the role of the physician as a researcher and as a caregiver.

Reading 1. Hellman & Hellman (1991), *Of mice but not men: problems of the randomized clinical trial* (V:272).
Reading 2. Freedman (1992), *A response to a purported ethical difficulty with randomized clinical trials […]* (V:278).
Reading 3. Marquis (1999), *How to resolve an ethical dilemma concerning randomized clinical trials* (V:282).
Optional. Harris (2005), *Scientific research is a moral duty* (KSS:53).

6 • 2/11 Euthanasia and assisted suicide

Objectives. **(1)** Learn of the arguments for and against euthanasia and assisted suicide. **(2)** Learn of the distinction between active and passive euthanasia. **(3)** A paper grading exercise: I'll provide examples of good and bad papers, and yinz will grade them in class. Then we'll discuss.

Reading 1. American College of Physicians (2017), *Appendix and Expanded Rationale: Ethics and the Legalization of Physician-Assisted Suicide* (read **the appendix**, p. 4-11).
Reading 2. Rachels (1975), *Active and Passive Euthanasia*

7 • 2/18 Exam 1

It will consist mostly of questions like the ones we practice in class.

8 • 2/25 Advanced directives

Objectives. **(1)** Learn of the main ethical dilemma in the case of persons that became severely cognitively impaired: should we follow their advanced directives from when they were competent, or should we consider only (what seem to be) their current interests?

Reading 1. Dworkin (1993), *Life past reason* (KSS:35).
Reading 2. Dresser (1995), *Dworkin on dementia: elegant theory, questionable policy* (KSS:36).
Optional. Dresser, Robertson (1989). *Quality of Life and non-treatment decisions for incompetent patients: a critique of the orthodox approach*

9 • 3/3	Against abortion; biases.

Objectives. **(1)** Learn of some influential philosophical arguments *against* the moral permissibility of abortion. **(2)** Read on biases in thinking about abortion.

Reading 1. Marquis (1989), *Why abortion is immoral*
Reading 2. Baron (1995), *Myside bias in thinking about abortion*.

10 • 3/10	For abortion

Objectives. **(1)** Learn of some influential philosophical arguments *for* the moral permissibility of abortion. **(2)** Reflect more on the use of *thought experiments* in philosophy.

Reading 1. Thomson (1976), *A defense of abortion*

3/17	Spring break

Whatever you do that week, remember to maximize total utility!

11 • 3/24	Health care distribution

Objectives. **(1)** Learn of Rawls's theory and the libertarian theory. **(2)** Apply their arguments to healthcare. **(3)** Learn about the veil of ignorance and Rawls's methodology.

Tentatively:
Reading 1. https://www.youtube.com/watch?v=49-hUPHXRbk&feature=youtu.be
Reading 2. https://en.wikipedia.org/wiki/A_Theory_of_Justice

12 • 3/31	Disability

Objectives. **(1)** Is there anything intrinsically bad about being disabled?

Reading 1. Barnes (2014), *Valuing Disability, Causing Disability*
Optional. Asch (2016), *Prenatal diagnosis and selective abortion: a challenge to practice & policy*
Optional. Parfit (1976), *Rights, Interests, and Possible People* (#selected sections).
Optional. Chadwick, Levitt (1998), *Genetic Technology: A Threat to Deafness* (KSS:11).

4/5	Paper deadline
13 • 4/7	Wrap-up session

Or maybe some extra topic of your choosing. We'll see. Or maybe a make-up session, if we miss one of the classes because of a natural disaster. (It has happened to me before.)

14 • 4/14	Exam 2

The format will be similar to the first exam. Questions will cover the whole semester, though I'll put emphasis on the material from the second half (i.e., after the first exam).

5. Other policies & suggestions

Writing Center. Effective written communication is critical to philosophy and to academic discourse. You are strongly encouraged to trade drafts of your papers with your classmates for editing and to make use of the Writing Center: 412.624.6556, 317B O'Hara Student Center, *www.writingcenter.pitt.edu*.

Support. Statistics from 2018: 63% of US college students felt overwhelming anxiety in the past year; 23% reported being diagnosed or treated by a mental health professional for anxiety. The statistics for depression looks similar. You pay a crazy amount of money in tuition, so please, please, utilize the resources the university has for you, if you feel—like one fourth of your peers—that you need support. If you find yourself struggling, please consider reaching out to the University Counseling Center (UCC) at Pitt: call 412-648-7930 or walk into the Wellness Center (*https://www.studentaffairs.pitt.edu/cc/frequently-asked-questions/*), located on the second floor of Nordenberg Hall. They operate Monday through Friday, 8^{30}am to 5pm.

Statement of inclusivity and accessibility. If there are circumstances that may affect your performance in this class, please let me know as soon as possible so that we can work together to develop strategies for adapting lectures, activities, and assignments to meet both your needs and the requirements of the course. This includes discussing whether some topics are difficult or potentially triggering, and how that might be accommodated.

If you have a disability, you are strongly encouraged to contact the Office of Disability Resources and Services (DRS), 216 William Pitt Union, 412-648-7890/412-383-7355 (TTY) as early as possible in the term. DRS will verify your disability and determine reasonable accommodations for this course.

Plagiarism. Plagiarism hurts other students, but it also hurts you—you are here to learn, feedback is a part of the learning process (ask any behaviorist!), and the feedback on your progress will be useless to you if it's based on plagiarized work. Therefore, I take plagiarism cases seriously. Any student engaged in cheating, plagiarism, or other acts of academic dishonesty would be subject to disciplinary action, as outlined in the University Guidelines on Academic Integrity (*http://www.provost.pitt.edu/faculty/academic-integrity-freedom/academic-integrity-guidelines*). If there's evidence of plagiarism, the case goes directly to the Assistant Dean. Plagiarism will also seriously affect your grade. If you have any questions about how to properly use, cite, or paraphrase sources, just approach me.

Statement on classroom recording. To ensure the free and open discussion of ideas, students may not record classroom lectures, discussion and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private use.