APPLIED ETHICS · STUDY GUIDE

Exam 4 Study Guide

This guide covers how we can disagree about ethics and still be right or wrong, then the working framework of bioethics. Chapter 7 takes apart "it's all relative" and gives you tools for disagreement at the bedside. Chapter 8 traces the four principles to the scandals that produced them and shows how to use them with your work shown. Read the "what to know" paragraphs, copy the tables out by hand, then try each worked case with the steps covered. Finish each chapter with its self-test.

WHAT THIS GUIDE COVERS

- Chapter 7 · five kinds of relativism, Herodotus to Herskovits, the cultural differences argument, Mackie's error theory, objectivity versus absolutism, metaethical views, moral progress, tolerance, Bangkok and Vienna, peer disagreement, moral uncertainty and tiered disclosure.
- Chapter 8 · Nuremberg, Beecher, Tuskegee and Belmont, the four principles, conditions of autonomous choice, coercion and manipulation, nonmaleficence and double effect, beneficence and paternalism, equipoise, formal and material justice, allocation systems, specification, balancing and the critics.

CHAPTER 7

Relativism, Objectivity and Moral Disagreement

Read it in full: **Chapter 7 in the textbook**. Practice it in the lab: **Take the Coat Apart** and **The Peer Disagreement Console**.

What to know

"It's all relative" is several claims in one coat. Herodotus (c. 430 BCE, Histories 3.38) tells of Darius: Greeks would not eat their dead fathers for any price, the Callatiae would not burn theirs. "Custom is king of all" (Pindar). The story shows sincere people disagree. It does not show neither is right.

Five positions. **Descriptive relativism** (empirical: codes differ). **Metaethical relativism** (moral truth is only true relative to a framework; Harman, 1975). **Normative relativism** (you ought never judge across cultures; self-undermining, since it is a universal command). **Individual subjectivism** (relative to each person; makes disagreement impossible). **Error theory** (moral claims aim at objective truth and all miss).

Pedigree: Sumner's Folkways (1906) spread "ethnocentrism" (Gumplowicz used it earlier in German): "the mores can make anything right." Benedict (1934): normality is cultural. The 1947 AAA Statement on Human Rights, largely by Herskovits, warned against a Western declaration. The UDHR passed anyway (10 December 1948; 48 for, none against, 8 abstentions). In 1999 the AAA grounded its work in human rights. The tool that disarms empire also disarms its critics.

Rachels's **cultural differences argument** (1986): premise about beliefs, conclusion about reality, so it is **invalid**. Parallel: some thought the earth flat, so the earth has no shape. Many differences dissolve when values are separated from factual beliefs (Hindus and beef: whether the cow might be your grandmother). Brandt's Hopi Ethics (1954) is the counter-case: a residue he could not trace to factual belief.

If metaethical relativism were true, we could not call another society's practice worse, moral inquiry would be polling, and **moral progress** would be unintelligible: Granville Sharp would simply have been wrong in the 1770s. Replies: Wong's pluralistic relativism (2006) limits workable moralities; Williams's relativism of distance (1985) applies appraisal only in real confrontations.

Mackie (1977) gives the better argument. The **argument from relativity** is inference to the best explanation: variation fits views tracking ways of life. The **argument from queerness**: objective values would be strange, motivating facts needing a strange faculty. He lands on **error theory**, not relativism. Street (2006) adds a Darwinian dilemma for realists. In a high-stakes domain full of self-interest and uncertainty, persistent disagreement is predictable even under objectivity.

Objectivity asks only that you can be mistaken and that argument bears on the question. **Absolutism** (exceptionless rules regardless of context) is much stronger and not required. Views: robust realism (Parfit, Shafer-Landau), naturalist realism (Boyd, Railton), constructivism (Rawls,

Korsgaard, Scanlon), expressivism (Blackburn, Gibbard), relativism (Harman, Wong), error theory (Mackie, Joyce).

