USING CASE STUDIES TO DEVELOP CRITICAL THINKING SKILLS IN ETHICS COURSES

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INTRODUCTION AND OVERVIEW

The focus of this paper will be on techniques for getting the most from case studies intended to introduce critical thinking skills in ethics courses. The main point is that incorporating case studies is an essential element in teaching ethics, since the primary goal of this endeavor is to inculcate critical thinking skills and cases are an undervalued tool for developing analytical capacities in students. In this paper, I do not purport to defend a metaethical approach to case studies, but instead address the topic strictly from the perspective of pedagogy.

I will illustrate these techniques and methods by demonstration in a discussion of two bioethics cases concerning reproductive technology. These cases were selected since they bring into focus theoretical points concerning ethics that students often have a difficult time understanding in other contexts. By introducing these topics with a case study, students more easily apply critical thinking skills to the relevant theoretical points by tying their reasoning to elements of the scenario. In addition, the case studies not only serve as applications of ethical theories, but also serve to highlight important philosophical issues concerning ethical theories themselves. I will begin by briefly discussing the nature of ethics as I see it in order to illustrate how the ethical enterprise dovetails with the goal of promoting critical thinking skills by using case studies in ethics courses.

THE NATURE OF ETHICS

Students often suffer from a number of preconceptions and misconceptions concerning the nature of ethics. Some think that ethics is a set of answers held by experts which one simply needs to learn, or that
ethics is what society tells one to do, or that ethics is a private matter which should not be discussed in any public forum. In addition, students come into class with a number of bad habits of mind, such as a tendency to adopt false dichotomies or to accept wholesale generalizations, which hobble their ethical thinking. Providing the opportunity for exercising analytical thinking skills by utilizing case studies helps to overcome these impediments to learning.

In my view, ethics consists in the construction of a critically reflective morality. Ethics is critical since it leaves itself open to examining and reexamining reasons from all sources and disciplines. Ethics is reflective in that a conscientious moral agent is constantly trying to achieve a delicate balance which takes into account the effect of these reasons on his or her deepest values. By contrast, a morality, or set of mores, is a set of rules, norms, or understandings that may be followed even by a non-reflective person. So, while ethics is a form of morality, a morality is not necessarily ethical. To consider ethics as a critically reflective morality highlights the fact that ethics is a process of thinking, not a set of established answers which need only to be passively accepted.

This conception views ethics as a method of discovery and not as a body of knowledge. Ethics does not consist in knowing the answers but instead in knowing how to inquire; in particular, in knowing what counts as a possible answer, what questions are appropriate and constructive ones to ask, what tendencies in one’s own thinking need to be kept in check, et cetera. Promoting the development of critical thinking skills supports the very enterprise of helping students to become (better) ethical thinkers, given this substantive conception of ethics as a critically reflective morality aimed at identifying, examining, and addressing practical problems. I will now proceed to illustrate the important contribution of case studies to this process by turning to the two case studies themselves.

THE NASH CASE

In the two cases I will discuss, the following central ethical question binds them together: To what extent do medical professionals have an obligation to follow the desires of potential parents? The first case is that of the Nashes. Lisa and Jack Nash were both carriers of a recessive gene for Fanconi anemia and therefore had a twenty-five percent chance of producing a baby with the disease. Fanconi anemia prevents the afflicted person from producing his or her own bone marrow. This disease will
significantly shorten the affected person’s life; half of those with Fanconi anemia experience bone-marrow failure by age 7. Their first child, Molly, did receive the gene for Fanconi, and at age six was already experiencing serious health problems. The best treatment for Fanconi is a transfer of stem cells derived from a sibling.

The Nashes chose to have another child using reproductive technology. They created embryos by *in vitro* fertilization, where ova are fertilized in the laboratory. The embryos were subject to a unique series of tests. First, they were screened to ensure that the embryos that would be implanted in the mother’s womb did not have the genetic disease. Second, those embryos that passed this first test were also screened for traits which allowed a match for helping Molly Nash—the new sibling could provide cells to assist Molly in producing her own bone marrow. (This is better than a transplant of bone marrow, which is painful and involves a chance of rejection.) From this process, Adam Nash was created and born. Molly was given radiation treatment to kill her diseased bone marrow. Stem cells—which are cells that can become any cells in the body—were taken from blood in the umbilical cord after Adam’s birth and were programmed to replace the decimated bone marrow. Then the stem cells in the blood were infused into Molly. The procedure was a success—shortly after the transfusion, Molly had begun to make her own bone marrow cells.

