

The Use of Cases in Teaching Ethics
Ethics: A Complete Method for Moral Choice
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I have already referred to a rich source of cases, <http://ethics.sandiego.edu/index.html>. There are other good sites too:

<http://www.uvu.edu/ethics/other/ethicscasestudies/casestudies.html>

<http://ethics.sandiego.edu/resources/cases/HomeOverview.asp>

<http://www.vanderbilt.edu/CenterforEthics/cases.html>

And I have already warned against letting an ethics class be a series of cases with no guiding method to direct the discussion (see the How to Teach document on the companion website). Still, cases grab the students' attention and open their minds for the methodological point you are teaching, whether about principles and their exceptions or about the failure to ask enough questions or the neglect of alternatives. With all that said, cases are an essential part of teaching ethics.

Here are some more cases that are sure to stir debate:

1. Affirmative Action

For two hundred years, the United States operated under a rigid quota system. According to this system, 90 to 100% of all the top positions in government, industry, higher education, and in religions have been filled by white males. Since white males do not possess 90 to 100 percent of all the talent in the nation, affirmative action seeks to break up the white male monopoly and allow the talent of others to enrich the life and economy of the nation. This means temporarily preferring people of equal talent who are not white males. What problems does this present and how do you address them? (See chapters 5, 8, 9)

2. Tax Relief

The term "tax relief" has become popular both for conservatives and for liberals. This is an example of how much there is in a name (see chapter 7). If taxes are something you need relief from, like a painful disease, then taxes must be evil. What are some of the things we would lack if there were no tax support for them? What is the difference between good taxes and bad taxes? (See pp. 61, 80-81, 123)

3. Government Regulation versus Deregulation

Buddhism teaches that three of the greatest human weaknesses are greed, delusion, and a lack of understanding of interdependence. How does that apply to the debates over regulation and

deregulation? (See Index, p. 332 on Greed and Government) Government regulation was eased in the 1920's so that by 1928 25% of income was going to the top 1 % of people in the U.S. Then came the Depression of 1929. Regulation again was eased starting in the 1980's, and then came the recession of 2008. Apply the Buddhist moral teaching to this question.

4. Green Taxes

Since the economy is a wholly owned subsidiary of the environment all businesses have an obligation to protect our environmental base. Economics used to say that environmental ecological issues were "externalities." Now there is more of an understanding that ecological issues are internalities that can only be ignored at our common peril. Should businesses be taxed according to their level of pollution? Should they be required to buy back and recycle products they sell? Who should bear the cost of this?

5. Minimum Wage Laws and Maximum Wage Laws

There is broad agreement that law can dictate a minimum wage even though there are debates about how high or low that should be. Should there also be a maximum wage law so that after an executive's salary reaches x number of dollars, anything beyond that should be taxed at 100%?

6. Single-Payer Health Care System

In many countries the government through taxes pays all or almost all the medical costs of its people. Students should be asked to find data of how that works in Denmark, Germany, Canada, and so on. What are the problems and what are the advantages of this system? Is basic health care a basic human right—like the right to vote, to be literate—that every civilized country should make available? If so, is the single-payer system the best way to fulfill this obligation? (See Index, p. 332 Health Care)

7. Same Sex Marriage

Not all persons are heterosexual. Some are bisexual. Some are homosexual. Marriage has personal and legal advantages. Should these be available only for heterosexuals? Are "domestic partnerships" that give legal standing to same-sex couples a better alternative? If same sex marriage were legal, should religions that object to it be allowed to forbid it and to refuse to conduct such services? (See Index, pp. 332, heteronormativity, heterosexuality, homosexuality. 337, same-sex unions)

8. Adolescent Sexuality

There are more adolescents on the planet today than there were people in 1950. Their sexuality presents challenges. In modern societies, marriage is deferred to a later age. Puberty, however, does not wait. In fact, it is coming earlier in many places. Is it moral to tell adolescents to "just say no" to all sexual activity including masturbation? What reasons are there to discourage adolescents from having sexual intercourse? Should condoms be freely available to adolescents?