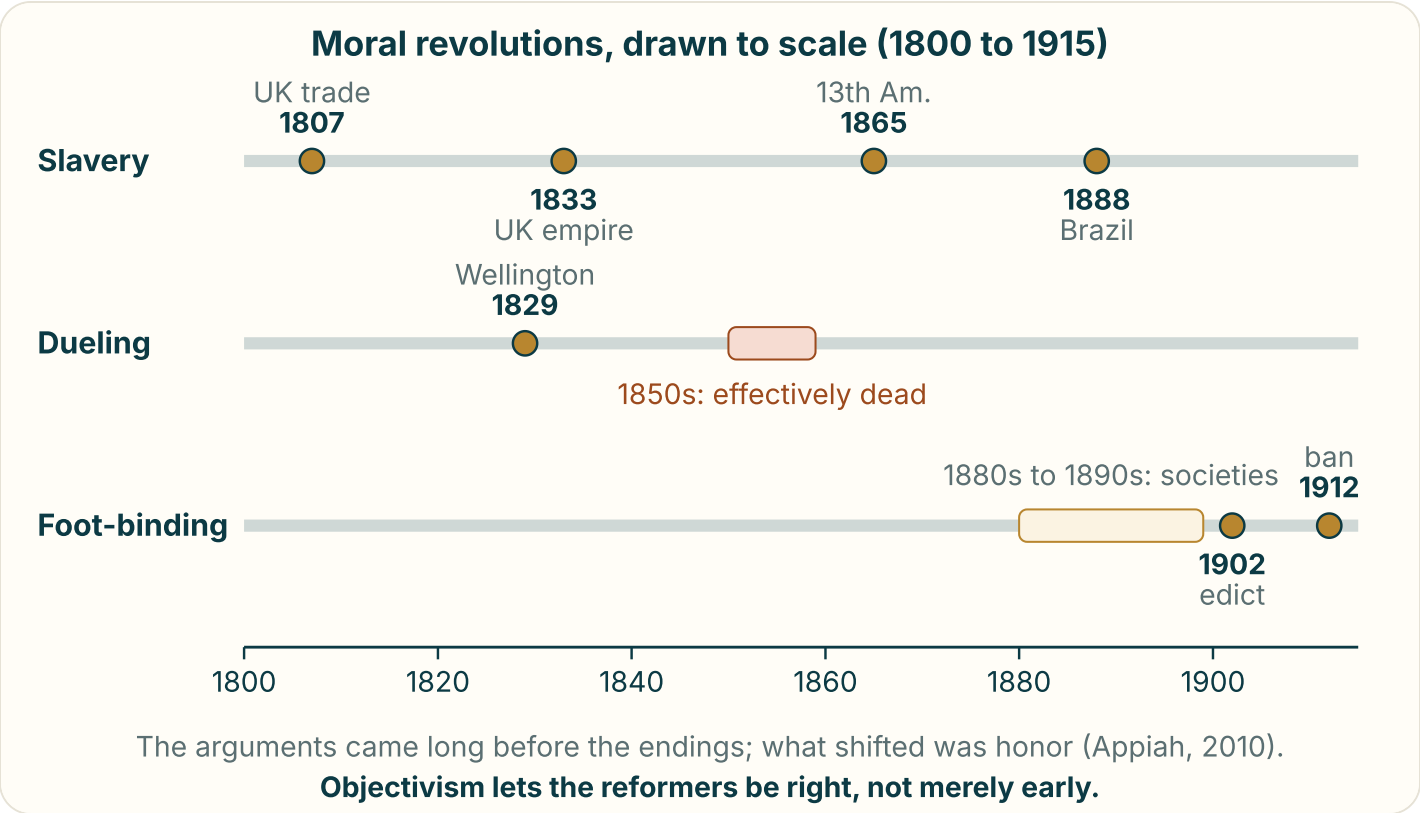
Evidence for objectivity: Brown's Human Universals (1991); the Moral Machine (Awad and colleagues, 2018: about 40 million decisions, 233 countries and territories, three clusters, near-universal preferences for humans over animals, more over fewer, young over old); and moral progress. Britain ended the slave trade in 1807 and slavery in most of the empire in 1833; the US in 1865; Brazil in 1888. Wellington dueled in 1829; dueling was dead by the 1850s. Foot-binding: societies from the 1880s, edict 1902, ban 1912. Appiah (2010): the arguments came first; honor changed. Method: reflective equilibrium (Rawls, 1971) and overlapping consensus (1993). PhilPapers 2020: about 62% realism, 26% anti-realism.

Relativism cannot ground tolerance: in an intolerant culture, intolerance would be right. Williams called it **vulgar relativism** (1972). Better grounds: epistemic humility, autonomy, the backfire of coercion, and the outsider's ignorance. The Bangkok Declaration (April 1993) and "Asian values" met the Vienna Declaration (June 1993, paragraph 5: rights are universal, indivisible, interdependent). Sen (1997) cited Ashoka and Akbar: traditions are plural. **Peer disagreement** (Elga 2007; Christensen): **conciliationism** lowers confidence; the **steadfast view** keeps it. **Moral uncertainty** (MacAskill, Bykvist and Ord, 2020): maximize expected choiceworthiness; favor reversible options.

At the bedside: Blackhall and colleagues (JAMA, 1995; 800 people aged 65+) found 47% of Korean American and 65% of Mexican American respondents wanted metastatic cancer disclosed, versus 87% European American and 88% African American. Ethnicity predicts a tendency, not a person. Shweder's three ethics: autonomy, community, divinity. Use **tiered disclosure**: ask the patient how much to know and who decides. FGM/C: over 230 million girls and women (UNICEF, 2024); UK law 1985 and 2003; US 1996, struck in Nagarwala (2018), re-enacted in the STOP FGM Act of 2020; the AAP's 2010 "ritual nick" statement was retracted. Hold the judgment firmly and the tactics loosely. **Cultural humility** (Tervalon and Murray-García, 1998) means asking, not stereotyping.

