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HCB 512 Altruism & Bioethics
Fall 2013
Wed. 6:00-9:00 pm

ALTRUISM AND BIOETHICS: Professional, Philosophical, Scientific, and Clinical Perspectives

The term “altruism,” which derives from the Latin alter (“the other”), means literally “other-ism.” It was created by the French sociologist and positivist Auguste Comte (d. 1798-1857) to displace the whole plurality of terms, including benevolence, mercy, charity, love, and any notions burdened by a theological history (1975 [1851], p. 556). It was suggested by a French legal expression, le bien d’autrui (“the good of others”).

Altruism refers to any action that is primarily motivated by a genuine concern for the well-being and security of another. In essence, altruism (“other-regarding”) is the basis of ethical motivation and behavior. It is at the center of medical professionalism in that the clinician “professes” (professio) usually by public oath, a commitment to the good of patients. Thus, “profession” is something more than “occupation” (occupare or occupy) and “career” (careo or carry). Altruism need not include self-sacrifice, although in its more intense modulations it might. In general, altruism is the groundwork of social solidarity and community ethics; any motive of self-immolation or self-destruction violates the other-regarding focus of altruism, although under certain social conditions an altruistic individual may wish to accept significant degrees of self-sacrifice as necessitated.

To get the course started, we will consider in some depth just a few representative topics in medical and professional ethics that involve altruism. These cases, which are controversial at many levels, will get us all thinking about altruism at both practical and philosophical levels.

We then move on to a moral philosophical perspective on altruism, including a reading of The Possibility of Altruism, a brief but compelling work written by one of the foremost Kantian philosophers of our time, Thomas Nagel. We will also read John Stuart Mill’s essay, Utilitarianism, where he defends altruism but with a strong endorsement of the need to balance any talk of universal altruism with the natural priority of the nearest and dearest (e.g., family, friends and community) – an important matter for any clinician who wants to achieve balance across the domains of professional altruism and family life. We will also read some of the writings of the physician philosopher Edmund D. Pellegrino, M.D., whose argues for the ultimate priority of altruism over respect for patient autonomy in medical professionalism.
We will move from a philosophical to a scientific discussion of altruism. Here we read the most thoughtful introduction to the perspectives of biological scientists over the last century, Lee Alan Dugatkin’s book *The Altruism Equation: Seven Scientists Search for the Origins of Goodness*. We also touch on social science with the work of C. Daniel Batson and Samuel P. Oliner.

Clinically speaking, is altruism healthy, and might it be prescribed or recommended by clinicians or public health programs? It turns out that altruism at balanced levels does generally speaking contribute to the emotional and physical health of those who practice it. We will read several selected chapters from an edited book, *Altruism and Health: Perspectives from Empirical Research*. These will be sent to you as attachments. Clearly there are instances of altruism that are unhealthy, and we shall examine a few of these as well.

**READINGS**

Almost all readings will be sent to students as attachment on a weekly basis. Students will need to purchase (on line via Amazon) three books:


Students should purchase or download any copy of John Stuart Mill’s essay *Utilitarianism*.

**SCHEDULE**

**SECTION I: A SAMPLING OF BIOETHICAL ISSUES**

**August 28:** (a) Introduction and (b) Altruism and Auto-Experimentation

*Auto-Experimentation*

An ethically provocative area of professional altruism is auto-experimentation. Werner Forssmann, considered the father of cardiac catheterization, and a Nobel Prize winner (1956), inserted a urinary catheter into his heart after his hospital refused him permission to do the research on patients. Australian physicians drank a vile of foul-smelling bacteria to induce ulcers, also winning the Nobel Prize (2005). The *Nuremberg Code* recommends self-experimentation when the risks are high, while the American Medical Association condemns the idea, as do Institutional Review Boards (IRBs). What do we think of the ethics of such altruistic actions? Is there anything such as “pure” altruism?
Readings


The Nuremberg Code

September 4: Limits on Proxy-Permitted Altruism in Vulnerable Subjects

Contemporary research ethics prohibits altruistic research (of no potential therapeutic benefit to the subject) when there is “greater than minimal risk” and the subject is unable to provide consent for him- or herself. There has been a great deal of research abuse in this population (e.g., T-4). We will examine current approaches to research on individuals with dementia as a case example. This will include the 2 X 2 ethics chart of use in Institutional Review Boards dealing with cases of proxy permission and altruistic research.

