Ethics Activity Pack

Guidance Note for Teachers

The activity described in this pack enables students to examine ethical issues associated with controversial topics in science. The pack outlines an ethics activity based on the 'trolley problem'. The activity is designed to engage students in ethical discussion and develop their understanding of different ethical views.

This activity involves students first considering the runaway train problem individually.

This activity is supported by a YouTube video:
https://www.youtube.com/watch?v=LX1xoCsQhAY#action=share

Structure of activities:

1. The runaway train problem is explained to the students and they are then asked to fill the worksheet in individually.
.
2. Students are provided with a brief explanation of the difference between moral objectivism and moral relativism, and the five camps within moral objectivism. Materials for this are provided in the 'Group Activity' section of this pack.

3. Students are then allocated to one of four groups: utilitarian, duty-based, rights-based, and virtue-based. Each group is given a crib sheet on the tenets of that group, and asked to discuss whether those tenets would lead them to pull or leave the lever in light of A–E (ie the options in response to question 2 on the worksheet).

4. Each group is asked to elect a spokesperson.

5. The spokesperson feeds back to the group as a whole.

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Acknowledgement and authorship

- This Activity Pack was produced as part of a three-year project (2014–2017) funded by a **Wellcome Trust People Award.** This funding was awarded to Professor Shaun Pattinson (principal investigator), Dr Vanessa Kind (co-investigator) and Dr Benedict Douglas (co-investigator). Additional support was provided by Mary Howell (science education consultant), Professor Francisco Figueiredo (expert on stem cell research) and Professor Mary Herbert (expert on cloning and mitochondrial DNA).

This document should be cited as:

Shaun D. Pattinson, Vanessa Kind and Benedict Douglas, ***Ethics Activity Pack*** **(v.1), February 2017. Available at: https://www.dur.ac.uk/cells/packs**

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Group Ethics Activity

Contents

1. Understanding ethics
2. Further reading

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Understanding Ethics

Is morality objective?

- Different people have different moral views, but that's not the same thing as saying that all those views are equal.

- *Morality is relative*: all moral views are on a par with regard to their truth or rationality
- *Morality is objective*: not all moral views are on a par

***If* morality is objective, then how do we decide what is right?**

There are 5 "camps":

(1) Utilitarian
(2) Rights-based
(3) Duty-based
(4) Virtue-based
(5) Compromise (mixed)

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Utilitarian

- Typically, we should seek to maximise preference satisfaction (pleasure) over preference dissatisfaction (pain).
- To matter must be capable of having preferences.
- The interests of different individuals can be added together. This means that it is generally better to save many lives rather than merely one life.

'The greatest happiness of the greatest number is the foundation of morals and legislation' (Jeremy Bentham)

Peter Singer

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Duty-based

- We have duties to protect the important interests of individuals
- All humans are equal (either from conception or from a later point)
- The interests of different individuals cannot be added together. This means that saving one life is generally just as important as saving many lives.

'One must never intentionally kill an innocent human being, even with his or her consent'
(John Keown)

Immanuel Kant

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Rights-based

- We have rights imposing duties on others, but may release others from a duty they owe to us (i.e. consent to them harming us)

- Those who cannot exercise rights (consent) count for less.

- The interests of different individuals cannot be added together. This means that saving one life is generally just as important as saving many lives.

‘I have rights to freedom and well-being’
(Alan Gewirth)

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Virtue-based

- Utilitarian, duty-based and rights-based camps are wrong to focus on conduct (i.e. what we do or do not do)

- What matters is whether one’s character or motive is virtuous. This means that what matters is whether the person making a decision acts for virtuous motives.

‘The human good turns out to be the soul’s activity that expresses virtue’ (Aristotle)

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

1. Further Reading

Extract from Shaun D. Pattinson, *Medical Law and Ethics* (4th edn, Sweet & Maxwell, 2014), 2–13.