LOCK THESE IN

- Five claims: descriptive, metaethical, normative relativism, subjectivism, error theory.
- The cultural differences argument is invalid: beliefs in, reality out.
- Many value differences are factual differences in disguise.
- Mackie's relativity and queerness arguments support error theory.
- Objectivity is not absolutism: it requires only that we can be wrong.
- Relativism cannot ground tolerance or explain moral progress.
- Peer disagreement: conciliate or stand fast depending on evidence, record, independence and interest.
- Ask the patient; do not read her views from her culture. Some floors no culture removes.



Change that looks like progress. Slavery, dueling and foot-binding each ended within decades once honor shifted. A relativist can describe the change; an objectivist can call it improvement.

Five things "relative" can mean

Position	Core claim	Chief difficulty
Descriptive relativism	Societies hold different codes	Deep differences may be fewer than they look
Metaethical relativism	Truth only relative to a framework	Cannot make the reformer right
Normative relativism	Never judge across cultures	States a universal duty; self-undermining
Individual subjectivism	Truth relative to each person	Makes disagreement impossible
Error theory	Moral claims aim at objectivity and all fail	Must explain why we keep needing them

Key terms and comparisons

Item	Meaning	Source
Cultural differences argument	Disagreement, so no truth	Invalid (Rachels, 1986)
Argument from queerness	Objective values would be strange	Mackie, 1977
Constructivism	Truth is what idealized agents would accept	Rawls, Korsgaard, Scanlon
Expressivism	Moral claims express attitudes	Blackburn, Gibbard
Vulgar relativism	Relativism plus a universal duty of tolerance	Williams, 1972
Overlapping consensus	Shared principles from different worldviews	Rawls, 1993
Conciliationism	Peer disagreement lowers confidence	Elga, 2007
Steadfast view	You may keep confidence	Access to your own reasoning
Tiered disclosure	Ask how much to know and who decides	Blackhall et al., 1995
Cultural humility	Lifelong self-examination and asking	Tervalon and Murray-García, 1998

Worked cases

WORKED CASE 1 · EXPOSING THE INVALID STEP

A student argues: "Some cultures accept arranged marriage and some do not, so there is no right answer about it." Lay it out and test it.

STEP 1 · PREMISE

Cultures disagree about arranged marriage. A claim about **beliefs**.

STEP 2 · CONCLUSION

There is no right answer. A claim about **reality**.

STEP 3 · TEST WITH A PARALLEL

Some cultures thought the earth flat; it does not follow that the earth has no shape. The form is **invalid**.

STEP 4 · LOOK FOR A FACTUAL LAYER

Disputes about marriage often turn on beliefs about consent, family welfare and outcomes, which can be investigated.

THE HONEST CAVEAT

The conclusion might still be true; this argument just does not get there.

WORKED CASE 2 · THE REFORMER TEST

Apply metaethical relativism to Granville Sharp, who argued in the 1770s that English law could not sustain slavery.

STEP 1 · FIND THE LOCAL CODE

His society's operative code accepted slavery.

STEP 2 · APPLY RELATIVISM

By that code, Sharp was **wrong**.

STEP 3 · THE LATER CHANGE

When Britain abolished the trade (1807) and most colonial slavery (1833), relativism can only say standards **changed**, not that they improved.

STEP 4 · VERDICT

Most people find it unacceptable that abolitionists were merely early. This is the progress objection.

WORKED CASE 3 · CONCILIATE OR STAND FAST?

A colleague with the same training and the same chart thinks a case should not go to the ethics committee. You think it should. Nobody else has weighed in. Neither of you can find where your reasoning splits.

STEP 1 · EVIDENCE BASE

Same chart: leans **conciliatory**.

STEP 2 · LOCATING THE ERROR

You cannot name their mistake: leans conciliatory.

STEP 3 · WHAT CONCILIATION MEANS

Lower your confidence. It does not mean adopting their view.

STEP 4 · ACT

Seek more information or a third opinion, and favor the more reversible option. An ethics consult is usually reversible and cheap.

WORKED CASE 4 · A FAMILY ASKS YOU NOT TO TELL

A daughter asks you not to tell her father his prognosis: "In our culture we protect him." What do you do?

STEP 1 · AVOID THE RELATIVIST REFLEX

Do not simply comply because it is "their culture."

STEP 2 · AVOID THE DOGMATIC REFLEX

Do not disclose over her objection without asking him.

STEP 3 · ASK THE PATIENT

Privately and neutrally: how much do you want to know, and who should make decisions?

