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 a plurality of terms, including benevolence, mercy, charity, love, kindness and any notions with 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 most ethical motivation and behavior, although there is also a moral duty of self-care. Altruism stands at the center of medical professionalism in that the clinician “professes” (professio) 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). Yet without self-care altruism cannot be sustained. Altruism need not include extreme self-sacrifice, although in its certain intense expressions it might; nor does it imply that the care of the self is to be neglected. The balance between regard for others and for self is a complex matter, and will vary between individuals, although it is safe to state that some balance is necessary. Is there any such thing as too much altruism, or even pathological altruism?

In the western world, the altruism of medicine and the health professions did not emerge from Greek or Roman times at all, but rather from the influences of the Abrahamic traditions, which gave rise to the idea of a true passion for the good of patients. Yet to some degree altruism goes too far if it implies that doctors, nurses and other providers are indefatigable, invincible, and beyond the need for care of the self. Indeed, in this course we will introduce and original construct of Patient and Professional Centered Care as an alternative to Patient Centered Care. No one cares optimally for patients if they are depleted, exhausted and depressed.

During this course we will be addressing many topics in medicine and healthcare, but we will also be reading one major general philosophical/scientific text across the entire course, bit by bit. That text is written by one of greatest Buddhist thinkers of our time, Matthieu Ricard. It is Altruism: The Power of Compassion to Change Yourself and the World (2013). Please pick up a copy of this book and get started now. We will be focusing on Parts I, II, III & IV at the start of the course, and you should read this before we meet for the first time.
READINGS

Articles will be sent to students as attachments for each class session. Students will need to purchase (on line via Amazon) two books:


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

SG Post with Jill Neimark, *Why Good Things Happen to Good People*

SCHEDULE

(We will meet twice in the late fall of 2017 to get a head start.)

**Saturday January 6 (9 a.m. - 4 p.m.)**

**TOPIC: THE BASICS OF ALTRUISM**

**Morning Session: What is Altruism and Where Does it Come From?**

**Preparation**

*Video: The Altruism Revolution*

Ricard, Parts I & II

Just a Few of the Big Themes:

Part I
1. Materialism, consumerism, affluenza, simplicity, well-being (7-9)
2. What is altruism, indirect benefits/I-Thou (15-19)
3. Sacrifice, risks not necessary but may come (20-21)
4. “Loving-kindness”, compassion, joy, impartiality (26-27)
5. Extensivity, biological to extended altruism (30)
6. Malevolence as illness (34)
7. Affective empathy, compassion (53),
8. Empathy fatigue (58)
9. Altruism, twofold benefits, costs “external” (77)
10. External gains (79)
11. Self-interested altruism, reciprocal altruism better than selfishness and springboard to generalized altruism (88)
12. “Selfless” altruism, pay it forward, cynicism (91-93) [Freud, Sartre, primatology, etc.]
13. Everyday altruism (94)
14. Heroic altruism, Wesley Autry (103, 104)
15. Dan Batson, personal distress, avoid punishment, reward, empathy-altruism axis (130-35)
16. Moral psychology (144)

Part II
1. Group selection, Kropotkin mutual aid, reciprocal altruism (165-170)
2. Maternal love, paternal love, group selection, culture
3. Primates, de Waal, consolation, adoption, empathy (184)
4. Children, ages 14-16 months, innate across cultures, what buttons get pushed (209-13)
5. Raising a caring child (221)
6. Men, women, NYC, urban/rural (224)

**Afternoon Session: Can Altruism be Cultivated and Can it be Undermined?**

**Preparation**

*Video: The Altruism Revolution*

Ricard, Parts III & IV

Just a Few of the Big Themes:

**Part III**
1. Deprivation, neuroplasticity, long-term health, attachment (244)
2. Using meditation on love and compassion, grade schools (252)
3. Shamatha, telomeres? (258)
4. Expansive meditation

