

Teacher Resource Bank

GCE Religious Studies

Unit 4C Topic II *Ways of Moral Decision-Making*

Example of Candidate's Response



**GENERAL CERTIFICATE OF EDUCATION
ADVANCED LEVEL**



RELIGIOUS STUDIES UNIT 4C
Religious Authority

RST4C

EXAMPLE OF CANDIDATE'S RESPONSE

For this paper you must have:

- a 12 page answer book.

Time allowed: 1 hour 30 minutes

Instructions

- Use black ink or ball-point pen.
- Write the information required on the front of your answer book.
The *Examining Body* for this paper is AQA. The *Paper Reference* is **RST4C**.
- Choose **one Section** only.
- Answer **one** question.

Information

- The maximum mark for this paper is 75.
- The marks for questions are shown in brackets.
- In each question, part (a) tests your knowledge and understanding, while part (b) tests your skills of reasoning and evaluation.
- You will be marked on your ability to use English, to organise information clearly and to use specialist vocabulary where appropriate.

RST4C Topic II *Ways of Moral Decision-Making*

- 1 (a) Examine the central ethical issues which arise from either medical research and development or business practice and economics.

(45 marks)

AO1

Candidate Response

There are a number of issues which arise from medical research and development. The issue over the use of human embryos is focused upon the debate about when a group of cells becomes a human being alongside the issue of do cells which have the potential for being human have a status which is different from cells which do not. For a few people there is also the issue of valuing one human against another, can one be less valuable and thus dispensable? Some would consider that although the human embryo clearly has the potential to become a human being nevertheless at a very early stage, perhaps the first four to six weeks the cells are no more human than the sperm or ovum and thus since they are naturally dispensed with by human nature then surely the young embryo can be treated in the same way, much as the womb may reject an early fertilised embryo. Thus it is not ethically unacceptable to experiment or use the human embryo under these conditions. However, there will almost certainly be a further ethical concern which will then focus upon the need to use even this human embryo and there would be an expectation that the use would be very specifically to help create better treatment for future human beings and any thing which suggested the experiment was might be called 'idle curiosity' would be unacceptable to many. Another aspect of this ethical debate is the selection of a human embryo to be allowed to develop so that the baby will be able to provide much needed cells for a dying sibling, the selection being to ensure that there is compatibility between the baby and the sibling. The concern here that the embryo has been selected not for its own sake but for the need of another.

There are issues which arise from the use of animals for medical research. For many the reason that this has become increasingly significant is that as we have discovered more about the animal kingdom we have come to realise that the differences between human and other members of the animal kingdom are much smaller than we originally thought. The use of chimpanzees is a good example of this. Often they were used since they were so close to the human genetic make up that medicines could be tested on the chimpanzee before being released for human use. The work of people like Jane Goodall have caused us to realise how intelligent the chimpanzee is and how human like they can be, thus raising the issue that experimenting with the chimpanzee may be little different from experimenting with a human being. From this there has been a further development into the question about the use of any animals and whether as sentient beings they should also be protected against experimentation by humans.

There are some ethical discussions about experimenting upon human beings. There seems to be an acceptance of this if the individual agrees to being used for an experiment, and there is also a debate which suggests that with this agreement those who are dying can be used for treatment which carries a much higher risk of death, this moves towards an ethical view that there are different classes of human being, some are more dispensable than others.

Following from this there is also a major ethical debate about limited resources in the UK of the National Health Service. This means that doctors have to make decisions about who is to benefit from the limited resources and who is not. Inevitably this also often seeks to categorise human beings, thus in simple terms a five year old requiring life support set against an eighty year old when there is only one available will mean that the five year is selected, all other issues being equal, since the five year old has much potential life whereas the eighty year old does not. NICE makes similar decisions when it is considering the licensing of medicines for use in the NHS. There is evidence that they will look at cost and weigh this against how effective medicine may be for the majority of people. Clearly with limited resources and a growing demand which is generated by medical advances there have to be decisions which determine who is to be eligible for treatment and who is not. There have recently been debates about whether smokers and obese people should be treated the same as others since their particular life styles have caused them to need treatment whereas others have not abused their bodies in the same way and thus should be more eligible for treatment.