STEP 4 · HONOR HIS CHOICE

He may validly delegate to his daughter. Only he can make that delegation. Blackhall's data show wide variation within every group.

TRAPS PEOPLE FALL INTO

- **Inferring "no truth" from disagreement.** Beliefs in, reality out: invalid.
- **Thinking relativism supports tolerance.** In an intolerant culture it makes intolerance right.
- **Confusing objectivity with absolutism.** Objectivity needs only that we can be wrong.
- **Calling Mackie a relativist.** He is an error theorist.
- **Treating conciliation as giving in.** It lowers confidence; usually it means getting more information.
- **Reading a patient's wishes from her ethnicity.** Groups show tendencies; people decide.
- **Thinking a moral floor settles tactics.** Who speaks and how is an empirical question.
- **Assuming most philosophers reject moral truth.** In 2020 about 62% accepted or leaned toward realism.

Chapter 7 self-test · ten items

1. "Moral codes differ across societies" is which kind of claim?

A. A claim about truth from metaethics
B. A claim about conduct from normative ethics
C. An error theory about all moral claims
D. An empirical claim of descriptive relativism

D. An empirical claim of descriptive relativism Descriptive relativism is for fieldworkers and historians, and in modest form it is plainly true.

2. Why is normative relativism said to undermine itself?

A. It denies that cultures differ about morality at all
B. It depends on error theory being true
C. It issues a universal duty never to judge across cultures
D. It allows every single individual their own moral truth

C. It issues a universal duty never to judge across cultures "Never judge across cultures" is not relative to any culture.

3. What is the main flaw in the cultural differences argument?

A. Its premise is about belief and its conclusion about reality
B. Its premise about cultures is false
C. It assumes its own conclusion inside one of its premises
D. It relies on a weak and unsupported slippery slope

A. Its premise is about belief and its conclusion about reality Disagreement about a question is not evidence that it lacks an answer.

4. How does Rachels handle Hindus refusing beef?

A. It shows that values differ at the very deepest level
B. The difference is in beliefs about reincarnation, not values
C. It shows Hindus and Britons share no values
D. It proves that dietary rules are matters of mere etiquette

B. The difference is in beliefs about reincarnation, not values Both reject eating one's grandmother; they differ on whether the cow might be her.

5. Where does Mackie's argument land?

A. Relativism: moral claims are true relative to a local code
B. Error theory: moral claims aim at facts and are all false
C. Realism: moral facts exist independently of what we think
D. Expressivism: claims express attitudes only

B. Error theory: moral claims aim at facts and are all false He keeps the objective purport of moral talk and denies the facts exist.

6. Which statement about objectivity and absolutism is correct?

A. Objectivity requires fixed, context-free rules
B. Absolutism is weaker than objectivity
C. Objectivity does not require exceptionless rules
D. They are two names for the same view

C. Objectivity does not require exceptionless rules Objectivity requires only that we can be mistaken and that argument bears on the question.

7. The Moral Machine study found what across 233 countries and territories?

A. No shared preferences of any kind across the cultures
B. Identical answers in every single culture that was surveyed
C. Only Western nations spared the young
D. Cultural clusters but shared preferences differing mainly in degree

D. Cultural clusters but shared preferences differing mainly in degree Humans over animals, more lives over fewer and young over old were near universal.

8. Who called relativism plus a universal duty of tolerance "vulgar relativism"?

A. Bernard Williams
B. John Leslie Mackie
C. James Rachels
D. Gilbert Harman

A. Bernard Williams In Morality (1972) he judged it self-refuting.

9. You hold information your colleague lacks and can name their error. Which way should you lean?

A. Toward conciliationism
B. Toward the steadfast view
C. Toward splitting the difference
D. Toward adopting their view

B. Toward the steadfast view Asymmetric evidence and a located error support keeping your confidence.

10. Blackhall and colleagues (1995) found what about disclosure of metastatic cancer?

A. Group tendencies differed, with wide spread inside every group
B. Every group was nearly unanimous in favor of disclosure
C. Ethnicity fully predicted each individual person's view
D. Only European Americans wanted disclosure

A. Group tendencies differed, with wide spread inside every group 47% of Korean American and 65% of Mexican American respondents still wanted disclosure.

CHAPTER 8

Bioethics: The Four Principles

Read it in full: **Chapter 8 in the textbook**. Practice it in the lab: **The Principles Forge** and **The Material Principle Mixer**.

What to know

Bioethics grew out of harm. The Nuremberg Code (August 1947, United States v. Karl Brandt) opens: "The voluntary consent of the human subject is absolutely essential." Beecher (NEJM, 16 June 1966) described 22 mainstream studies without real consent, including Willowbrook (children infected with hepatitis, 1956 into the 1970s) and the Jewish Chronic Disease Hospital (live cancer cells injected into 22 patients in 1963). Tuskegee (1932 to 1972; 399 men with latent syphilis, 201 controls) withheld penicillin; Heller's AP story ran 25 July 1972. It was a **justice** failure as well as a consent failure.

