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## UNIT 1 MEDICAL DECISION MAKING 1

### Issue 1. Is Autonomy Still Central to Medical Ethics? 2

**YES:** Robert M. Arnold and Charles W. Lidz, from “Informed Consent: Clinical Aspects of Consent in Health Care,” in Stephen G. Post, ed., *Encyclopedia of Bioethics*, vol. 3, 3rd ed. (Macmillan, 2003) 5

**NO:** Onora O’Neill, from *Autonomy and Trust in Bioethics?* (Cambridge University Press, 2002) 16

Physician Robert M. Arnold and professor of psychiatry and sociology Charles W. Lidz assert that informed consent in clinical care is an essential process that promotes good communication and patient autonomy despite the obstacles of implementation. Philosopher Onora O’Neill argues that the most evident change in medical practice in recent decades may be a loss of trust in physicians rather than any growth of patient autonomy. Informed consent in practice, she says, often amounts simply to a right to choose or refuse treatments, not a deeper and more meaningful expression of self-mastery.

### Issue 2. May Surrogate Decision Makers Terminate Care for a Person in a Persistent Vegetative State? 24

**YES:** Jay Wolfson, from *A Report to Governor Jeb Bush and the 6th Judicial Circuit in the Matter of Theresa Marie Schiavo* (December 2003) 27

**NO:** Tom Koch, from “The Challenge of Terri Schiavo: Lessons for Bioethics,” *Journal of Medical Ethics* (2005) 36

Jay Wolfson, a lawyer and the special guardian ad litem appointed for Theresa Marie Schiavo, explains the clinical and legal considerations that justified removal of Ms. Schiavo’s feeding tube, causing her to die. Tom Koch, an independent writer and researcher, holds that helping a person die cannot be said to benefit the person and that questions of personhood and sanctity of life gave reason to help her live.

### Issue 3. Should Adolescents Be Allowed to Make Their Own Life-and-Death Decisions? 43

**YES:** Robert F. Weir and Charles Peters, from “Affirming the Decisions Adolescents Make About Life and Death,” *Hastings Center Report* (November–December 1997) 45

**NO:** **Lainie Friedman Ross**, from “Health Care Decisionmaking by Children” *Hastings Center Report* (November–December 1997) 52

Ethicist Robert F. Weir and pediatrician Charles Peters assert that adolescents with normal cognitive and developmental skills have the capacity to make decisions about their own health care. Advance directives, if used appropriately, can give older pediatric patients a voice in their care. Pediatrician Lainie Friedman Ross counters that parents should be responsible for making their child’s health care decisions. Children need to develop virtues, such as self-control, that will enhance their long-term, not just immediate, autonomy.

## UNIT 2 END-OF-LIFE DILEMMAS 61

### Issue 4. Have Advance Directives Failed? 62

**YES:** **Angela Fagerlin and Carl E. Schneider**, from “Enough: The Failure of the Living Will,” *Hastings Center Report* (March–April 2004) 65

**NO:** **Susan E. Hickman et al.**, from “Hope for the Future: Achieving the Original Intent of Advance Directives,” *Hastings Center Report* (November–December 2005) 87

Psychologist Angela Fagerlin and law professor Carl E. Schneider believe not only that living wills have failed to live up to their advocates’ expectations but also that these expectations were unrealistic from the start. Susan E. Hickman, Bernard J. Hammes, Alvin H. Moss, and Susan W. Tolle, multidisciplinary specialists in end-of-life care, recognize the limitations of traditional advance directives but argue that newer processes of introducing advance directives can achieve their original aims.

### Issue 5. Is “Palliative Sedation” Ethically Different from Active Euthanasia? 96

**YES:** **American Medical Association**, from “Sedation to Unconsciousness in End-of-Life Care,” *Report of the Council on Ethical and Judicial Affairs* (June 2008) 99

**NO:** **Margaret P. Battin**, from “Terminal Sedation: Pulling the Sheet Over Our Eyes,” *Hastings Center Report* (September–October 2008) 104

The American Medical Association affirms that in cases of extreme suffering the physician’s duty to relieve pain and suffering includes palliative sedation—using drugs that result in unconsciousness and may hasten death. Philosopher Margaret P. Battin believes that palliative or terminal sedation is an unsatisfying compromise that offers no greater protection against abuse than do institutional safeguards established for direct physician aid in dying.