Readings

Alzheimer Association US, Ethical Issues in Alzheimer’s Disease (current)


SG Post, Human Subjects Cases


September 11 (class to be rescheduled for student presentations)

September 18: Zell Kravinsky and the Altruistic Living Donor – A Self Destructive Sociopath or a Utilitarian Saint?

What about Zell Kravinsky, the Philadelphia millionaire who gave away all his money, and then a kidney. He lied to his wife Emily, of course, who accused him of prioritizing a less important virtue (generosity) at the expense of honesty and loyalty to family, including loyalty to their two adolescent children. He was later persuaded not to donate his second kidney – Zell would have to go on dialysis – by his wife and kids. What objective criteria, if any, distinguish creative altruism from destructive altruism? Should we accept extreme forms of medical altruism that leave a donor seriously imperiled? Why are transplant surgeons so biased against procuring organs from living donors when these are designated for “non-kin” recipients? Is Zell nuts? Or is he a utilitarian saint following the logic of utilitarian ethics?

Readings


September 25: For the Patient’s Good – The Tension Between Beneficence and Autonomy

Here we move to the medical philosophy Edmund E. Pellegrino, who criticizes contemporary bioethics for imposing a “tyranny of patient autonomy” that is professionally unacceptable by virtue of violating the objective good of the patient. Physicians do struggle when patients insist – as they sometimes do - on clearly sub-optimal treatments. Is it possible to abandon patients to autonomy, and thereby undermine physician beneficence and professionalism? When is “paternalism” a good thing?
This is a useful point at which to read and consider the Hippocratic Oath, which places the “patient’s good” fist in an age when patient autonomy was unknown. But is this commitment to beneficence really derivative from the Hippocratic Oath, when Hippocratic physicians avoided patients who were dying, very ill, contagious, poor, difficult, and the like? Here it is necessary to touch on the history of medical ethics in a way that takes the age of the Abrahamic (Judaism, Islam and Christianity) influence (the Middle Ages) into account, for it is from these traditions that a real altruistic passion for the patient springs, and not from Greco-Roman culture or medical tradition.

Readings


SECTION II: A PHILOSOPHICAL ARGUMENT FOR ALTRUISM

Every ethical theory is grounded in some assessment of the human capacity to take into account the good of others. Category I Contractarians (e.g., Hobbes, Freud) are pessimistic about any innate human capacity to “do unto others,” and are therefore considered psychological egoists. They are also skeptical of the power of rationality to overcome this hard-wired psychological egoism. As a result, their ethical theories are minimalistic. What thin restraints can society impose upon wanton greed, hostility, and deception in order to insure a “peace of a sort” despite our blindness to the needs of others. Such pessimists never exhort us to rise above the minimalist principle of “do no harm,” for there exists no human capacity to be concerned with others (a possible exception is the parent-child axis). In their view, any social stability requires that the great Leviathan, the state, puts its controlling foot down over recalcitrant human nature, for otherwise, in a state of nature, we could only live lives that are “nasty, brutish, and short.”

Category II Contractarians (Locke, Rawls, Gert, Daniels, Bok) are also minimalistic, but a bit more optimistic about the self-restraining power of rationality (i.e., of self-controlling “enlightened” self-interest). Yet our rationally imposed restraints quickly erode when we can gain from violating them. Contractarians exhort us to nothing higher
than the negative version of the Golden Rule, “do not to unto others as you would not have them do unto you.”

And then there are the children of light, who see in human nature either a powerful capacity to discern and act from the pure logic of altruism (Kant and Nagel), or a powerful essence of compassion and empathy that, with the exception of the occasional sociopath, provides an internal moral sense that is deeply based in our emotional nature, although reason plays a role in guiding this sense. These are the psychological altruists. Some emphasize reason and logic as the source of altruism, while others emphasize a trustworthy and stable emotional source. For example, the Dalai Lama refers to this sense as innate compassion. Adam Smith and David Hume called it “sympathy,” while Darwin wrote of a “natural benevolence” based on group-level selection. Dan C. Batson describes the “empathy-altruism axis.”