The National Research Act (12 July 1974) created the National Commission and required IRBs for federally funded research. Its February 1976 retreat at the Belmont Conference Center led to the **Belmont Report** (issued 1978; Federal Register April 1979). Three principles with applications: **respect for persons** (informed consent), **beneficence** (risk-benefit assessment), **justice** (fair subject selection). Respect for persons has two parts: treat people as self-determining and protect those with diminished autonomy.

Beauchamp and Childress (Principles of Biomedical Ethics, 1979) extended the framework to clinical care and split beneficence into **nonmaleficence** and **beneficence**: four principles, the "Georgetown mantra." Gillon added scope. Each is **prima facie** (Ross): binding unless outweighed, with residue. Authority comes from **common morality**, a contested claim.

Respect for autonomy. Kant grounds it in rational agency; Mill's harm principle (On Liberty, 1859) in individuality. An autonomous choice is **intentional**, made with **understanding**, and **voluntary**. Only intentionality is all or nothing, so autonomy comes in degrees. Law: Schloendorff (1914, Cardozo: a right to decide what is done with one's body; the line is dictum); Salgo (1957) coined informed consent; Canterbury v. Spence (1972) adopted the reasonable patient standard.

Threats to voluntariness: **coercion** (credible threat), **manipulation** (non-persuasive influence, one-sided framing). **Persuasion** with reasons is legitimate, and reciting options like a waiter is abandonment. Autonomy is mainly a **negative right**: refusal of a ventilator binds; a demand for useless surgery does not. **Relational autonomy** (Sherwin; Mackenzie and Stoljar, 2000) asks what happens if the patient says no. Make culture recursive: ask how the patient wants information handled. Defaults matter: Johnson and Goldstein (2003) found opt-out countries at about 86% to almost 100% (Austria 99.98%) versus Germany at 12%.

Nonmaleficence cannot mean literally no harm; it means proportionate, minimized, accepted harm and **due care**. To Err Is Human (1999) estimated 44,000 to 98,000 deaths a year; Makary and Daniel's 250,000+ (2016) is sharply criticized. "Primum non nocere" is not in the Oath; the nearest source is Epidemics I, and Hooker (1847) credits Chomel. **Double effect** has four conditions; Vacco v. Quill (1997) used its reasoning. Withholding and withdrawing are morally equivalent (President's Commission, 1983).

Beneficence: prevent harm, remove harm, promote good, measured on the patient's values. General versus specific beneficence; roles make help obligatory; the supererogatory sits beyond. **Soft paternalism** intervenes when a choice is substantially non-autonomous; **hard paternalism** overrides a competent, informed, voluntary choice and carries a heavy burden. Dax Cowart (1973) and Elizabeth Bouvia (court ruling 1986) mark the territory. **Clinical equipoise** (Freedman, 1987)

is community uncertainty; the **therapeutic misconception** (Appelbaum, 1982) is believing a protocol is individualized care.