**Part IV**
1. Ego, interdependence, gratitude for the kindness of others, eudemonism, dyadic friendships, in-group-out-group demonization (276-80)
2. Narcissism, self-overestimation, rump quote (291)
3. Humility (295-98)
4. Rand, Nietzsche, ethical egoism (300, 305)
5. Freud (306), Anna Freud altruism as masochism (309)
6. Self-love good, Kristin Neff (314), self-kindness (318)
7. Clinician burnout (324), emptiness, loss of meaning (326)
8. Balance (328)
9. Sociopaths in suits (333)
10. Violence, devaluing others, vengeance, arrogance, power as in Stanford prison experiments, (351), thirst for wealth and power (355), media (364), video games (365)
11. Dehumanizing the other (388), genocide
12. War (424)
13. Decline of violence, Pinker (426)
14. Animal suffering (456), meat industry (470)

**Saturday January 13 (9 a.m. - 4 p.m.)**

**TOPIC: ETHICS, ALTRUISTIC MOTIVES, AND EIGHT REPRESENTATIVE BIOETHICS TOPICS/QUANDARIES**

**Morning Session: Moral Psychology, Altruism, the Case of Zell Kravinsky, and the Newborn Trebling Conceived to Donate**

**Preparation**

John Stuart Mill, *Utilitarianism*

Attached pdf files

Ricard, review ch.13
Moral Psychology
There is no moral life without some degree of concern for others. Every ethical theory has to include some moral psychology that allows some strategy or disposition by which human nature is capable of taking into account the good of others as well as of self.

Category I Psychological Egoists: These Contractarians (e.g., Hobbes, Freud) are pessimistic about any significant human capacity for benevolence that goes beyond immediate kin, and deem even parental love as tainted with narcissism. Not only is empathy highly myopic, but so also is rationality relatively powerless to overcome a brute selfishness. But self-interested prudential reasoning can allow us to agree “as if by contract” on certain very minimal preventive prohibitions necessary for surviving together in society (although society is artificial rather than natural). So, for example, we have social/legal restrictions on lying, violence, and violations of privacy. As a result, Contractarians are ethically minimalistic, but they can recommend “do no unjustified harm” as a thin principle and practice, enforced to some small degree by self-interested reason but largely by the threats imposed by the state (Hobbes’ “Great Leviathan”). These prohibitions are easily set aside by classism, greed, and egoism. Thus Freud wrote of civilization as a very thin veneer over a seething cauldron of Id, and as something that leaves humanity discontented. There is no moral idealism at all, no Good Samaritanism expected or required.

There are other Contractarians (e.g. Locke, Daniels, Bok) who are a little more hopeful about the self-restraining power of rationality (i.e., of self-controlling “enlightened” self-interest) absent coercive threat and legal punishment. They think that our natural state is a bit more social and wired for reciprocal altruism, but we still are not far from Hobbes’ famous “war of all against all.”

Category II The Rational Altruists: While there may be all sorts of selfish human tendencies, the Rationalists (e.g., Plato, Kant, Nagel, Rawls) are convinced that reason alone rises above all such tendencies in a triumphant clarity of logic that simply by virtue of its clarity can and does motivate us to rise above the baser elements of human nature into a life of equal-regarding universal respect based on universal principles. Whatever disposition exist in human nature and emotion, however selfish or empathic, are essentially irrelevant. We are endowed with reason and through this gift of the mind we can achieve moral enlightenment and abide in it. These are the children of light. It is not clear, however, that reason has this degree of power over human nature, and reason often becomes rationalization.

Category III The Psychological Altruists: Indeed, natural affective (empathic) dispositions have, through forms of group selection at various levels beyond kin, gained a strength that is potentially universal. There is still, however, another bleak side to human nature that is selfish and insular, and the product of individual selection, but at least there is a powerful substrate of compassion and empathy that, with the exception of the occasional sociopath, provides an internal moral sense that is based in our emotional nature. Reason plays only a quite a secondary guiding role. These are the psychological
altruists. For example, the Dalai Lama refers to this sense as innate compassion, as does Ricard, Adam Smith and David Hume. Darwin wrote of a “natural benevolence” based on group-level selection. Darwin, however, saw that the flip side of the coin of in-group altruism is out-group hostility, and ultimately appealed to the rational altruism of Kant to ensure a sense of a common humanity. After all, the differences between “them” and “us” that we think are morally significant are not. Mill might be placed here. Dan C. Batson describes the “empathy-altruism axis.”