Finally, there are the children of light who (e.g. Nietzsche and Ayn Rand) recognize that human nature is not fully described as egoistic, and that we do in fact have tremendous capacities for empathy and compassion, or for cognitive altruism. They too are not psychological egoists. Rather, they are psychological altruists. But they argue that we must work hard to utterly repress such altruistic tendencies lest we create weakness and dependency in those who come to rely on our altruism. Thus, these psychological altruists are ethical egoists. This position seems extreme. Perhaps better to suggest that in implementing altruism we should be wise rather than over indulging, and act in ways that encourage responsibility in the recipient over time to the extent possible.

October 2: The Pure Reason of Altruism: Nagel the Modern Kantian

These children of light do not trust benevolent emotions or inclinations, but they believe in the power of mind to direct us “cognitively” on the altruistic path. There are the Kantians, who believe, like Thomas Nagel, that reason alone is a firm motivational foundation for the moral life. So also did Plato and the Stoics of old. Reason, he argues, provides us with the logical conclusion that “my” interests are ultimately no more significant than “your” interests, and therefore altruism is a rational law. Reason also has the power to motivate us to action, often having to override our emotions and impulses. The moral life, while admittedly a bit arid and devoid of warmth or compassion, boils down to the implementation of categorical duties. This is a purely rational altruism, and it has a powerful appeal. In addition to the Kantians, we have the affirmationalist or “priming” tradition, which asserts that if we self-inculcate our minds with altruistic statements, we can behave accordingly.

Readings

October 9: The Extreme Altruism of Utilitarianism

Another purely cognitive approach to altruism is utilitarianism. In this sense, Kant and Mill were “brothers under the skin.” Utilitarianism asserts a rational principle of “the greatest happiness of the greatest number” and expects us to abide in it.

Is utilitarianism unrealistic and flawed? It is discredited by various critics because it purportedly:

1. imposes limitless altruism and thus violates the principle of minimal psychological realism, or in the tradition of analytic philosophy, it violates the principle of “ought implies can” (Rawls’ critique);
2. is badly confused about definitions of happiness;
3. serves as an excuse for someone to foist upon the world their own distorted altruistic vision of “the greatest happiness of the greatest number,” as we see in the famous “God committees” in Seattle in the early 1960s, or in Tuskegee;
4. assumes unrealistic and centralized predictive powers and control, when no human being has ever been able to predict and control for some postulated point of future happiness – happiness being best left to individual striving;
5. fails to protect the rights of the individual, having been described as “democracy without a constitution, and no Bill of Rights” or “the tyranny of altruism”;
6. in some forms undermines the classic balance (ordo amoris) between moral obligations to the nearest (“special relations”) and the neediest (Bernard Williams) although this is not the case in John Stuart Mill’s original theory;
7. sees no action as inherently unethical, or in other words, harms are easily justified so long as they are deemed contributory to some altruistic vision of maximized future happiness;
8. sees the moral life in terms of a simplistic deductive formula, when in fact the moral life is much more complex than this (Aristotelians); such ethical formulas are in practice almost always morally callous and lacking in compassion, regardless of altruistic intentions.

Readings

John Stuart Mill, *Utilitarianism*

October 16: Medical Altruism and Its Limits – How Much is Enough?

Physicians “profess” an altruistic and fiduciary commitment to the well-being and security of their patients. One thinks of exemplars like Paul Farmer, Dame Cicely Saunders, and Henry Beecher. Yet in both research and managed care settings, incentives can run counter to the patient’s good, leading to problems of dual loyalties and
professional ambitions that compromise fiduciary commitments. In addition, professionals sometimes behave with so much altruism and empathy as to be overwhelmed. This raises the question of how much professional altruism is enough, and suggests some kind of Aristotelian mean on a continuum between egoism and altruism that leans toward patients, but is not without limits. The question of altruistic duty to treat in time of highly contagious epidemic (TB, ebola, HIV, yellow fever, the bubonic plague) is of course a perennial one. Of relevance in this discussion is the status of obligations to non-patients, such as family members. Should a professional abandon his or her family during a plague to attend to patients? Philosophers underscore the tension between the two major moral domains – the domain of equal pull (all humanity) and the domain of differential pull (the nearest and the dearest).