To the surprise of the Nashes, they were subject to quite a lot of public criticism for their decision to use reproductive technology in this way. While many consider it ethical to screen embryos for genetic diseases since this is best for the child, in this case the screening occurred to select for traits that would benefit another person besides Adam Nash. I introduce this case in class and then focus first on asking the students to identify the questions that it would be necessary to address before one could come to a reasoned opinion on this case. Those questions include the following: (e.g.) what effect, if any, does this procedure have on Adam Nash? What happened to the embryos that did not “pass” the screening tests? Are such embryos deserving of moral status? We then identify questions as empirical or moral questions, and we either discuss the issue or I point out when in the course we will discuss the relevant question.

I then ask the students to offer arguments in support of or against the use of reproductive technology in this instance. I introduce this case at the end of a discussion of Kantian ethical theory, and inevitably, students raise the objection (which was common in the public media) that
this use of reproductive technology in some way represents a misuse or violation of Adam Nash. This connects with Kant’s second formulation of the Categorical Imperative, which states that we ought never treat a person merely as a means, but also always as an end. Kant’s theory and his formulations of his main principle are notoriously difficult for students to understand. Asking students to track out this line of argument as applied to the case not only helps them to reflect upon the case but also sheds light on the Kantian ethical principle itself; by putting practical meat on the theoretical bone, students come to a more critical and deeper understanding of the Kantian point. How does this principle apply to the case, then, and what does this suggest about the principle itself?

In one approach we take to spelling out the notion of what it is to use Adam Nash merely as a means, we develop the idea in terms of the parties’ motivations: the parents’ motivations in this case must be consistent with respecting the child’s humanity in itself, to desire the child in some unqualified sense. However, some pressing questions exist concerning this interpretation. If we hold these parents to such a standard, then we should also presumably apply this idea to all parents. Yet, do persons typically approach reproduction and parenting in this way, where the child is desired in some completely unqualified sense? Or can other desires figure into the decision to reproduce, consistent with the decision being a morally defensible one?

It is often pointed out in these discussions that potential parents aim to satisfy desires other than those referring to the desire for the child itself when making reproductive decisions, yet this does not necessarily make it the case that the parents are doing something morally wrong. For example, the parents’ motivations may be complex; they may want the child itself, and (e.g.) to have a child so that their first child has someone to grow up with or play with, or do so since all of their friends are having this experience at their stage of life, along with doing so to appease their parents’ desire for a grandchild. In addition, if we did utilize such a standard—where the parents had to desire the child in some completely unqualified sense—and we used this to set public policies to determine which parents could have access to reproductive technologies, how could we know when this condition was satisfied? The parents could simply “mouth the words” and report these motivations, even if they were not true.

Further, is it really the case that Adam Nash is used merely as a means to the end of helping Molly Nash, on this interpretation? Interestingly enough, the Nashes’ motivations appear to be complex as well.
They wanted additional children, but were afraid to conceive since they may bear another child with the disease. Lisa Nash adds that “We wanted a healthy child...and it doesn’t hurt him (Adam) to save her (Molly’s) life.” Their motivation is not accurately described by saying that they had a child simply to use cells from him to save their other child’s life. To use embryo screening to prevent Adam from getting the genetic disease certainly does not use him merely as a means. Given that the parents wanted to have a child in the first place, and then used embryo selection to achieve a “dual purpose” which also helped their other child, perhaps it is more accurate to say that Adam is a means for helping Molly Nash. But then this decision does not violate Kant’s principle, since the principle disallows not treating others merely as a means.

