INTRODUCTION

When addressing ethical questions that arise in the biomedical sphere, many bioethicists think that one must refer to comprehensive, systematic and general ethical account -- to ethical theories, ethical systems or ethical approaches. In this week, we will analyze and discuss some of the major approaches in contemporary normative ethics, and their role in bioethical disputes. We will focus on virtue ethics (the traditional Aristotelian version), deontology (the Kantian version), and consequentialism (Mill’s version). The required readings will provide you with general overview of these main normative accounts. Due to time limitations, other normative theories, such as ethics of care or liberal and communitarian approach, will be given limited attention. Those of you who would like to know more about ethical theories we do not cover, however, may find useful articles in the optional readings.

This week’s topics and reading may be a little bit difficult, especially for those of you who have no philosophical background. To help, here are some super-basic definitions that will help:

In general, ethical theories can be divided into two categories -- theories of right and wrong action, and theories of good and bad character. Theories of right and wrong action can be further grouped into two mutually exclusive classes -- consequentialistic and deontological. Theories of good and bad character embrace all virtue-based accounts.

Consequentialism refers to a group of normative ethical theories which maintain that the rightness or wrongness of human action is a function of the goodness or badness of the consequences resulting directly or indirectly from that action, not of some other properties related to that action, such as the motive behind the action or a general rule requiring action of the same kind. The paradigm case of consequentialism is utilitarianism, whose classic proponents were Jeremy Bentham 1748-1832) and John Stuart Mill (1806-73).

Deontology comes from the Greek deon -- “to owe”, “to ought to”, or “to must”. Deontology thus the science or study of duties. In contrast to consequentialistic
theories, deontological ethical theories maintain that rightness or wrongness of human action does not depend on the goodness or badness of its consequences. Rather, some other feature of the action which make it obligatory or forbidden. The most prominent classical deontological theory is the one developed by Immanuel Kant (1724-1804).

Virtue ethics refers to a group of ethical theories whose primary emphasis is on commendable and/or condemnable character traits. It derives from the classical Greek tradition represented by Plato and Aristotle, who believed that the cultivation of virtuous character traits was a primary function of ethics. The word virtue is derived from the Greek arête and the Latin virtus, which literally mean “the qualities that make a man a man. Thus, virtues are commendably good character traits and vices are condemnable bad character flaws. Common Greek virtues/ vices were friendship/disloyalty, courage/ cowardice, self-restraint/intemperance, wisdom/foolishness, and justice/injustice.

In the first section of her essay "Virtue Theory and Abortion", Rosalind Hursthouse describes the relationships between consequentialism, deontology, and virtue ethics, as follows:

<table>
<thead>
<tr>
<th></th>
<th>Consequentialism</th>
<th>Deontology</th>
<th>Virtue Theory</th>
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</thead>
<tbody>
<tr>
<td>Example</td>
<td>Mill’s utilitarianism</td>
<td>Kantian ethics</td>
<td>Aristotle’s moral theory</td>
</tr>
<tr>
<td>Abstract description</td>
<td>An action is right if it promotes the best consequences.</td>
<td>An action is right if it is in accordance with a moral rule or principle.</td>
<td>An action is right if it is what a virtuous agent would do in the circumstances.</td>
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<tr>
<td>More concrete specification</td>
<td>The best consequences are those in which happiness is maximized.</td>
<td>A moral rule is one that is required by rationality.</td>
<td>A virtuous agent is one who acts virtuously, that is, one who has and exercises the virtues. A virtue is a character trait a human being needs to flourish or live well.</td>
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http://www.trinity.edu/cbrown/intro/ethical_theories.html

LEARNING OBJECTIVES

At the end of this week, students will be able to:

1. Describe the essentials of three basic normative ethical theories: virtue ethics, deontology, and consequentialism/utilitarianism;
2. Explain differences and similarities between basic ethical theories theories;
3. Explore and evaluate alternative perspectives on particular bioethical problems in light of ethical theories;
4. Analyze the ethical values, duties and rights in case studies using different ethical theories;
5. Formulate well-reasoned possible solutions for specific case studies; and
6. Evaluate the role of ethical theories in bioethics.

These materials were developed for a course in International Bioethics offered in late 2011 as part of the Advanced Certificate Program for Research Ethics in Central and Eastern Europe, a collaborative project between Union Graduate College and Vilnius University. They are free for use, distribution and modification with proper attribution.

These materials were made possible by Grant Number R25 TW007085 from the US National Institutes of Health (NIH) Fogarty International Center. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Fogarty International Center or the NIH.
TOPICS

1. Consequentialism/utilitarianism.
2. Deontology.
3. Virtue ethics.
4. The role of ethical theories in bioethics.

REQUIRED READINGS, AUDIO AND VIDEO


OPTIONAL READINGS, AUDIO AND VIDEO (Sorted by Topic)

Theories of normative ethics

Marketing of organs and body parts


DISCUSSION FORUMS

The Discussion Forums are the main vehicle for promoting interaction among the students. All students are expected to participate in each Discussion Forum by answering questions, challenging assumptions, posing new questions, and sharing concerns and insights. Timely participation is expected, as each Forum will remain active for only a two-week window.

There are two Discussion Forums for this week, each worth 25 points:

**Forum 2.1: ORGAN MARKET CASE (25 Points)**

The practice of selling one's organs for money is becoming more and more common in several parts of the world. Thinking about that practice in light of this week’s readings, consider the following discussion questions:

- Is there anything wrong in selling the body or any part of it?
• What are the arguments for and against selling one's organs and body parts?
• How would you analyze "organ markets" from a Kantian and an utilitarian perspective?

**Forum 2.2: ETHICAL THEORIES IN CONTEMPORARY BIOETHICS (25 Points).**

During the past two weeks we have been discussing different ethical theories and approaches, and their application to bioethical dilemmas. In your view, what is the role of ethical theories in contemporary bioethics? Do you think that we really need ethical theories to solve bioethical problems?

**WRITING ASSIGNMENT (50 points):**

To be submitted electronically by the end of week 3. For assignments submitted within a week after the expected deadline, students will receive an automatic 10% grade deduction. Assignments received greater than 7 days after the expected deadline will not be accepted.

Please choose **one** of the cases below, and submit an analysis of 1000 words or less using the case analysis guidelines posted under Required Readings.

**Case 1: Telling Patients the Truth.**

A physician has just received test results suggesting that his 30-year-old patient has inoperable brain cancer. The patient has a wife and 3 small children. During one of the previous visits, the patient said: "If the results will be bad I really don’t know what I will do ... I think would rather kill myself than wait for a slow and inevitable death."

The physician knows that he should inform his patient of the results but is afraid of the patient's reaction. What should the physician do? Analyze the case from Kantian, utilitarian and virtue ethics perspective.

**Case 2: Physician-Assisted Suicide.**

Physician-assisted suicide (PAS) involves a patient requesting assistance in dying from doctor. The patient performs the final act that ends his or her life. The doctor only provides the means for a patient to kill him or herself (e.g. provides the patient with a lethal dose of medication).

Should physicians assist their patients in ending their lives? Use Kant (be sure to use the categorical imperative and assume a robust obligation to patient autonomy) to argue for and Mill (a consequential view) to argue against PAS.