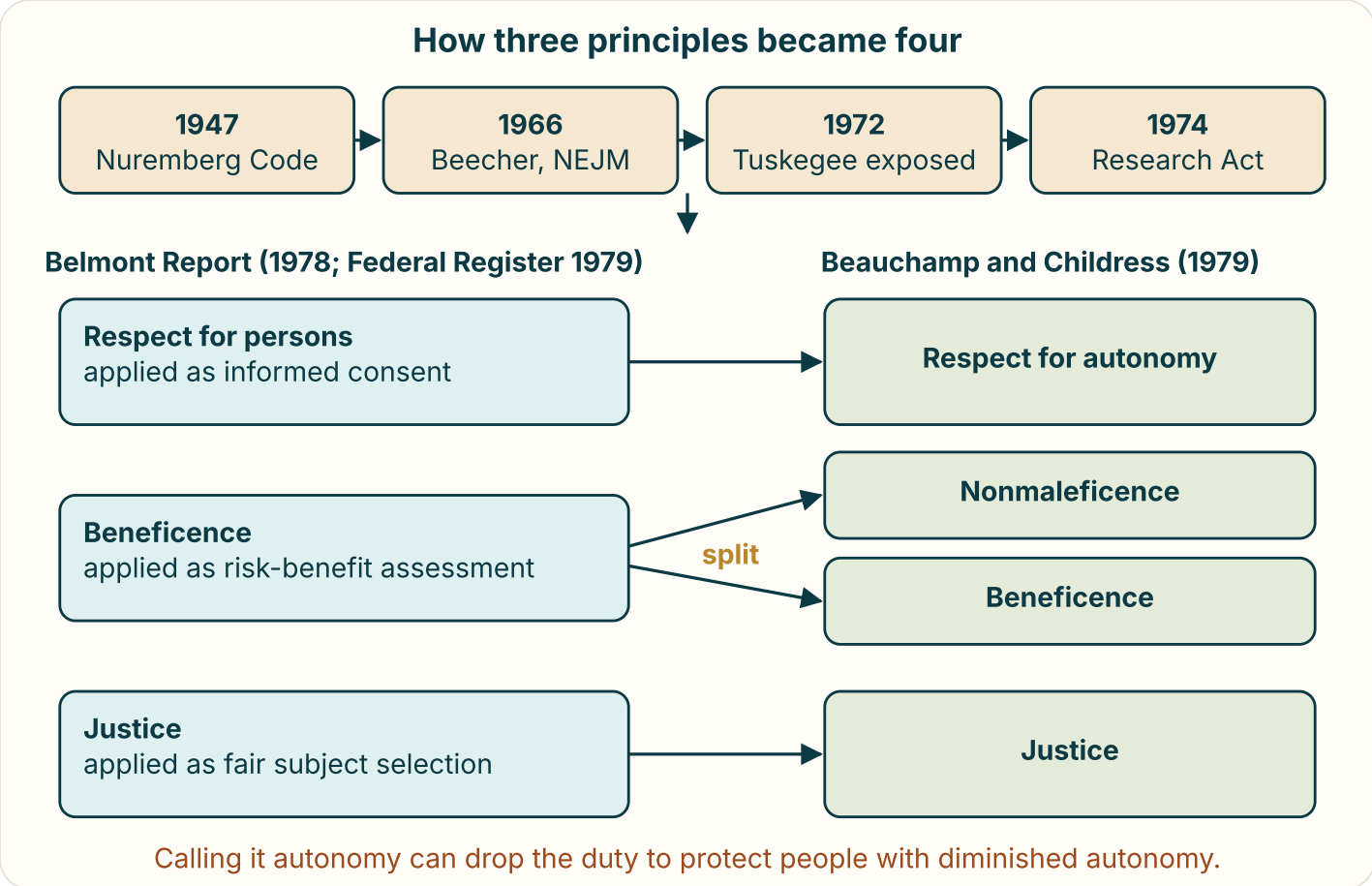
Justice. The **formal principle** (Aristotle) says name the difference and defend it. **Material principles**: equal share, need, benefit, contribution, free exchange, fair chance. Theories: egalitarian (Rawls; Daniels, 1985), libertarian (Nozick; Engelhardt), utilitarian (QALYs), capabilities (Sen, Nussbaum).

Rationing in public: the 1962 Seattle dialysis committee drifted into social worth; Congress covered ESRD under Medicare from July 1973. NOTA (1984) created the OPTN. The Lung Allocation Score (2005) blends need and benefit; kidney longevity matching (2014); continuous distribution for lung (2023). The race coefficient in eGFR was dropped (task force, September 2021; CKD-EPI 2021), and in 2023 the OPTN required restoring waiting time for Black kidney candidates. COVID crisis standards drew OCR complaints. The NIH Revitalization Act (1993) required inclusion. The 1997 zidovudine trial debate (Lurie and Wolfe; Angell) shaped Helsinki (1964, revised to 2024). HeLa (1951) reached agreements in 2013 and 2023.

Using the framework: **specification** (Richardson, 1990) narrows a norm by where, when, why, how and to whom. **Balancing** is disciplined by conditions for justified infringement: better reasons, realistic prospect, no preferable alternative, least infringement, minimize effects, impartiality. Critics: Clouser and Gert (1990) call the principles chapter headings; casuistry (Jonsen and Toulmin, 1988) and the four-topics chart; care ethics; cross-cultural critics and UNESCO's 15 principles (2005). The four are not ranked: autonomy does not always win. Use order: facts, decision-maker, one concrete sentence per principle, specify, balance, residue, impartiality check. ASBH competencies (1998) and the HEC-C (2018).

LOCK THESE IN

- Belmont has three principles; respect for persons includes protecting those with diminished autonomy.
- Beauchamp and Childress have four, all prima facie, none ranked first.
- An autonomous choice is intentional, understood and voluntary.
- Refusal invokes a negative right; a demand asks someone else to act.
- Soft paternalism: no autonomous choice to override. Hard paternalism: heavy burden.
- Equipoise is uncertainty in the expert community, not one investigator's mind.
- Formal justice: name and defend the difference. Material principles fill it in.
- Specify, balance against stated conditions, and honor the residue.



Three became four. Beauchamp and Childress recast respect for persons as respect for autonomy and split beneficence in two. Watch what the renaming can drop: protection for people whose autonomy is reduced.