Medical practice and the law regulating medical practice play out in an overtly moral arena. From the Hippocratic Oath to modern times, this has been recognised by the medical profession itself. This is not surprising when we consider that medicine deals with the deepest ethical and spiritual questions about life itself.…

(a) Moral relativism, objectivism and pluralism

There are two opposed views on the validity of moral beliefs. On the one hand are the *moral objectivists*, who hold that moral beliefs are capable of being objectively valid in the sense of being capable of being true or false, or capable of being rational or irrational. On the other hand are the *moral relativists*, who hold that moral beliefs are not capable of being objectively valid. According to moral relativists all moral theories are on a par with regard to their truth or rationality. Those who deny that morality can be objective or universal deny all moral knowledge or claim that moral values are *relative* to a particular individual or group.

Widely accepted beliefs often contain an incompatible mix of moral objectivism and moral relativism. …

Moral beliefs do, in fact, differ from person to person, culture to culture, and generation to generation. Some issues seem to attract almost as many ethical views as view holders. Consider, for example, views on when and if abortion is permissible. *Moral pluralism*, the existence of many different moral viewpoints, is an incontestable empirical fact. Despite this, there are few adherents to theoretically pure moral relativism. A consistent moral relativist would have to accept that the moral beliefs of Hitler and Gandhi are on a par. If moral beliefs can be neither false nor irrational, then there can be nothing objectively true or rational about the belief that it is wrong for doctors to torture patients for their own enjoyment or to engage in any other conduct generally regarded as repulsive. Moral pluralism does not imply moral relativism, because the existence of divergent views does not imply the equal validity of those views. Divergent moral views do not imply moral relativism any more than different views on whether the earth is flat or spherical, or different views on the answer to a mathematical question imply the equal truth or rationality of all those views. Moral relativism seems so plausible because the alternative seems so arrogant. Moral objectivism must hold that many moral beliefs are wrong. It does not imply that *every* moral question must have a single, *uncontroversial* answer.

The reality of pluralism itself should not be overemphasised. Even in largely secular societies some level of moral consensus is actually quite common.… This still, however, leaves ethical disagreement on many of the issues raised by medical law and the consensus that exists operates only at the level of regulatory or policy outcome. There is no universally accepted ethical theory; no consensus on the underlying ethical principles or their application. How, then, is a lawyer to understand these moral issues?

The first step is surely to understand the debates. Even *if* moral relativism is to be rejected in favour of objectivism, there are many different variations of moral objectivism. If, as will soon become clear, the law cannot be neutral between different moral theories, which should the lawyer adopt? This chapter will focus on a more humble question: what are the principal moral theories vying for consideration? …

KEY POINTS:

- Some consider morality to be objectively true or rational**: moral objectivism**
- Others deny that morality can be objective or universal: **moral relativism**
- Moral objectivism does not deny the existence of wide differences of opinion on moral matters, but holds that moral opinions can be wrong.

(b) Criteria of moral permissibility

There are innumerable criteria capable of distinguishing the morally permissible from the morally impermissible. Some of these are religious… [and some] of these are secular…There is an almost infinite range of possibilities. Let us start by examining the five major groups of moral theories: utilitarianism, duty-based theories, rights-based theories, virtue ethics and compromise positions. The precise requirements and implications of each vary with the specific theory in play, but these general positions do explain much of the debate within controversial areas of medical practice.

(i) Utilitarianism

Utilitarians require us to weigh up the good and bad consequences of the options open to us to determine what is morally right. We are required to seek the best possible balance of utility over disutility. The *classical utilitarianism* of Jeremy Bentham requires us to maximise pleasure over pain, so we ask what response will create the greatest combined pleasure.[1] Modern *preference utilitarianism* seeks to maximise the preferences of persons, so we ask what response will maximise the satisfaction of preferences. These and all forms of utilitarianism invoke a calculus in which the interests of all individuals count equally. This commitment to equality has led to the common association of utilitarianism with the phrase "the greatest benefit to the greatest number". This phrase is, alas, a potentially misleading oversimplification.

