Fundamentals of ethics and morality

29 January 2019

Can we get at objective ethical answers?

NO!

- Moral/ cultural relativism
  (A) There are no universal moral truths
  (B) Culture/Tradition determines moral truth value and meaning
  (C) So… We ought to be respectful/ tolerant of other culture's moral codes/ perspectives/ beliefs

Cultural differences argument

Can we get at objective ethical answers?

YES!

What would this even look like?

How can we get at the moral truths?

God?

Let’s see...

1) Utilitarianism

- Looks at the results that arise from a particular action to judge its morality
- Greatest Happiness Principle: maximize pleasure and minimize pain
    - Quasi-mathematical formula to determine what is moral
- Two strands: (How different are they?)
    - Act utilitarianism
    - Rule utilitarianism


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2) Deontological (Kantian) Ethics

Hypothetical Imperative

"I will do A for the sake of B"

Okay… but what are you doing B for?

- Infinite regress!
- Context Dependent

Categorical Imperative

"I will do A for the sake of A"

- Universalizable!
- Not context dependent
- An action has moral worth if it is done for the sake of duty
- Motivations for an action are of utmost importance!

2) Deontological (Kantian) Ethics

Formula of the Universal Law (Steps)

1. Formulate maxim (subjective principle of willing)
2. Imagine that this maxim is followed universally or built into human nature
3. Consider the logical implications
    a. If a contradiction arises, then the action is impermissible
        i. The maxim presupposes the institution that it is breaking

2) Deontological (Kantian) Ethics

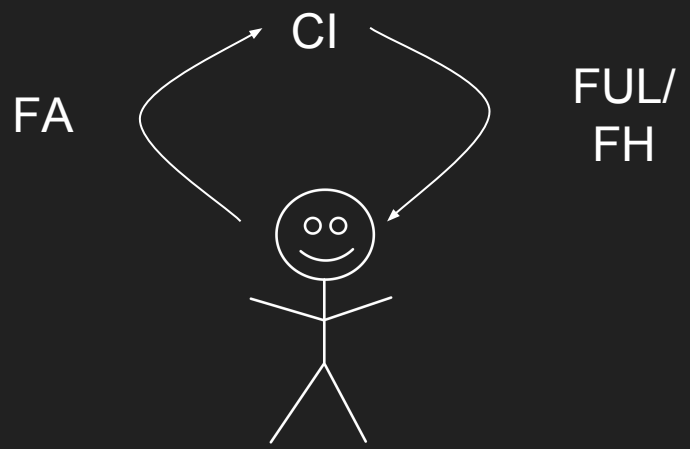
Formula of Humanity

- Always treat other people as ends and never as mere means
  - Attitude towards others must always be one of understanding of their self-determination, autonomy, and humanity
- This is because of the inherent value of self-conscious rational beings

2) Deontological (Kantian) Ethics

Formula of Autonomy

- We are all free when acting rationally and autonomously
- This process will lead you to the categorical imperative!



3) Virtue Ethics

- Instead of evaluating the moral value of *individual actions,* we are evaluating the moral value of *individuals*
- Aristotle formulated this theory based on his theory of the human soul
  - Nutritive: unconscious self-maintenance
    - Plants
  - Appetitive: desires, passions, inclinations, instincts
    - Animals
  - Reason/ rationality: language, argumentation, reason
    - Humans

3) Virtue Ethics

What is good?

- The Function Argument
  - Flute player, knife, eyes
- So…. What is the function of the human?
  - Using reason to shape desires and inclinations

3) Virtue Ethics

Virtues

- Rationally shaped passions
- States of character that are developed via habit and practice
  - Not only do you have to have the knowledge of what is right and make the right decision (reason), but you have practiced this enough that it becomes your inclination (appetitive)
- Doctrine of the Mean
  - Ex: Fear and Confidence

Cowardice (defect) -- courge (virtue) -- rashness (excess)

Character Strengths and Virtues - Peterson and Seligman

Which of these most closely align with how you think about ethics now?

