

24.06 / STS.006 Paper 4 Questions

For this paper you have two basic options. You can choose to answer one of the three questions listed below (as in the previous assignments). As always, please write the topic question at the top of your paper. Alternatively you can choose to explore a topic of your own choice within the broad realm of bioethics. Ideally your explorations will consider both philosophical questions and historical-social contexts. However, it is most important that you define a topic and an approach to it that can be managed in 8-10 pages. If you choose this option, please review your topic and plan with your TA by May 5th. Your TA will be able to help you narrow your topic, suggest analytic approaches, and recommend other helpful readings if relevant.

(1) You are in position to distribute a life-saving medical resource. Demand far outstrips supply. There are many considerations you might take into account, in deciding who to give it to: *age*, past and future *health*, past and future *quality of life*, *risk*... etc. What would Harris and Mill say about how to go about distributing the resource? What are the best arguments for and against their views? What is the correct view?

(2) A journalist for the *New York Times* is writing an investigative report on the transplant industry. Wanting to get as much information as possible, she decides to experience a transplant: she eats a poison mushroom to induce fulminant hepatitis and goes to the nearest emergency room requesting a liver transplant, freely admitting her action. Because she has acute hepatitis, with a less than one week life expectancy, and an excellent post-transplant prognosis, she would be at the top of the waitlist. Should she receive an organ? Justify your answer carefully. If your answer is yes, is there any kind of responsibility that should bar someone from receiving a transplant? If your answer is no, explain your system for determining whether or not different kinds of responsibility have consequences.

(3) The state and federal governments have long been allowed to constrain individual rights to combat infectious diseases that threaten the public health. In December 2005 New York City extended its public health powers to diabetes, a non-infectious disease. As described by Marc Santora, doctors must now report data that will identify patients who are not managing their diabetes adequately. Is this violation of privacy justified by the need to control the "epidemic" of diabetes? Does it matter if the government's motivation is to improve health or to decrease health care costs? Is this a slippery slope: will the government impose penalties on patients who are non-compliant with diabetes treatment, or start requiring doctors to report patients who are overweight? What responses are appropriate for managing the growing burden of behavior-related chronic disease?