A utilitarian who considers the consequences of every possible course of action (an act-utilitarian) can have a difficult time in practice. Imagine a doctor faced with a number of patients in need of life-saving donations of organs and tissue in circumstances where there is a suitable but unwilling potential "donor" from whom such tissue can be removed relatively safely.[2] For an act-utilitarian set on maximising utility, the permissibility of removing some tissue (say, a kidney, a liver segment, some bone marrow and some blood), to save the lives of four patients will depend on the overall utility balance of so doing. The utility of saving four patients' lives is likely to be very high, especially where those patients contribute to the lives of others. High enough that in some circumstances the disutility of using an unwilling "donor" could be outweighed! Imagine, for example, that the donor patient has no loved ones, needs major surgery for an unconnected purpose and is unlikely to complain about any mistreatment, in circumstances where many of the participating medics could be kept in the dark to protect them from any feelings of guilt. Utilitarians have presented many responses to such difficult and controversial consequence balancing. One response is to change the focus of utilitarianism from considering individual acts to considering what rules would *generally* achieve the best utility balance: *rule-utilitarianism*.[3] It would seem that a rule prohibiting the removal of tissue from unwilling donors would generally maximise utility. Such a rule would also be easier to apply and avoid the unintuitive result of sacrificing one innocent unwilling donor for the good of the many. Others reject rule-utilitarianism as an adequate response.[4]

---

1 See eg J Bentham, *An Introduction to the Principles of Morals and Legislation* (1780), ch1.

2 See eg J Harris, "The Survival Lottery" (1975) 50 *Philosophy* 81.

3 Other common responses include rejecting unpopular conclusions as purely hypothetical and implausible, and invoking other moral principles to supplement the Principle of Utility.

4 See eg D Lyons, *The Forms and Limits of Utilitarianism* (Oxford University Press, 1965).

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

The key point is that utilitarians are actually quite a disparate bunch. Although utilitarianism can be said to hold that the permissibility of any particular action (for act-utilitarians) or rule (for rule-utilitarians) is dependent on its consequences for the utility balance, the utility balance itself is a source of some disagreement. There are many ways of balancing many different types of utility. Utility could be maximised (positive utilitarianism) or disutility minimised (negative utilitarianism), and some claim that there are higher or lower types of utility (ideal utilitarianism).

What do utilitarians agree on? Utilitarians are unified by acceptance of at least four tenets. *First*, utility is not itself a moral property. Utility is defined as something non-moral (such as pain or preferences), rather than something that is itself inherently moral (such as rights or duties). *Secondly,* the Principle of Utility—"we ought to achieve the best balance of utility over disutility"—is the supreme principle of morality. *Thirdly*, individual interests can be meaningfully added together (for aggregation or averaging) and compared. Utilitarianism holds that it makes sense for A, B and C's interests to be added in some way and weighed against the interests of D. In classical (pain/pleasure) utilitarianism, it is possible to aggregate the suffering of the four patients in need of life-saving tissue to outweigh the suffering of the unwilling donor patient. *Fourthly*, what matters are the predicted consequences to the utility balance and nothing is intrinsically good irrespective of its consequences.….

KEY POINTS:

- All utilitarians agree that we ought to achieve the best balance of utility over disutility, which typically requires the maximisation of pain over pleasure (**classical utilitarianism**) or the maximisation of preference satisfaction (**preference utilitarianism**).
- Applying a utilitarian calculus requires us to weigh consequences by adding up the interests of everyone affected by one response and comparing the result to the alternative responses.

(ii) Rights-based theories and duty-based theories

Both rights-based and duty-based theories, as I define them, focus on the interests of individuals rather than the collective. Unlike utilitarianism, they do not allow the aggregation or averaging of individual interests. What matters is the weight of the relevant right or duty, not the number of persons involved. Unlike many versions of utilitarianism, if everything else is equal, the combined moral claims of a large number in need of wart removal cannot outweigh the claim of someone dying of a heart attack.

Rights-based and duty-based theories both agree that individual entitlements trump other concerns and cannot be outweighed by adding up the interests of others. The difference between rights-based and duty-based theories rests on whether the benefit of a moral obligation is automatically waivable. Rights-based theories hold that all moral obligations reduce to moral rights, understood as justifiable claims imposing correlative duties, the benefits of which are waivable by the rights-holder.[5] Rights are justifiable claims against unwanted interference (negative rights) or justifiable claims for wanted assistance (positive rights), or both. In contrast, duty-based theories do not automatically entitle the recipient of

[5] Some theorists equate waiving the benefit of a right (i.e. the duty that is correlative to the right) with waiving the right itself. There is, however, a conceptual difference. The difference turns on whether it is possible to waive one's claim to being a rights-holder (which waiving one's rights would imply). Thus, I use the narrower expression to allow for those theories holding that rights are *inalienable* in the sense that an individual cannot possess the properties of a rights-holder without possessing rights. See eg A Gewirth, *Reason and Morality* (University of Chicago Press, 1978).