Does learning about these frameworks change your perspective on ethics?

Case study 1

A young accident victim has been in a persistent vegetative state for several months and family members have insisted that "everything possible" be done to keep the patient alive.

You are in charge of this patient’s care. What do you do?

Background

- Persistent vegetative state (PVS) - a disorder of consciousness in which patients with severe brain damage are in a state of partial arousal rather than true awareness
- The chances of regaining awareness diminish considerably as the time spent in the vegetative state increases
- Younger patients have a better chance of recovery than older patients

Case study 1

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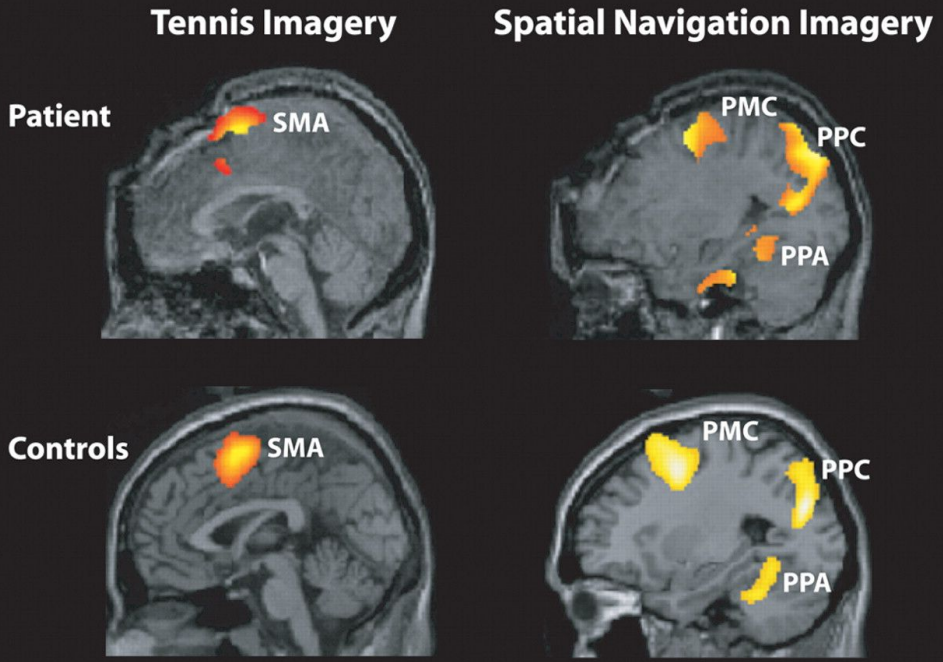
In real life: The case of Terri Schiavo

- 41-year-old Florida woman
- Died in 2005 after spending 15 years in a PVS

https://www.cbsnews.com/pictures/look-back-in-history-terri-schiavo-death/

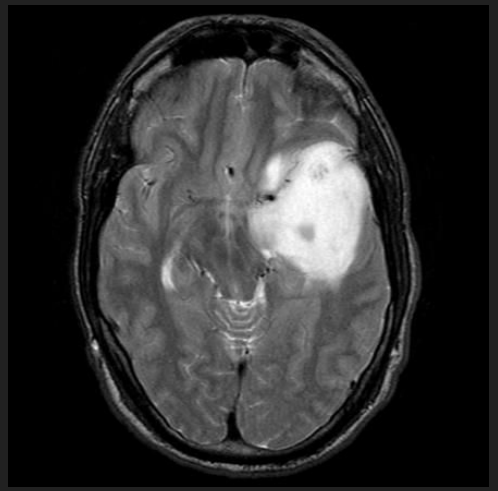
fMRI research



Owen, Coleman, Boly, Davis, Laureys, and Pickard (2006)
http://science.sciencemag.org/content/313/5792/1402

Case Study 2

A woman was 29 years old when she found out she had brain cancer. She was diagnosed with grade 2 astrocytoma January of 2014. She had a partial craniotomy and partial resection of the temporal lobe, but her cancer returned in April 2014 as grade 4 astrocytoma. She was given six months to live.