Category IV Virtue Altruists/Theorists: These days, many philosophers are neo-Aristotelians. They simply recognize human nature as a vast mixed bag capable of pretty much anything. However, we human beings are thankfully malleable creatures of habit, and we can be habituated to almost anything, including to benevolence life. We learn altruism by observing good role models within families and wider communities, and we are nothing if not inspired by those around us who are worthy of imitation and emulation. Here literature comes into play, as we read about the habits of inspiring people (e.g., Paul Farmer, Cicely Saunders, Gandhi, MLK, etc.) and take them into our core. We take shape in communities of character with symbols, teachings, expectations, role models, rewards, and identity formation over time. We live in symbols and symbols live in us.

Category V Metaphysical Altruists: There are those who think of altruism in metaphysical/spiritual terms. Thus the Hassidic artist Marc Chagall, or the poet W.H. Auden, who described his quiet experience as follows:

One fine summer night in June 1933 I was sitting on a lawn after dinner with three colleagues, two women and one man. We liked each other well enough but we were certainly not intimate friends, nor had anyone of us a sexual interest in another. Incidentally, we had not drunk any alcohol. We were talking casually about everyday matters when, quite suddenly and unexpectedly, something happened. I felt myself invaded by a power which, though I consented to it, was irresistible and certainly not mine. For the first time in my life I knew exactly – because, thanks to the power, I was doing it – what it means to love one’s neighbor as oneself. I was also certain, though the conversation continued to be perfectly ordinary, that my three colleagues were having the same experience. (In the case of one of them, I was able later to confirm this.) My personal feelings towards them were unchanged – they were still colleagues, not intimate friends – but I felt their existence as themselves to be of infinite value and rejoiced in it. (Auden 1965:30)

Auden is making no appeal here to the human substrate, but to something beyond it, an otherwise unspecified More. Those who might fall in this category are Carl Jung, William James, Rumi, Maimonides, and Nightengale. Ricard prefers to avoid Buddhist metaphysics, but he clearly subscribed to a metaphysic of higher Consciousness in which we all participate and therefore are connected.

Category VI Ethical Egoists: There are those (e.g. Nietzsche, Ayn Rand, Sartre) who accept that human nature does have some wide-ranging compassionate tendencies, and it capable of universal benevolence. They are not psychological egoists. Rather, they are psychological altruists. But they argue that we must work hard to 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. Sartre recognized some strong tendencies toward universal benevolence, but felt that these were all in the end manipulative of the recipient.

So what about utilitarianism? Are any of these criticisms true? Utilitarianism:

(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 Tuskeegee;
(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 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.

[For the topics below: We will have student co-facilitators for each topic on both January 13 & 20. We will convene as a group in 067 at 9a.m. on each date, but on the 13th and 20th the co-facilitator teams will convene independently from 10-11 to discuss their topic for the day and coordinate their facilitation/presentation of the topic. At 11 we will reconvene and begin with a series of half hour topical presentations. Everyone in the class will have read all articles for the day, so the presenting team can assume that. The team may want to cover some key points, but mainly raise big questions in such a way as to engage the class as a whole. Facilitators should wrap up their half hour by noting a couple of potential Big Questions that would make good paper topics for anyone. (10%). We will repeat this process on the 20th, so each student will have been a part of two presenting teams. (10%)]

1. The Case of Zell Kravinsky: A Pathological Altruist 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, 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. (aka Husbands don’t always do what their wives want.) He was later persuaded not to donate his second kidney – Zell would have to go on dialysis – by his wife and kids. One doubts that this would ever be allowed of course, but it is worthy of reflection as to why.

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 the “dead donor rule” too restrictive? Is Zell nuts or is he a utilitarian saint following the logic of utilitarian ethics?

Readings


2. The Child Conceived to be a Donor at Year One Saving a Sibling
Born to donate? 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) (The Ramsey/McCormick debate)

Readings
Video

Afternoon Session: More Bioethical Issues

Preparation
Attached pdf files

3. My Sister’s Keeper? Donor Siblings and Family Pressure
How do we ensure that siblings are not under too much family pressure to donate a kidney? Is this even possible? Am I my really siblings keeper?