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

the duty to waive its benefit, in the sense of releasing the duty-bearer from an otherwise binding obligation. Duty-based theories are thus more compatible with paternalism.

For some the distinction between rights-based and duty-based theories is one within rights-theories—a distinction between the will and the interest conception of rights.[6] This is simply a matter of terminology. Care must be taken with labels. The same concept can be described by different labels (compare the American "potato chip" with the English "crisp") and the same label can describe different concepts (compare the American "jelly" with English "jelly"). The linguistic flexibility of "rights" is particularly prone to such confusion. Rights-speak is frequently hijacked by supporters of moral and political positions that do not hold that all moral obligations reduce to justifiable claims imposing duties on others, the benefits of which can be waived by the rights-holder. If we are to avoid misunderstandings, then we need to be consistent with our use of such terms. Not all usage of rights-speak is compatible with rights-based moral theories as defined here.

Both duty-based and rights-based theories are sometimes described as "Kantian", because of their association with the work of Immanuel Kant. Kant's theory is, however, often viewed as a duty-based theory because he is usually taken to reject the view that the benefits of all duties can be waived by the duty holder. Kant famously presented four formulas of his supreme moral principle, the Categorical Imperative [7] Two of these have received considerable attention in the literature on medical ethics. These are the *Formula of the Universal Law* (which requires us to take as guiding principles only those that can be willed as universal moral rules) and the *Formula of the End in Itself* (which requires us to treat others never as simply means to our ends but also as ends in themselves). The first conveys a message that is *superficially* similar to the Golden rule accepted by just about all religions—"treat your neighbour as you wish your neighbour to treat you" or "do unto others as you would have them do unto you". Unlike the Golden rule, however, the Categorical Imperative is concerned with what can *rationally* be willed. The second demands that we never instrumentalise other persons in the sense of using them merely for our own benefit. For Kant "persons" were those who are able to voluntarily choose their purposes (agents or, in Kant's words, "rational beings with a will"). However, many subsequent theorists have chosen to ignore this aspect of his theory so as to derive more intuitively appealing conclusions.

Kant's work is at times dense and impenetrable (and often read in translation). The number of interpretations of his work is such that a cynic might be tempted by the view that much of its continuing popularity stems from the ability of contemporary theorists to read whatever they are looking for into it. The Formula of the End in Itself is now widely accepted within contemporary bioethics and is particularly at home with rights-based and duty-based theories (due to their rejection of the idea that individual moral interests can be aggregated).

All rights- and duty-based theories must deal with conflicts between rights or duties. There can be, at most, only one absolute right or duty, otherwise conflict between them creates an insurmountable impasse. Imagine, for example, that a patient confides to his physician that he has an overwhelming desire to kill his girlfriend. If the physician has a duty to keep the patient's confidence and a duty to protect innocent people from being harmed by a dangerous patient (i.e. there is a conflict between the rights of the patient and the rights of the patient's

---

6 The will-conception regards the duty imposed on others by my right as waivable by me (eg HLA Hart, "Are There Any Natural Rights?" (155) 64 *Philosophical Review* 175), whereas the interest-conception regards the duty imposed on others by my right as tracking my objective interests and thereby not automatically waivable by me (eg N MacCormick, "Rights in Legislation" in P Hacker and J Raz (eds), *Law, Morality and Society* (Clarendon Press, 1977).

7 See I Kant, Groundwork of the Metaphysic of Morals translated by H. J. Paton as *The Moral Law* (Routledge, 1948).

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

girlfriend), both duties (rights) cannot be of equal weight. This means that all such theories require a hierarchy of rights or duties, which in turn requires an objective criterion ranking those rights or duties.

KEY POINTS:

- Rights-based and duty-based theories agree that individual entitlements trump collective concerns.
- **Rights-based theories** consider individuals to have moral rights. Those rights impose duties on others that are waivable by the rights-holder.
- **Duty-based theories** consider individuals to have individual entitlements tracking their important interests. Those interests do not automatically entitle me to release others from their duties to me.