Some argue this would simply encourage them to have sex before they are ready for it? Should sex education be mandatory in elementary schools? (See Index, p. 338, sex)

9. Forced Abortions in China

When China realized that it was producing more people than it could feed, it instituted the “one child” law and punished those who broke that law. The Chinese are easing up on this somewhat as more people move to cities and voluntarily limit births. Nonetheless, the practice has drawn much criticism from the rest of the world. The Chinese counter that if they did not have this rule there would be at least 320 million more people on the planet and that would be a problem for the whole planet, not just for China. Since some experts say that no more than three billion people could live as most Europeans, American, and Japanese live today with their consumption patterns, should more nations consider penalties for having more than one or two children? (See Index, p. 336 population growth.)

10. Mercy Death

In some places like the state of Washington and elsewhere, it is permitted to get a prescription from a doctor to accelerate an ongoing dying process. It is required that you be able to administer it yourself. Such laws are based on the ethical assumption that we have a moral dominion over the dying process. Those who defend this say we have exaggerated our moral right to bring on death in contexts of state sponsored violence (war) and capital punishment but underestimated it in cases where the dying process has started but there is more suffering than the patient can bear any longer. This case is often made for patients dying of ALS (Lou Gehrig’s Disease), which takes away all speech and control over your muscles but leaves your mind clear. Persons who have preferred not to let the disease run its terrible course have chosen to take positive steps to bring on death while they still have some control. What are the dangers of legalizing such personal freedom? (See Index p. 334, mercy killing)

11. Doctor Patient Confidentiality

A doctor informs a patient that the patient is HIV positive. He advises the patient to inform his spouse or partner of this condition immediately. The patient refuses. The doctor then has to weigh the obligation of doctor/patient confidentiality against the obligation to prevent the death of an innocent party. If the doctor asked your ethical advice, how would you advise her? (See Chapter 12 on principles and their limits)

12. Suburbs and Cities

Some critics say the suburbs ignore their moral obligations to the city they surround. Thus you often have beautiful suburban schools with lovely stadiums and practice fields for their high schools and totally inadequate and unsafe facilities for urban high schools. Is there an obligation in justice to have a metropolitan tax base for education so that suburbs and city would share the costs? Those who defend this point out that the suburbs are there only because the city is there.

The suburbanites use the city for its cultural, sports, and business opportunities, opportunities they would not have if they existed far from city life. Is there really a moral boundary between the suburbs and the city? (See Chapter 5 on Justice)

13. Truth and Consequences

Mary Malfortuna's husband has been hospitalized for a long time and Mary has been busy keeping her job, caring for their two children, and visiting Tim as often as possible. One night when leaving the hospital, she met an old boyfriend of hers who offered her a ride home. She invited him in and they had a drink together. Old passions stirred and Mary and her old boyfriend made love. She deeply regretted this and was even more horrified when she discovered that she was pregnant. Early in their marriage, Tim was very insecure in the relationship. He was not confident that his beautiful wife truly loved him. Mary eventually convinced him of her love and they had peaceful years together. She considers two options: (1) a quick abortion and never mentioning the incident to Tim, or (2) confessing all to Tim and asking him to forgive her and help with the decision. Looking at every one of the questions in the center of the wheel model, what advice would you offer Mary?

14. Dr. Wilson's London Cocktail

Dr. Wilson is a very caring family practice doctor who gives generously of his time to his patients. Doctor-assisted dying is not legal in his state, but he occasionally does it anyhow. While practicing in London, he developed a formula that he calls his "London Cocktail." It eases pain and in two or three days brings on a peaceful death. A patient has told Dr. Wilson that he knows he is dying but that the suffering of dying too slowly is unbearable. Then the patient tells Dr. Wilson that he has been praying and hoping that death would come quickly. Dr. Wilson then initiates his London Cocktail. The patient's pain diminishes quickly followed by a deep sleep, and after two or three days someone notices that the patient is no longer breathing and has died peacefully. Dr. Wilson did not discuss this with the patient. He felt that he knew the patient's mind. What judgment do you have on this?