### Issue 6. Should Physicians Be Allowed to Assist in Patient Suicide? 113

**YES:** **Marcia Angell**, from “The Supreme Court and Physician-Assisted Suicide—The Ultimate Right,” *The New England Journal of Medicine* (January 2, 1997) 115

**NO:** **Kathleen M. Foley**, from “Competent Care for the Dying Instead of Physician-Assisted Suicide,” *The New England Journal of Medicine* (January 2, 1997) 123

Physician Marcia Angell asserts that a physician’s main duties are to respect patient autonomy and to relieve suffering, even if that sometimes means assisting in a patient’s death. Physician Kathleen M. Foley counters that if physician-assisted suicide becomes legal, it will begin to substitute for interventions that otherwise might enhance the quality of life for dying patients.

## **UNIT 3 CHOICES IN REPRODUCTION 135**

### **Issue 7. Is Abortion Immoral? 136**

**YES:** **Patrick Lee and Robert P. George**, from “The Wrong of Abortion,” in Andrew Cohen and Christopher Heath Wellman, eds., *Contemporary Debates in Applied Ethics* (Blackwell, 2004) 138

**NO:** **Margaret Olivia Little**, from “The Morality of Abortion,” in Bonnie Steinbock, John D. Arras, and Alex John London, eds., *Ethical Issues in Modern Medicine* (McGraw-Hill, 2002) 146

Philosopher Patrick Lee and professor of jurisprudence Robert P. George assert that human embryos and fetuses are complete (though immature) human beings and that intentional abortion is unjust and objectively immoral. Philosopher Margaret Olivia Little believes that the moral status of the fetus is only one aspect of the morality of abortion. She points to gestation as an intimacy, motherhood as a relationship, and creation as a process to advance a more nuanced approach.

### **Issue 8. Should There Be Legal Limits on How Many Embryos Can Be Transferred into a Woman Who Wants to Be Pregnant? 157**

**YES:** **David Orentlicher**, from “Multiple Embryo Transfers: Time for Policy,” *Hastings Center Report* (May/June 2010) 160

**NO:** **John A. Robertson**, from “The Octuplet Case—Why More Regulation Is Not Likely,” *Hastings Center Report* (March/April 2009) 165

Professor of medicine David Orentlicher argues that the practice of transferring multiple embryos to a woman’s uterus, which came to public attention with the case of Nadya Suleman in 2009, is dangerous for both children and mothers and should be discouraged by federal policy. Lawyer John A. Robertson holds that professional guidelines on embryo transfer are enough, and that hard and fast legal limits on embryo transfer would be seen as violating parents’ rights.

### **Issue 9. Should a Pregnant Woman Be Punished for Exposing Her Fetus to Risk? 172**

**YES:** **Liles Burke**, from *Hope Elisabeth Ankrom v. State of Alabama* (May 26, 2011) 175

**NO:** **Lynn M. Paltrow**, from “Punishment and Prejudice: Judging Drug-Using Pregnant Women,” in Julia A. Hanigsberg and Sara Ruddick, eds., *Mother Troubles: Rethinking Contemporary Maternal Dilemmas* (Beacon Press, 1999) 180

Liles Burke sets out the majority opinion of the Alabama Court of Criminal Appeals in a case involving a pregnant woman who was found to have used cocaine while pregnant. Burke argues that Alabama law that forbids adults from exposing children to controlled substances applies in cases involving pregnant women and their fetuses. Attorney Lynn M. Paltrow argues that treating drug-using pregnant women as criminals targets poor, African American women while ignoring other drug usage and fails to provide the resources to assist them in recovery.

## UNIT 4 PROFESSIONAL INTEGRITY 193

### Issue 10. Should Physicians Be Allowed to Participate in Executions? 194

**YES:** **David Waisel**, from “Physician Participation in Capital Punishment,” *Mayo Clinic Proceedings* (September 2007) 196

**NO:** **Atul Gawande**, from “When Law and Ethics Collide—Why Physicians Participate in Executions,” *The New England Journal of Medicine* (March 23, 2006) 211

David Waisel, a professor of medicine, argues that if the state is to administer capital punishment, then physicians may honorably seek to help the condemned die as painlessly as possible. Physician and journalist Atul Gawande supports capital punishment but believes physicians, as healers, should play no role in it.