Readings


SECTION III: REFLECTIONS ON THE EVOLUTION AND BIOLOGICAL NATURE OF ALTRUISM AS THE FOUNDATION OF THE HUMAN MORAL CAPACITY

Philosophers look to reason and biologists look to evolution, thought the brightest do both.

October 23: The Evolutionary and Biological Perspective: Darwin, Huxley and Kropotkin

Readings


October 30: The Evolutionary and Biological Perspective: Haldane, Hamilton, Price et al.

Readings:

Dugatkin, pp. 61-150.
November 6: Group Selection Theory – Are We Much More Generous Than We Let On
(Guest: Dr. Michael Roess, PhD)

Readings


SECTION IV: Rx ALTRUISM?

Under what conditions is altruism healthy? Is it therapeutic? Is it ever unhealthy or even pathological? Might it be prescribed or recommended therapeutically?

November 13: The Match – Rx Altruism in a New Born to Save a Sibling
(Guest: Stacy L. Trebling)

“Katie Trebling was diagnosed at three months old with Diamond Blackfan anemia, a rare form of anemia that prevents bone marrow from producing red blood cells. Even with a lifetime of monthly transfusions, she faced a poor prognosis. The Treblings decided to create a genetically matched sibling using preimplantation genetic diagnosis (PGD7) and in vitro fertilization, and to proceed with a risky bone-marrow transplant that could kill their daughter rather than save her.” From “The Match” (back cover)

Readings


selection provided)

November 20 (Supersession): (1) Recommending Altruism Therapeutically? (2) Student Research Presentations

Might altruism be recommended in therapeutic contexts on the assumption that it may be beneficial. This is a fairly common practice in a number of areas of medical care, especially in the form of volunteer mutual aid groups (e.g., The Mended Hearts, Inc., the Alzheimer’s Association, the National Alliance for the Mentally Ill, etc.)
Each student will present a five-minute summary of their research thesis and receive feedback.

Readings


November 27 (Thanksgiving Break)

December 4: Presentations

SEMINAR STRUCTURE

*The Big Questions Approach*

This course will meet once per week.

(1) Each session will begin with one student (who will have volunteered for this role the previous week) providing a 5-minute summary of the material from the last week, followed by a 5-minute discussion.

(2) This will be followed by an introduction to the topic of the day by Dr. Post.

(3) Then we will move into a group discussion. This will include focus on “THE BIG QUESTIONS.” Each student should come to class with two thoughtfully worded big questions that are based on the readings. These will be handed in at the beginning of class and then redistributed. Each student will lead a conversation around one of their big questions.

CLASS SCHEDULE

While class sessions will meet on Wednesdays from 6-9 pm. The September 11 class will be rescheduled as a dinner conversation.

GRADING AND ATTENDENCE

Participation in class will contribute 20% to the final grade. We will have opportunities for individual and for peer group feedback on participation.
Students will be asked to write (A) a seven-page scholarly response to any topic covered in the first half of the course (20% of final grade), due **October 23**. This brief paper should not draw on any sources outside of the assigned course readings.

Students will also write (B) a 15-page paper (including references in alphabetical order) on any topic from the course. It is fine to use articles and books assigned in the course, but students should also use 6 to 8 carefully self-selected outside articles from journal sources. The paper will contribute 60% to final grade. Papers will be submitted to the instructor in penultimate draft by **November 25** for feedback to enhance the final deliverable. Final papers are due **December 11**.

**Structure of Papers (for both A and B)**

**Writing Your Papers**

1. **Introduction**
   A successful thesis-driven piece of scholarship will always begin with a very clear big question replete with careful definition of terms. Then state your answer to the question in a clear thesis statement. This is best placed in the first paragraph of the paper. You will need to work on this and revise as needed, but do not ever lose sight of your thesis statement. You do not want to veer off course, because the rest of the paper is an argument supporting your thesis. Every sentence in your paper ought to be connected to your thesis in some way. It might help introduce your audience to the nuances of the topic you are discussing so that they will understand how your thesis differs from claims made by others.