The four principles

Principle	What it demands	Classic failure
Respect for autonomy	Do not control competent self-regarding choices; enable them	Southam's cancer-cell injections, 1963
Nonmaleficence	Do not inflict harm or unreasonable risk	Withholding penicillin at Tuskegee
Beneficence	Prevent and remove harm; promote good	Futile aggressive treatment nobody wanted
Justice	Distribute benefits, risks and costs fairly	Subject selection at Willowbrook

Key terms and comparisons

Item	Meaning	Example
Coercion vs manipulation	Credible threat vs non-persuasive influence	"Consent or I discharge you" vs one-sided framing
Soft vs hard paternalism	Non-autonomous choice vs competent choice overridden	Delirious patient vs lucid dialysis refusal
Clinical equipoise	Expert community uncertain which arm is better	Freedman, 1987
Therapeutic misconception	Belief the protocol is personal treatment	Appelbaum, 1982
Need	Greater need, greater claim	Triage; may waste scarce resources
Benefit	Give to those who gain most	Lung Allocation Score; disadvantages disability
Fair chance	Randomize among equal claims	Lotteries for scarce drugs
Specification	Narrow a norm until it can guide action	Richardson, 1990
Casuistry	Reason from paradigm cases	Jonsen and Toulmin, 1988
Withhold vs withdraw	Morally equivalent	President's Commission, 1983

Worked cases

WORKED CASE 1 · FINDING THE FAILED CONDITION

Mrs. Ruiz signs a consent form after a clear explanation in Spanish with a professional interpreter. Her husband has told her he will leave if she refuses. Which condition of autonomous choice fails?

STEP 1 · INTENTIONALITY

She meant to sign; intact.

STEP 2 · UNDERSTANDING

Clear explanation, interpreter: intact.

STEP 3 · VOLUNTARINESS

A controlling threat is present: **fails**.

STEP 4 · RESPOND

Do not void it automatically. Speak with her alone, name the pressure, and see whether the conditions can change (relational autonomy).

WORKED CASE 2 · DOUBLE EFFECT AT THE BEDSIDE

A nurse fears that raising morphine for a dying patient's breathlessness will kill him. Check the four conditions and the evidence.

STEP 1 · THE ACT

Symptom relief is a legitimate clinical act.

STEP 2 · THE MEANS

Comfort comes from analgesia, not from apnea.

STEP 3 · THE INTENTION

Would you be content if breathing were unaffected? Yes. The aim is comfort.

STEP 4 · PROPORTION

Intractable suffering in the last hours is grave. All four hold.

THE EVIDENCE

Proportionate titration has not been shown to shorten survival. Acting on the fear under-treats suffering.

WORKED CASE 3 · FORMAL JUSTICE AND EGFR

For decades eGFR equations raised the reported value for Black patients. Analyze with the formal principle.

STEP 1 · NAME THE DIFFERENCE

Race was treated as relevant to kidney function.

STEP 2 · ITS EFFECT

Kidneys looked healthier, delaying referral, listing and drug adjustment.

STEP 3 · TEST THE DIFFERENCE

It was not a defensible biological difference, so unequal treatment was unjust.

STEP 4 · REPAIR AND RESIDUE

Race-free CKD-EPI 2021 equation; in 2023 the OPTN required restoring lost waiting time.

WORKED CASE 4 · JUSTIFIED INFRINGEMENT

A delirious patient keeps pulling at his breathing tube. The team wants restraints. Check the conditions.

STEP 1 · BETTER REASONS

Imminent airway loss outweighs momentary liberty in a non-autonomous state (soft paternalism).

STEP 2 · ALTERNATIVES FIRST

Family at bedside, lighting, sedation review, a sitter.

STEP 3 · LEAST INFRINGEMENT

Mitts rather than four-point restraint; hours, not days; treat the cause.

STEP 4 · MINIMIZE AND REPAIR

Explain afterward, document, debrief.

STEP 5 · IMPARTIALITY

Would you do this to any patient in this state, whatever their language or status?

TRAPS PEOPLE FALL INTO

- **"Belmont gave us four principles."** It gave three, starting with respect for persons.
- **Ranking autonomy first.** All four are prima facie equal.
- **Treating any request as an autonomy claim.** Refusals bind; demands engage the clinician's judgment.
- **Citing the Hippocratic Oath for "first, do no harm."** It is not there.
- **Thinking withdrawing is worse than withholding.** They are morally equivalent.
- **Placing equipoise in one investigator's head.** It is expert community uncertainty.
- **Calling a clinical cut-off neutral.** Ask which difference it treats as relevant.
- **Naming a principle and stopping.** That is Clouser and Gert's complaint. Specify and balance.