### Issue 11. Should Pharmacists Be Allowed to Deny Prescriptions on Grounds of Conscience? 225

**YES:** **Donald W. Herbe**, from “The Right to Refuse: A Call for Adequate Protection of a Pharmacist’s Right to Refuse Facilitation of Abortion and Emergency Contraception,” *Journal of Law and Health* (2002/2003) 228

**NO:** **Julie Cantor and Ken Baum**, from “The Limits of Conscientious Objection—May Pharmacists Refuse to Fill Prescriptions for Emergency Contraception?” *The New England Journal of Medicine* (November 4, 2004) 235

Law student Donald W. Herbe asserts that pharmacists’ moral beliefs concerning abortion and emergency contraception are genuinely fundamental and deserve respect. He proposes that professional pharmaceutical organizations lead the way to recognizing a true right of conscience, which would eventually result in universal legislation protecting against all potential ramifications of choosing conscience. Julie Cantor, a lawyer, and Ken Baum, a physician and lawyer, reject an absolute right to object, as well as no right to object, to these prescriptions but assert that pharmacists who cannot or will not dispense a drug have a professional obligation to meet the needs of their customers by referring them elsewhere.

## UNIT 5 THE DEVELOPMENT AND USE OF BIOTECHNOLOGY 247

### Issue 12. Is the Use of Medical Tools to Enhance Human Beings Morally Troubling? 248

**YES:** **President's Council on Bioethics**, from *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (U.S. Government Printing Office, 2003) 251

**NO:** **Howard Trachtman**, from "A Man Is a Man Is a Man," *The American Journal of Bioethics* (May/June 2005) 261

The President's Council on Bioethics, a presidential body formed by President Bush, argues that biotechnological interventions for making people better than normal raise profound concerns about the relationship between humans and nature, human identity, and human happiness. Physician Howard Trachtman says that the medical community should embrace enhancement as a never-ending quest for health that recognizes that perfection can never be achieved.

### Issue 13. Should Performance-Enhancing Drugs Be Banned from Sports? 267

**YES:** **Thomas H. Murray**, from "Making Sense of Fairness in Sports," *Hastings Center Report* (March/April 2010) 270

**NO:** **Julian Savulescu, Bennett Foddy, and Megan Clayton**, from "Why We Should Allow Performance Enhancing Drugs in Sport," *British Journal of Sports Medicine* (December 2004) 273

Social psychologist Thomas H. Murray contends that the ban on performance-enhancing drugs should continue because it furthers the true meaning of sports—which is to compare athletes on their natural talent and abilities. Philosopher Julian Savulescu and research colleagues Bennett Foddy and Megan Clayton argue that legalizing drugs in sport may be fairer and safer than banning them.

### Issue 14. May Doctors Offer Medical Drugs and Surgery to Stop a Disabled Child from Maturing? 280

**YES:** **Sarah E. Shannon**, from "In Support of the Ashley Treatment," *Pediatric Nursing* (March/April 2007) 283

**NO:** **Teresa A. Savage**, from "In Opposition of the Ashley Treatment," *Pediatric Nursing* (March/April 2007) 287

Nurse Sarah E. Shannon believes that ethically and legally parents have the right and duty to make decisions and to care for their family members who are unable to do so themselves and that we should not abandon parents of severely developmentally disabled children to the harsh social and economic realities that are barriers to good care. Nurse Teresa A. Savage believes that children like Ashley should have independent advocates, preferably persons with disabilities, to weigh the risks and benefits of proposed interventions.

### Issue 15. Should Scientists Create Artificial Organisms? 293

**YES:** **Mark A. Bedau**, from "The Intrinsic Scientific Value of Reprogramming Life," *Hastings Center Report* (July/August 2011) 296

**NO:** Christopher J. Preston, from “Synthetic Biology: Drawing a Line in Darwin’s Sand,” *Environmental Values* (February 2008) 301

Philosopher Mark A. Bedau argues that the effort to “create life”—the goal of the field known as synthetic biology—would be both socially useful and a huge step forward in the quest to understand what life is. Christopher J. Preston, an environmental ethicist, warns that synthetic biology is a threat to the concept of “natural” that has guided moral thinking about the environment in North America.