Considering this case and its relation to the Kantian ethical principle raises other interesting interpretative questions. One may argue that while Adam Nash is not used merely as a means, perhaps the embryos which are tested and not gestated are used merely as a means. What are we to think about this? This sheds light on the issue of what it means on Kantianism to “use” another person. If we test an embryo, it fails the test, and it is then frozen, was it “used?” This question may be complicated by the question of whether the embryo is considered a person from a Kantian perspective. Even putting that question to the side, and granting for the sake of argument that it is a person, it is still not clear what constitutes “usage” of another person. Suppose (to modify Kant’s famous example) that I am heading out for a long night of making lying promises to others, and to save time, I devise a test which I utilize first to determine whether my prey is sufficiently gullible to be ensnared by my tactic. If I administer this test and conclude that the person is not sufficiently gullible, I do not even attempt the lying promise, but simply move on to someone else. It is far from clear (at least to me) that I have “used,” in the relevant sense for Kant, those who fail the test and hence are not subject to my lying promise. Even granting that if someone were utilized in this way that person would be treated as a mere means, since it is unclear that “usage” occurs in the first place, it is difficult to construct a case for the moral wrongness of this activity on this basis.

Further, how do we determine exactly who is being used merely as a means (assuming that we grant that use would constitute use merely as a means)? Kantian objectors may maintain that Adam Nash is used merely as a means, yet we must be clear about the facts of the case in order to determine whether or not this is true. The umbilical cord blood is all that is used in this procedure; are the cells that are found in the cord blood...
(which would otherwise be simply destroyed) part of Adam Nash, or part of his mother, or both? At the very least, it is ambiguous whether Adam is the one being used in this case (if usage occurs at all). It would seem to be a different case if one were to conceive a child that is free of disease, then after raising the child demand a transplant, say, of one of his kidneys, since this is a match for an ailing sibling. That would seem to use the child, and to do so in an unacceptable way without regard to the possible harm to the child.

The question of harm to Adam Nash also seems to be important, and this suggests another way to interpret the categorical imperative which in some way involves the effect that one’s acts have on the person who is putatively used merely as a means. This interpretation may be unacceptable to some followers of Kant since it seems too “Utilitarian,” but it does raise an interesting issue. In the typical example of a lying promise, another person is used merely as a means and this is a case in which the person used is clearly harmed. What if a person is used merely as a means, but in cases such as Adam Nash's, no harm results directly from this since using the cord blood has no negative effects on him at all? Even if we could get clear on the fact that it is he who is used, (and used merely as a means) if there is no harm, does the Kantian principle still intuitively ground the moral wrongness of such actions? If not, perhaps the Kantian stricture against using persons as a mere means reduces to the harm resulting from being used in this way. This line of questioning sheds critical light on whether Kant's principle is a foundational moral principle.

This discussion illustrates a way in which case studies can be used to test ethical principles themselves. I am not claiming that this is the only way or the best way to critically analyze ethical principles. I see this method as complex, using a number of different strategies, including this approach as well as (e.g.) argument by counterexample, appeal to intuitions, et cetera. The power of cases to critically assess ethical principles, which is one task of an ethics course, should not be underestimated.

THE CASE OF “JODIE” AND “MARY”

The other case I will discuss is that of two conjoined twins born in 2000 named “Jodie” and “Mary.” Jodie and Mary were joined at their lower abdomens, and Mary's brain and body were less developed than Jodie's. Mary exhibited very little activity, and experts reported that her brain was “extremely primitive” and found that she had no realistic
chance of living on her own. However, the medical team caring for the twins also determined that it was highly probable that if left unseparated, both twins would die within six months, due to the strain put on Jodie's heart. It was also believed that Jodie would have a good quality of life and a substantial possibility of a normal life expectancy if she were separated from Mary. The children’s parents did not wish for the surgery to be performed; as Roman Catholics, they decided that they could not kill one daughter to allow the other one to live. As they put it, “Now that things have gone very badly wrong and we find ourselves in this very difficult situation...[w]e believe that [if] it’s God’s will that both our children should not survive then so be it.” The central moral issue in this case is whether or not the surgery can be morally justified, all things considered.