(iii) Virtue ethics

Virtue ethics rejects all action-based moralities—including utilitarian, rights-based and duty-based theories—in favour of character-based values. Such positions reject the idea that judgments of duty, obligations to perform the right action or moral rules are the most basic moral concepts. Instead, ethics is understood to be primarily concerned with character and virtuous traits. Virtuous traits are held to be intrinsically good and, typically, linked to human flourishing (assessed according to some "objective" criterion).[8] In this way virtue ethics contrasts with action-based moralities, for which a virtuous character is simply one predisposing towards *actions consistent with one's moral obligations*. For virtue theory, virtuous character traits are not dispositions that are merely instrumental to compliance with moral rules or principles; they are dispositions about feeling, reacting and acting that are intrinsically valuable or linked to human flourishing.

Virtue ethics dates back at least as far as the Ancient Greeks and is particularly associated with the work of Aristotle.[9] Different versions offer different criteria of value. What virtues a doctor must have to be virtuous varies from theory to theory. According to Hursthouse, three tenets unify such theories: an action is only morally right if a virtuous person would choose that action, a virtuous person is one who has or exercises virtues and the virtues track human flourishing.[10] For Hursthouse's theory at least, since different virtuous persons exercising the same virtues can choose to act differently in identical circumstances, some ethical dilemmas have no single universal moral answers.[11] To have any practical application, virtue theories need to tell us how to recognise virtuous persons and virtuous traits. Even then, virtue ethics does not aim to provide universal rules or principles like the principle of utility (the aim is *not* to maximise virtuous conduct) or those associated with rights- and duty-based theories.

KEY POINTS:

- **Virtue ethics** treats character and motive as the central moral concerns. It seeks to assess whether we have virtuous traits, not whether our actions comply with universal moral rules or principles.

(iv) Compromise positions

---

8 Some theorists reject the necessity of a link between the virtues and human flourishing: see D Statman, "Introduction to Virtue Ethics" in Daniel Statman (ed) *Virtue Ethics* (Edinburgh University Press, 1997, 1 at 7–8.

9 See eg Aristotle, *Nicomachean Ethics* translated by Roger Crisp (Cambridge University Press, 2000).

10 See R Hursthouse, "Virtue Theory and Abortion" (1991) 20 *Philosophy and Public Affairs* 223, 225–226.

11 See ibid, 225 (n.1).

© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

The fifth moral camp, compromise positions, is a collection of eclectic moral positions typically drawing elements from the other four. These positions rarely consider morality to have rational foundations and usually adhere more closely to the ethical reasoning of the layperson. It is essentially a miscellaneous category, capturing almost innumerable moral positions, *not all of which are coherent*. Some consider rule-utilitarianism to be a compromise position because of its reliance on general rules even where the strict application of the principle of utility requires a different conclusion.

…

KEY POINTS:

- Some moral objectivist positions fall outside of the utilitarian, rights-based, duty-based and virtue ethics camps: **compromise positions.**

(c) Religious and issue-perspective approaches

It might be objected that the five-fold classification of major theories in medical ethics presented above fails to give sufficient consideration to approaches derived from religious views (religious bioethics) or from issue-specific perspectives (issue-perspective bioethics). The above classificatory framework is, however, consistent with more approaches to medical ethics than is at first apparent. The "compromise" group, in particular, encompasses theories drawing elements from the other four groups *and* purely miscellaneous theories.

Despite the obvious differences between religions, religious approaches to medical ethics have a number of common features. *First*, religious positions tend to place great value on human life as God's most special creation…and adhere to some form of the Golden rule ("treat your neighbour as you wish your neighbour to treat you"). *Secondly*, religious positions appeal to authoritative sources, usually an authoritative text (such as the Bible or Koran), figure (such as the Pope) or oral tradition. The above classificatory framework is consistent with religious perspectives. Most of these are variants of duty-based theories, rejecting consequentialist evaluation of non-moral properties, attempts to aggregate the interests of individuals and the waivability of all moral benefits. Buddhism is different (indeed, some argue that it lacks the theism necessary to be characterised as a religion) and is best understood as a virtue-based position….