“Kate Fitzgerald suffers from acute promyelocytic leukemia. Conceived by means of in vitro fertilization, her younger sister Anna was brought into the world as a savior sister at the informal suggestion of Kate's doctor, Dr. Chance. She is a genetic match to her older sister and can therefore donate compatible organs, blood, and tissue to help her. When Kate turns 15, she goes into renal failure and 11-year old Anna knows that she will be forced by her parents to donate one of her kidneys.”

Readings

Jenny Gold, “Her Sister’s Keeper: Caring for a Sibling with Mental Illness”
https://khn.org/news/her-sisters-keeper-caring-for-a-sibling-with-mental-illness/

4. Blood Donors
Blood donation is vital to healthcare, and we often find hospitals in short supply. What forms of altruism are at work in blood donors, how can they be defined and measured, and what are their implications for recruitment of donors?


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4171832/

A possible visit to the Stony Brook Med Blood Bank

5. 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


6. Duty to Treat in Time of Epidemic
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? And what about burnout?

Readings

“U.S. Nurses Say They are Unprepared to Handle Ebola Patients.”


### 7. 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 self. 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. The author of the first article in this section, Dr. Leo Alexander of Tufts University, was the primary author of the Nuremberg Code.

*Readings*


Nuremberg Code (1947)

Declaration of Helsinki (1964 rev)


SG Post, The Tacrine Experience & Other Cases/Alzheimer Association US, *Ethical Issues in Alzheimer’s Disease* (current)

8. Human Phase One Guinea Pigs

Readings

**Saturday January 20 (9 a.m. - 4 p.m.)**

**TOPIC: Rx: GOOD 2 B GOOD**

**Morning: Altruism Too Little/Too Much**

1. **RxG2BG (Good to be Good)**

Readings


2. **Dying of Despair without Altruism and Community**

Readings


3. **Helping Others Live Sober**
Website [WWW.HELPINGOTHERSLIVESOBER.ORG](https://www.whygoodthingshappen.com)

**Readings**


**4. Shutting Down Destructive Emotions**

**Readings**


**5. Altruistic Surrogacy**

**Readings**


**6. PPCC (“Patient and Professional Centered Care”) The Overwhelmed Giver**

**Readings**

Post et al., “Raising Resilience.”

**7. 9/11 Responders and the Rejected Altruist**

**Readings**

Kelly Zemnickis, “9/11 First Responders are Battling Serious Illness.”


**WORKING EARLY DINNER AT DOMO SUSHI 4:30 PM ON THE HOUSE**

Read [www.whygoodthingshappen.com](https://www.whygoodthingshappen.com)
RESPONSIBILITIES, GRADING AND ATTENDENCE

Participation in class will half your grade. Come to all sessions, participate well (30%).

We will have student co-facilitators for each topic on both January 13 & 20. We will convene as a group in 067 at 9 a.m. on each date, but on the 13th and 20th the co-facilitator teams will convene independently from 10-11 to discuss their topic for the day and coordinate their facilitation/presentation of the topic. At 11 we will reconvene and begin with a series of half hour topical presentations. Everyone in the class will have read all articles for the day, so the presenting team can assume that. The team may want to cover some key points, but mainly raise big questions in such a way as to engage the class as a whole. Facilitators should wrap up their half hour by noting a couple of potential Big Questions that would make good paper topics for anyone. (10%)

We will repeat this process on the 20th, so each student will have been a part of two presenting teams. (10%)

Please note everyone that you need to speak up actively and with good content because class participation matters (10%).

Students will be asked to write one 10-page paper due January 24 on one of the topics covered in the course. These should draw on the assigned readings, and at least TWO carefully selected articles from outside sources. (70%).

Papers are due by January 24. It is a good idea to send an outline or draft to SGP by January 18 for a quick response.

Please note that SGP is a logical positivist. This means that the first step in any research by any method is to have a very clear focused single question that “floats your boat” as a writer. Always remember that narrow and deep is better than wide and superficial. Then indicate the significance of your question, and why you ask it the way you do. Follow this with a clear thesis statement, and a brief paragraph on how you will proceed. Then the main body of the paper should be a focused development of your thesis. At some point if there are serious counterarguments you should dispose of them. In the conclusion, raise at least one Big Question that you have not answered but that your paper brought to your attention for another time. Be absolutely certain to use HEADINGS.

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.

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? 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.

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 experiment with 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


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, room 128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation

**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.