

Medical Ethics Test #1 Sample Essay Questions

Case 1: You, a Family Medicine doctor, are attending to a 72 y/o male patient in the ICU. You have already given the patient a 20% chance of living past the next week. The patient is septic and looks almost incapacitated, with only sporadic moments of awareness but frequent pain. The patient so far has not agreed to a DNR order. The patient has been resuscitated twice in the last week. You know the hospital will have to foot the bill for this hospitalization—the patient is unfunded. You've just left a meeting alone with the patient; during the meeting the patient was minimally aware and did not communicate with you. As you leave, you realize that you very well could say that the patient verbally agreed to a DNR order. When the patient crashes, no efforts at resuscitation would be made, and the patient's death would save the hospital some money and space.

1. Is it morally permissible to report that the patient verbally agreed to a DNR order? Why or why not?
2. What would a Utilitarian say is the right thing to do?
3. What is Utilitarianism? Give two objections to the view. How do the objections inform us about whether we should use Utilitarian reasoning in the above case?

Case 2: You decide to report to the ICU doctor that the above patient did not issue a DNR order. The ICU doctor asks you if you can talk with him personally. You agree. He suggests that you place a DNR order on the patient. "It's easy to pass over as a mistake. He doesn't have any family members and we need the space. I can't do it, though, because then we have a conflict. We'd need to be in agreement on this." You say you can't; it's wrong. He replies, "That's your opinion. The facts are that we need space and we're bleeding money from that room. We're just rearranging chairs on the Titanic over there. He's basically a vegetable. Doc, don't let your opinions get in the way here." You respond, "What do you mean 'my opinions'?" He responds, "Your values are getting in the way here, Doc."

1. How do you reply to him that he is wrong to classify your values as mere opinions? Use the objection to the fact/opinion distinction we made in class to inform your reply. Try to limit your reply to two sentences.
2. What is Logical Positivism? What are two objections to Logical Positivism? Show how those objections informed your reply to the ICU doctor above.

Case 3: You are the primary care physician. During a routine check-up, one of your patients, a 27-year-old woman, complained of feeling anxious when her performance mattered most. She dreaded giving presentations at work and had recently had a terrible experience interviewing for a new job. She said that the interview itself went well and that the interviewers were very kind to her but that her intense anxiety made her feel miserable not only during the interview but for days after. She says that her job can be stressful and that she often feels "too busy" but that she doesn't usually feel extreme anxiety.

1. Use circles to diagram the Boorse-inspired distinction between disease, illness, and normatively bad conditions.
2. Where does your patient's anxiety fall on that diagram? Why?
3. Should you offer your patient a treatment? How does the Boorse-inspired distinction help you think about whether to offer your patient the treatment?

Case 4: You have a new patient, Jack, who just moved to your town for his freshman year at the local university. During an appointment with you, Jack asked you to prescribe "Adderall or Modafinil" to help with his difficulty focusing. Adderall and Modafinil are standardly prescribed for people with attention deficit disorders (ADD) and sleep disorders (like narcolepsy), but have come to be known colloquially as "smart drugs," drugs people without ADD or sleep disorders use to increase their cognitive function. Jack does not have a record of either ADD or sleep disorders, and though he does exhibit a few of the symptoms of ADD, most are not severe.

1. Is Jack asking for therapy or enhancement? What is the difference between therapy and enhancement? (If you do not think the case provides enough information, state what additional information you'd need and whether it would show you that Jack is asking for therapy or enhancement.)
2. What difference does whether Jack's request is for therapy or enhancement make for what you, as a doctor, are obligated to do?
3. What are two reasons to minimize the use of enhancements?