→ Is physician-assisted death appropriate in this scenario? What more information do you need to know?

Physician-assisted Death/Suicide (PAD/PAS)

“The voluntary termination of one's own life by administration of a lethal substance with the direct or indirect assistance of a physician. Physician-assisted suicide is the practice of providing a competent patient with a prescription for medication for the patient to use with the primary intention of ending his or her own life.”

From: MedicineNet

- California (End of Life Option Act; approved in 2015, in effect from 2016)
- Colorado (End of Life Options Act; 2016)
- District of Columbia (D.C. Death with Dignity Act; 2016/2017)
- Hawai‘i (Our Care, Our Choice Act; 2018/2019)
- Oregon (Oregon Death with Dignity Act; 1994/1997)
- Vermont (Patient Choice and Control at the End of Life Act; 2013)
- Washington (Washington Death with Dignity Act; 2008)

deathwithdignity.org

Death with Dignity Act

“Under the law, a **competent adult** Oregon resident who has been diagnosed, by a physician, with a **terminal illness** that will kill the patient within **six months** may request in writing, from his or her physician, a prescription for a lethal dose of medication for the purpose of ending the patient's life. Exercise of the option under this law is voluntary and the **patient must initiate the request**. Any physician, pharmacist, or other healthcare provider who has moral objections has the right to refuse to participate.”

https://www.oregonlegislature.gov/bills_laws/ors/ors127.html

Brittany Maynard

Because my tumor is so large, doctors prescribed full brain radiation. I read about the side effects: The hair on my scalp would have been singed off. My scalp would be left covered with first-degree burns. My quality of life, as I knew it, would be gone.

After months of research, my family and I reached a heartbreaking conclusion: There is no treatment that would save my life, and the recommended treatments would have destroyed the time I had left.

even with palliative medication, I could develop potentially morphine-resistant pain and suffer personality changes and verbal, cognitive and motor loss of virtually any kind.

I probably would have suffered in hospice care for weeks or even months. And my family would have had to watch that.

http://www.cnn.com/2014/10/07/opinion/maynard-assisted-suicide-cancer-dignity/index.html

What actually happened?

Moved to Oregon from California to take advantage of Oregon's Death With Dignity Law. Obtained medication around October from physician and had it in her position, using it when the time was right for her. She died November 1, 2014 surrounded by loved ones.

→ Do you think this was ethical? Any critiques or objections?

Case study 3

Borrowed from CSNE Neuroethics, University of Washington:
http://csne-erc.org/sites/default/files/CSNE%20Neuroethics%20Cases_for%20distribution.pdf

President Jones disclosed his diagnosis of mild early Parkinson's Disease during his first presidential run seven years ago. Now, in the middle of his second term as president, his tremors and slow walking have been getting worse. Medications have ameliorated his symptoms well in the past, but are increasingly less effective.

Case study 3

Jones’s doctors recommend deep brain stimulation (DBS) for treatment of his worsening motor symptoms. Jones consults his family and top advisors. His wife wants him to undergo DBS now to improve his motor functioning while in office. She is particularly worried about the stigma associated with Parkinson’s symptoms and what effect this may have on his legacy as a strong leader. On the other hand, the Secretary of Defense is adamantly opposed to DBS, citing security issues. She is concerned that the device could be hacked, putting the President’s health, as well as the country’s security, at risk.

Case study 3

Should President Jones get DBS?

Should he have to disclose his decision to the public?

Case Study 4: Heinz’s Dilemma

“In Europe, a woman was near death from cancer. One drug might save her, a form of radium that a druggist in the same town had recently discovered. The druggist was charging $2,000, ten times what the drug cost him to make. The sick woman’s husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what it cost. He told the druggist that his wife was dying and asked him to sell it cheaper or let him to sell it cheaper or let him pay later. But the druggist said, “No.” The husband got desperate and broke into the man’s store to steal the drug for his wife. Should the husband have done that? Why?”