Until now we have not looked at communitarianism. Unlike most other moral theories, communitarianism rejects the focus on the individual in favour of the community or collective good. Membership of the community is presented as part of an individual's identity. It is a community-based ethical view with more in common with utilitarianism than rights-based or duty-based theories, but it also rejects the utilitarian requirement that every individual is to count as one and no more than one. Insofar as it purports to lay down criteria of moral permissibility, those criteria derive from social and communal values, putting it in the compromise camp. In practice, like virtue ethics, communitarianism also has strong relativistic tendencies….

KEY POINTS:

- **Religious positions** tend to place great value on human life and appeal to authoritative sources.

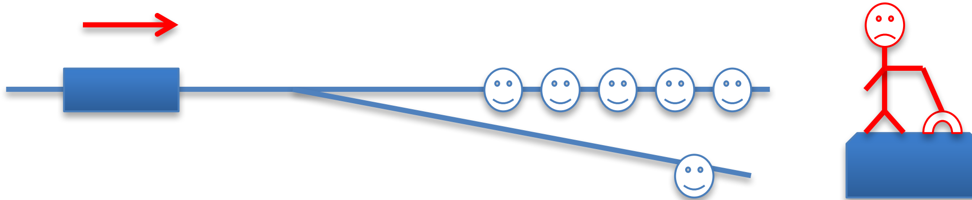
© 2017, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Name .... School .... Date.........................

A "thought" experiment:
The Runaway Train

Durham University

Imagine you are standing on a bridge over two narrow ravines, each with rail tracks at their base. In the distance you see a runaway train speeding along the tracks. It is heading towards the first ravine in which there are five people. You cannot stop or slow the train, but you are standing next to a lever, which you can pull to switch the train to the tracks heading into the second ravine. Unfortunately, there is one person in the second ravine.



You have two options:

(i) do nothing (the train will kill the five people in the first ravine) or

(ii) pull the lever to divert the train (this will kill the one person in the second ravine).

1. Which option do you choose? (i) (ii) (Please circle your choice)

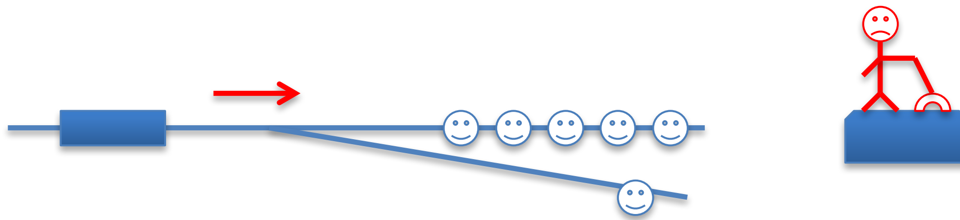
2. Tick one statement from the list below that most closely reflects your values.		
a	Five lives are more important than one life.	
b	One life is just as important as five lives.	
c	What matters is not what I do but whether I am virtuous.	
d	All moral wrongs and rights are just a matter of opinion.	
e	None of the above	

© 2016, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University

Name .... School .... Date..........................

3. Further information

Now imagine that you are still on the bridge. You do not have mobile phone access or any other method of communicating for help. The people on both tracks can shout to you.



Setting your previous decision aside, for each of the six statements below, please tick the box to show if you would pull/ not pull the lever if you had only that ONE piece of extra information.

	Statement	**I would pull the lever**	**I would not pull the lever**
A	The person in the second ravine asks you to divert the train to avoid killing the five in the first ravine.		
B	The five people in the first ravine ask you *not* to divert the train to the second ravine.		
C	The five people in the first ravine are convicted criminals, and the person in the second ravine is a world famous cancer specialist on the verge of a major breakthrough.		
D	The five people in the first ravine are a team of world famous cancer specialists on the verge of a major breakthrough, and the person in the second ravine is a convicted criminal.		
E	The five people in the first ravine are in a permanent vegetative state (ie so brain-damaged they are considered permanently unaware of the world), and the person in the second ravine is not brain-damaged.		
F	The five people in the first ravine are not brain-damaged, and the person in the second ravine is in a permanent vegetative state.		

Please explain your reasoning..

....

....

© 2016, Durham CELLS (Centre for Ethics and Law in the Life Sciences), Durham University