Chapter 8 self-test · ten items

1. What are the Belmont Report's three principles?

A. Autonomy, nonmaleficence and distributive justice
B. Informed consent, beneficence and procedural fairness
C. Autonomy, beneficence and fidelity
D. Respect for persons, beneficence and justice

D. Respect for persons, beneficence and justice Beauchamp and Childress later split beneficence and recast respect for persons as autonomy.

2. Why was Tuskegee a justice failure, not only a consent failure?

A. It used far too few participants to be scientifically valid
B. It was run for profit by a private drug company
C. The burden fell on men with the least power to refuse
D. It studied a disease with no treatment

C. The burden fell on men with the least power to refuse Fair subject selection was written to prevent exactly this.

3. Which condition of an autonomous choice is all or nothing?

A. Intentionality
B. Understanding
C. Voluntariness
D. Capacity

A. Intentionality Understanding and voluntariness come in degrees.

4. Framing a 10% mortality only as 90% survival, to steer a choice, is what?

A. Persuasion
B. Coercion
C. Specification
D. Manipulation

D. Manipulation It influences by non-persuasive means. Offering reasons and evidence would be persuasion.

5. Stopping a delirious patient from pulling out a central line is best described as what?

A. Hard paternalism
B. Coercion
C. Soft paternalism
D. Beneficence to strangers

C. Soft paternalism There is no autonomous choice to override.

6. Freedman's clinical equipoise requires what?

A. The lead investigator to have no personal hunch at all
B. Genuine uncertainty in the expert community about which arm is better
C. Equal numbers of patients enrolled in each arm of the trial
D. A placebo arm in every single randomized trial

B. Genuine uncertainty in the expert community about which arm is better Locating it in the community protects participants without paralyzing research.

7. The 1962 Seattle dialysis committee is remembered for what?

A. Criteria drifting into social worth, like church attendance
B. Choosing every dialysis patient by a lottery alone
C. Refusing to ration the machines at all
D. Inventing the MELD score

A. Criteria drifting into social worth, like church attendance Shana Alexander's Life article made it famous and then infamous.

8. Which material principle underlies the Lung Allocation Score?

A. Free exchange in an open market
B. Past contribution and personal merit
C. Equal share for all
D. A blend of need and expected benefit

D. A blend of need and expected benefit It replaced waiting time with urgency and expected post-transplant survival.

9. Richardson's "specification" does what?

A. Ranks the four principles in a fixed order of priority
B. Converts each of the principles into numerical probabilities
C. Narrows a norm by adding where, when, why, how and to whom
D. Replaces principles with paradigm cases

C. Narrows a norm by adding where, when, why, how and to whom A well-specified norm can guide action and can itself be argued with.

10. What is Clouser and Gert's charge against principlism?

A. The principles are far too few to be of real clinical use
B. The principles are chapter headings with no way to rank them
C. The principles were copied almost word for word from Nuremberg
D. The principles always put justice first

B. The principles are chapter headings with no way to rank them The reply: the framework never claimed to be a decision procedure.

ONE PAGE

Cram sheet

Everything from chapters 7 and 8 in one place. Cover the right column and see if you can rebuild each row.

Names and dates

Who or what	When	Point
Herodotus	c. 430 BCE	Darius, Greeks and Callatiae: custom is king
Sumner; Benedict	1906; 1934	Ethnocentrism; normality is cultural
AAA statement; UDHR	1947; 1948	Herskovits's warning; 48 for, 0 against, 8 abstain
Mackie	1977	Relativity, queerness, error theory
Rachels	1986	Cultural differences argument is invalid
Bangkok; Vienna	April and June 1993	Asian values; rights universal
Nuremberg Code	August 1947	Voluntary consent absolutely essential
Beecher	16 June 1966	22 studies without real consent
National Research Act	12 July 1974	National Commission; IRBs
Belmont Report	1978; Federal Register April 1979	Respect for persons, beneficence, justice
Beauchamp and Childress	1979	Four prima facie principles
Freedman	1987	Clinical equipoise
Clouser and Gert	1990	Principles as chapter headings

Comparisons

Pair	The difference
Objectivity vs absolutism	Can be wrong vs exceptionless rules
Relativism vs error theory	Locally true vs all false
Conciliationism vs steadfast	Lower confidence vs keep it
Respect for persons vs autonomy	Includes protecting the vulnerable vs self-determination
Coercion vs manipulation vs persuasion	Threat vs non-persuasive influence vs reasons
Soft vs hard paternalism	Non-autonomous vs competent choice overridden
Formal vs material justice	Name the difference vs which differences count

Rules of thumb

Topic	The rule
Disagreement	Expected even under objectivity in a high-stakes domain.
Culture at the bedside	Ask the patient; delegation is hers to make.
Refusal vs demand	Refusals bind; demands engage judgment.
Sorting rules	Ask what difference a rule treats as relevant.
Principlism in use	Facts, decision-maker, one sentence per principle, specify, balance, residue.

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