Finally there are serious issues surrounding the use of life support, not only as exemplified above who should be offered the chance of using such a system but then when should the machines be turned off. The ethical issues here are very similar to the issues which arise when one is considering euthanasia. In this particular case it would be regarded as passive involuntary euthanasia. The patient does not consent to the machines being turned off, although relatives may do so, and the withdrawing of the support from the machines will lead to the death of the person, but there is nothing active, that is the patient is not given something to cause their death. The ethical debate here rests on whether this is acceptable that is it is not murder and the rationale for why it is not murder. In many cases this is because the medical profession has adopted the idea of 'brain death', the patient is dead if there are no signs of any brain activity even though the body continues to function with the support of the life support.

Commentary

The first section of the answer is very sound and deals quite well with medical research and keeps to the question by examining the ethical issues. However, the second section of the essay which turns to discussing ethical issues which arise from limited resources in the NHS has not been linked back into the question, thus it appears not to be anything to do with either research or development. Of course, it would have been possible to developed the limited resource into an excellent presentation of how this does lead to limitation of resource and thus the subsequent material about ethical issues linked to limited resources would have been relevant.

Level 4 (28 marks)

- (b) **Assess the strengths and weaknesses of different ethical systems when they are applied to one major issue arising from your chosen topic.**

(30 marks)

AO2

Candidate Response

At the heart of a number of the issues mentioned above is the issue of who should receive help from the NHS and who should not given that there are limited resources available. As we have seen this essentially has led to categorising human beings thus allowing for the medical services to eliminate certain categories of people from support and so allowing others to benefit, those being more worthy.

There are two basic ethical systems, the deontological and the teleological. In the case of the former the system establishes rules which will then be adhered regardless of consequences. Kant is one of the most famous of the deontological thinkers. Thus in our particular case one would apply the categorical imperative, remembering that the imperative must be able to be universalised and the humans must be treated as ends in themselves and finally one must assume that all people are acting in the same way. The Kantian approach will not allow for some human beings to benefit when others cannot and thus it would seem that Kant would suggest that there should be more funding or that all people suffering from something specific should not be treated and even then in this latter case it does not sit very easily with Kant's thinking unless it were to apply to something which a person could make a decision about themselves, thus Kant might be happier with the idea that smokers should not be treated for any of their consequences of smoking. In this case the decision to smoke is made by the person, a moral decision provided they were made aware of the consequences of taking up smoking and that fact they would not be treated. The big problem with even this approach is that it seems that the smokers are being used as a means to an end, in this case allowing the rationed resource to be available to others and this would not be acceptable to Kant.

The other approach, the teleological might be more successful. Utilitarianism is the best known system expressed by Bentham and then Mill. In the case of both there is a central idea, that the consequences of any action must lead to the greatest good for the greatest number of people. Thus the focus is upon the actions and consequences. Bentham established the hedonic calculus which allows for a measurement of the quantity of good arising from an action whereas Mill was more concerned about the quality rather than the quantity of good. Thus in our case the utilitarian approach would be happy to suggest that a few should be denied treatment if it means that many more will benefit from receiving the treatment. Using the hedonic calculus one can see that categorising certain illnesses might work in that issues like duration, certainty, and extent would allow for some illnesses to be treated and others not if, for example the success of one is far higher than the success of another, very much the approach used by NICE. Mill's focus upon quality might help too, but perhaps in a way people might not be happy with today. Mill stressed the pleasure of the mind above the pleasure of the body, thus in determining the use of a limited resource Mill might well suggest that those with mental deficiencies should be denied treatment for the sake of those without. Thus the Alzheimer patient denied the treatment whereas the mental fit does.

One might therefore suggest that both systems have strengths and weaknesses, in the case of Kant the strength is that it seeks to treat all the same regardless of any particular consequences and thus seems to be 'fair' but the problem is that it does not appear to work as in our particular case. The Utilitarian systems work since they focus upon consequences and majorities, but this then seems to allow groups of people to be eliminated because they are minorities and thus can suffer for the sake of the majority. Many people today would be unhappy with this idea not least because there are plenty of examples in human history where what appears to be the minority is subsequently seen to have the 'right' approach whereas the majority did not.

Commentary

In this case, the choice of limited resources is not a problem since it clearly is an 'issue arising'. The single issue is clearly stated and there is a well presented case which relates the issue to the deontological and the teleological. The candidate has chosen specific examples and scholars and these are well presented. Whilst there is not a full debate about the ethical systems, in the case of a part (b) AO2 response, this is perfectly correct and had there been too much material merely detailing the different ethical systems it would have pushed the answer into the irrelevant. In the last paragraph, there should have been a little more drawing the discussion back tightly into the focus of the questions the strengths and weaknesses when applied to limited resources. Thus, the answer does not become Level 7.

Level 6 (27 marks)