## **UNIT 6 ACCESS TO HEALTH CARE 311**

### **Issue 16. Is an Individual Mandate to Purchase Health Insurance Fair? 312**

**YES:** Karen Davenport, from “Should Everyone Be Required to Have Health Insurance? Yes: It’s the Key to Reform,” *The Wall Street Journal* (January 23, 2012) 315

**NO:** Michael F. Cannon, from “Should Everyone Be Required to Have Health Insurance? No: Premiums Will Rise,” *The Wall Street Journal* (January 23, 2012) 318

Karen Davenport, a health policy analyst, argues that an individual mandate to purchase health insurance emphasizes conservative ideals of personal responsibility and is necessary to ensure that health care is available and affordable for all citizens. Michael F. Cannon, also a health policy analyst, argues that it will promote irresponsibility, restrict personal freedom, increase the cost of health care, and lead ultimately to government rationing.

### **Issue 17. Is There an Ethical Duty to Provide Health Care for All Immigrants to the United States? 323**

**YES:** Rajeev Raghavan and Ricardo Nuila, from “Survivors—Dialysis, Immigration, and U.S. Law,” *The New England Journal of Medicine* (June 9, 2011) 326

**NO:** James Dwyer, from “When the Discharge Plan Is Deportation: Hospitals, Immigrants, and Social Responsibility,” *Bioethics* (vol. 23, no. 3, 2009) 329

Rajeev Raghavan and Ricardo Nuila, physicians who work with end-stage renal disease patients, argue that standardized coverage for dialysis treatments would alleviate the burden on taxpayers where the most undocumented residents live and would improve these patients’ health, allowing them to return to work. James Dwyer, a philosopher and bioethicist, looks at another response to treatments for immigrants—deporting them. While he opposes deportation, he asserts that placing the financial responsibility on individual hospitals or regions is unfair.

### **Issue 18. Should New Drugs Be Given to Patients Outside Clinical Trials? 335**

**YES:** Emil J. Freireich, from “Should Terminally Ill Patients Have the Right to Take Drugs that Pass Phase I Testing?” *British Medical Journal* (September 8, 2007) 337

**NO:** **George J. Annas**, from “Cancer and the Constitution—Choice at Life’s End,” *The New England Journal of Medicine* (July 26, 2007) 339

Physician Emil J. Freireich believes that patients with advanced cancer and limited life expectancy should have the same privilege as all individuals in a free society. Law professor George J. Annas argues that there is no constitutional right to demand experimental interventions, and that fully open access would undermine the FDA’s ability to protect the public from unsafe drugs.

### **Issue 19. Should Vaccination for HPV Be Mandated for Teenage Girls? 350**

**YES:** **R. Alta Charo**, from “Politics, Parents, and Prophylaxis—Mandating HPV Vaccination in the United States,” *New England Journal of Medicine* (May 10, 2007) 353

**NO:** **Gail Javitt, Deena Berkowitz, and Lawrence O. Gostin**, from “Assessing Mandatory HPV Vaccination: Who Should Call the Shots?” *The Journal of Law, Medicine and Ethics* (Summer 2008) 356

Law professor R. Alta Charo argues that vaccination against the human papillomavirus, which causes most cases of cervical cancer, should be mandatory except in cases of medical, religious, or philosophical objection. Law professors Gail Javitt and Lawrence O. Gostin and physician Deena Berkowitz believe that, given the limited data and experience, and the fact that HPV does not pose imminent and significant risk to others, mandating HPV vaccine is premature.

### **Issue 20. Should There Be a Market in Human Organs? 365**

**YES:** **Sally Satel**, from “Kidney for Sale: Let’s Legally Reward the Donor,” *Globe and Mail* (March 10, 2010) 368

**NO:** **The Institute of Medicine Committee on Increasing Rates of Organ Donation**, from *Organ Donation: Opportunities for Action* (2006) 370

Psychiatrist Sally Satel contends that a regulated and legal system of rewarding organ donors will not only save lives but also stop the illegal trafficking that offers no protections for poor people around the world. The Institute of Medicine Committee on Increasing Rates of Organ Donation argues that a free market in organs is problematic because in live organ donation, both buyers and sellers may not have complete or accurate information, and selling organs of dead people raises concerns about commodification of human bodies.

**Contributors 379**