   A good paper usually includes a second paragraph that discusses in brief why the question and thesis are important. Is the thesis important for solving a major problem? Is it innovative? Who might be impacted by your paper? What is your audience?

   A third paragraph usually describes how you are planning to structure the paper, and some mention of key sources. It is a good idea to ask about every topic or point in your paper, “how will adding this information help my reader understand my thesis?” If you cannot answer this question, then the information is probably better left out. For example, “Although pre-emptive assisted suicide for the individuals with dementia is not possible in Oregon or Washington, it should be, as it currently is in the Netherlands. I will describe the differences in these approaches, and make a normative ethical argument in favor of the practice as it has evolved in the Netherlands.”
   Or/
   “I shall contend that under certain urgent conditions, the forced C-section can be justified. I will cover the history of debate over this issue, the philosophical and ethical positions of relevance, and some of the case law involved.”
   Or/
   “Selective abortion for reasons of gender alone is morally unacceptable. I will examine the history of this practice, and arguments for and against this practice drawing on gender studies, ethics, and policy. In addition to providing a balanced
exposition of these arguments, I will contend that the practice is unacceptable for reasons x, y, and z.”

The outline and headings (i.e., the organization of the paper) should be designed to move your thesis forward in a constructive way. Outline your thoughts before you begin to write.

2. Main Body

Be certain to use headings well. Headings are a roadmap for the reader. They are like signposts on the highway. They should not be complex or long, so choose a few effective words. Subheadings can sometimes also be quite helpful. Headings should be in bold, and subheadings should be in italics.

Develop your ideas and use transitions to link the major strands of your exposition. Remember, though your interlocutors may be able to follow certain moves you make because they are familiar with the literature the public will not. Make sure that an intelligent person who is not an expert in your topic could easily follow your argument. If you jump around without an indication of why, it will be extremely difficult for your reader to follow you.

When agreeing or disagreeing with an author don’t merely state that you agree or disagree but make a case for why you do. Clearly identify the views of the author whom you will be discussing. Highlight important distinctions and concepts of which the author makes use. It is essential to use citations when doing this. This will indicate to your interlocutors precisely the point at which you disagree, while introducing the public to an important aspect of the conversation you are engaging in and of which they may not be aware.

If you plan to disagree with an author’s position then raise at least one objection that you would advance against the view as you understand it. While the public may be interested in simply learning alternative views on the matter, your interlocutors will want to know why your position differs from those already accepted. If you plan to agree with the author’s position, then be sure to explain why it is important that you agree. Others may have raised objections to the position with which you agree. Explain these objections and then explain how it is that the position you endorse overcomes them. Once again, proper citation is essential to this aspect of your paper.

When in doubt, break up long sentences and split up long paragraphs. Semi-colons are hard to use well, so avoid them unless you are sure of your grammar, and avoid page-long paragraphs that beg to be broken up into two or three.

Be care to select quoted phrases, sentences, or segments of several lines with scholarly precision. Only quote the material that makes your point best, and always reference it. There is no need to quote excessively, and you should help the reader understand what you want them to get from a block quote, rather than leave it dangling at the end of a
paragraph. We will talk about quotes and style in class. Block quotes are okay if used wisely, but they should rarely, if ever, exceed five to ten lines.

So often, a student really gets clear on their thesis in the final and concluding paragraph of the paper. Therefore, it can be very useful to try placing that final paragraph up at the front of the paper as you go through drafts, and incorporate it into the thesis section. Then write a second conclusion in a later draft.

**Conclusions**

Conclude with a summary of your paper. Also, be sure to point to another Big Question (or two) that your paper has not answered, but that seems now to be the next one you would want to see answer in your topic area (and why).
REFERENCES


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**From Official Stony Brook University Policy:**

*Statements required to appear in all syllabi on the Stony Brook campus:*

**Americans with Disabilities Act:**
If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentatio

**Academic Integrity:**
Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report and suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (Schools of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/uaa/academicjudiciary/

**Critical Incident Management:**
Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and School of Medicine are required to follow their school-specific procedures.