Case 5: You're an OB-GYN performing a scheduled c-section. The mother is a 20-year-old patient with intellectual disabilities. Though the patient's pregnancy has itself been uncomplicated, her case has been a challenge. Throughout the duration of the pregnancy, the patient's parents have been begging you to give her a bilateral tubal ligation (BTL) to permanently sterilize her so that she will not be able to have any more children. Neither they nor the parents are well-off financially, and the grandparents know that the parents will be unable to care for the child, which will burden them with the care of the grandchild you are about to deliver. They do not want this burden, and they believe that the parents, even after education, will be irresponsible about their pregnancies and will continue to have more children. The patient herself has been excited about having a baby, and has neither agreed to nor refused the BTL—though her parents argue that she does not understand what it means, how reproduction works, or what the strains of parenthood will be for her, and so her agreement shouldn't be necessary to perform the procedure. Months ago, the thought occurred to you that you could perform the BTL during the c-section, whether or not you ultimately got the patient's consent. You knew you could do it in a way that would go unnoticed by the rest of the medical team and that the patient herself would not know the difference. [Suppose for the sake of this case that the odds that anyone will ever find out that you did this are zero.] You knew if you did the BTL, you'd save the hospital and taxpayers hundreds of thousands of dollars in medical care for the patient and any potential children, protect the patient from future pregnancies and the physical and emotional exhaustion they risk, shield the parents from burdens they cannot reasonably take on, and prevent potential children from being raised in less-than-ideal conditions.

1. Is the action permissible, using Double Effect reasoning?
2. Clearly state the action, the good effect, and the bad effect. Then say what each of the four conditions for Double Effect are, and, for each condition, state whether your action meets the condition.

Case 6: About a year ago, one of your good friends from college started a new job as a nurse. It is a great job, but ever since he arrived in his new town—a 22-hour drive from where you and many of your friends live—he has seemed very unhappy. Though the job is interesting and he gets to apply his training in a way that helps people in need, you can tell that the long hours, challenging patients, and constant high-risk situations—not to mention the stress of moving to a new town without friends—is really getting to him. Whenever you talk to him, he's upset about something. If he's not fuming about his colleagues' habits or patients' lack of respect, he's railing against his noisy neighbors, disparaging his new town for its lack of interesting people/entertainment value/ethnic restaurants/etc., or complaining that nobody visits him. He has been short-tempered with you and your friends and doesn't seem to be making good decisions about how to handle disagreements that come up at work or in your group conversations. Suppose you want to give your friend some advice from a Virtue Ethics perspective. Think through whether you'd like to offer advice from an Aristotelian perspective or from a Stoic perspective.

1. If you were to offer advice from the Aristotelian perspective, what advice would you give? What virtue does your friend need to cultivate? What is the emotion or state that the virtue manages? What are the names of the excess and defect of that emotion?
2. What advice would you give if you were offering advice from the Stoic perspective? How would the advice look different than from the Aristotelian Virtue Ethics perspective? Why?

Case 7: Your patient, a 50 y/o sedentary female, needs surgery to continue to live and to lessen her consistent stomach pain. Every time you approach her to tell her about the surgery, she declines, because, as she says, "I don't see how cutting me open is going to help." You've tried to explain to her that the surgery will help, even in simple terms. ("We will cut out the hurtful parts.") The more you talk about it, however, she becomes agitated and asks you to leave, telling you to stop repeating yourself. As a result, you've kept her in the hospital, monitoring her condition. Today, however, her sister arrived from out of town, and on your visit to the patient today, the sister asked you what her condition is. "Does she need surgery?" You tell her you can talk to her after your visit with the patient, but your visit with the patient doesn't go well; the patient tries to shoo you out of the room "so she didn't have to hear the same thing again." Her sister meets you outside the patient's room. You see this as an opportunity to explain the patient's situation to her sister and to try to get her sister to encourage your patient to consent to the surgery. You are concerned, however, that the patient has not consented to your revealing her medical information to anyone else, including her sister.

1. This situation presents a moral dilemma. First, write the dilemma the above situation presents in standard moral dilemma form.
2. What way out of the dilemma do you choose, and why?
3. Suppose you decide to embrace a horn. Does your choice pass Beauchamp and Childress' six criteria for weighing what to do in a moral dilemma? Make sure to give each of the criteria and state how your choice passes each one.
4. Do B&C's criteria require that you take additional action? If so, what action do you need to take?