I utilize this case to spur students to critically think about religious ethics. The parents’ remarks could be interpreted as consistent with some form of the Divine Command Theory on which God's commands determine the right decision, or may stem from a Natural Law component of a form of religious ethics. In my experience as a teacher, I have discovered a number of students who find it particularly difficult to think critically about any issue which involves religious reasoning. A general discussion of Socrates’ argument applied to the Divine Command Theory does not help them to gain some reflective distance, and this case seems to help in that regard. The place we start is to identify the relevant alternatives: it seems that we may either support the surgery, in which case we might say that Mary is killed (?) and Jodie lives, or we might vote in favor of no surgery, which might be described as a case in which Jodie is killed (?) and Mary continues to live for a longer time (until both then die in approximately six months).

Obviously, the description of what is involved in these two options is contentious, and that is precisely one of the points I emphasize in our classroom discussion. After engaging in dialogue for a while, the students get to see the arguments for and against various descriptions of the options. As one might expect, the distinction between killing and letting die is raised by the students. This distinction is usually examined a bit and the stage is set for a more in-depth examination during the discussion of euthanasia and assisted suicide later in the course. By discussing this, students begin to see an interesting parallelism between the two options. The parents in this case believe that their view implies that it is better not to attempt the separation, since this would involve “killing” Mary. On this view, if we perform surgery and know that on the best medical evidence, Mary’s death will be hastened, we are “killing” Mary. But notice
that on the same score, if we do not perform the surgery and know that on the best medical evidence, Jodie’s death will be hastened, then this can be construed as “killing” Jodie. (This is the case if at some point not using a medical intervention to save a life becomes a “killing,” just as using a medical intervention which hastens the end of a life is a “killing.”) If both options may properly be said to involve killing, it is unclear which option a religious ethic would favor.

At this juncture, one would likely introduce the notion of letting die, and argue that Jodie is merely allowed to die, since we do nothing to kill her (but merely withhold the surgery). By the same token, however, it could be said that Mary is allowed to die as well: this is clearest if we consider Jodie to be a form of human “life-support” for Mary and the medical procedure which enacts the separation is simply a complex form of withdrawing Mary from life-support. (On such a view, withdrawing from life-support is a paradigm case of letting one die.) So, in tracking out this line of argument, either both options represent killings and both are morally wrong, or both simply consist in letting one die, and can be morally acceptable. (Further, one could invoke well-known arguments from the field of bioethics in support of the conclusion that there is no inherent moral distinction between killing and letting die. (Rachels 1975))

Clearly, this way of setting up the problem moves too quickly, and there are many more things which would need to be explored to reach a stable and defensible description of the alternatives. There are also additional questions one needs to raise. For example, is it the case that Mary, even though she is innocent, could be said to kill Jodie? If so, the surgery could be justified on grounds of self-defense, and Jodie’s parents may be morally obliged as third party guardians to exercise this right on Jodie’s behalf. The overriding point is that even from the perspective of religious ethics, it is not obvious that God’s will is only expressed by the “no surgery” option. (Perhaps from this perspective, God approves of the use of medical technology to expand the length and quality of life, and that is why such technology has developed as a product of human reason.) The lack of certainty created by critically reflecting on questions such as those above suggest that much deeper thought is needed before a reasoned opinion can be reached concerning this case. This scenario opens the door for critically thinking about issues at the intersection of religion and ethics, instead of attempting to resolve the issues by simply subsuming them under a rule such as “Thou shalt not kill.”
CONCLUSION

By illustration, this paper highlights the multiple dimensions of case studies; not only do they serve as ways to apply ethical principles, but they can also be used to raise important philosophical questions about how to interpret and test ethical principles themselves. This is an interesting result for ethics generally, since it challenges the thought that case studies are more appropriate tools for “casuists” than for “principilists.” The discussion in this paper suggests that critically thinking about case studies themselves can contribute in a substantial way to the philosophical analysis of principles that takes place in ethical theory. If we view ethics as a critically reflective morality, as I have suggested, then case studies play a crucial role in making students better ethical thinkers.

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NOTE

1 An earlier version of this paper was presented at the Third Annual Conference of the Society for Ethics Across the Curriculum, held at the University of Florida, Gainesville, February 2002. This essay discusses ideas which are further developed in my Critically Thinking About Medical Ethics: A Continuing Dialogue (forthcoming from Prentice Hall Publishing).

REFERENCE
