

# Glossary/Index<sup>1</sup>

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**Abolitionism/anti-abolitionism.** Opposing views on the morality of animal experimentation. For abolitionism, it is morally wrong and should be either eliminated or radically reduced. For anti-abolitionism, it is morally permissible (usually, under conditions that minimize animal suffering and death). Chapter 16; 303–306.

**Abortion.** As a medical procedure, the elective termination of a pregnancy, generally by surgical means. See also HARD/TYPICAL CASES OF ABORTION. Chapter 10, 13; Appendix B; 193 ff., 386–388.

**Abortion critic.** Anyone who objects to ABORTION on moral grounds. Chapter 10; 200 ff.

**Abortion debate.** The controversy over the moral permissibility of ABORTION. See also ABORTION CRITIC/DEFENDER. Chapter 10; 199–201.

**Abortion defender.** Anyone who argues for the moral permissibility of ABORTION. Chapter 10; 200 ff.

**Absolutism.** Any view taking some MORAL JUDGMENTS to be exceptionless. It contrasts with UNIVERSALISM and SKEPTICISM about those judgments. Chapter 2; 27, 32.

**Actual/prima facie duty.** See ROSSIAN ETHICS.

**Advance directive.** Directions concerning medical care issued by a person while still competent in case she becomes incompetent. It may provide instructions about her treatment preferences or designate a proxy decisionmaker. Chapter 5; 100–103.

**Animal-rights view.** The doctrine that animals have RIGHTS, for example, to life and bodily integrity. Chapter 16; 307.

**Animal-welfare view.** The doctrine that animals' sentience confers on them interests, and thus MORAL STANDING. See also EQUAL CONSIDERATION OF INTERESTS. Chapter 16; 307–308.

**Appeal to Developmental Continuity.** ARGUMENT to the effect that ABORTION is morally forbidden because there is no significant difference between a human organism's developmental stages early in life. Chapter 11; 208, 209–211, 220–221.

**Appeal to Potentiality .** Argument to the effect that ABORTION is morally wrong because of fetuses' potential to become PERSONS. Chapter 11; 208, 211–212.

**Applied ethics.** See APPLIED/GENERAL ETHICS.

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1 The chapter and page numbers listed here are only to the most salient references in the text. Terms that are cross-referenced appear in all caps.

**Applied/general ethics.** The two subdivisions of NORMATIVE ETHICS. General ethics is concerned with questions of moral character and right and wrong conduct as they arise in any area of human activity. Applied ethics focuses on such questions as they arise in specific areas of human activity – e.g., medicine, business, and the environment. Chapter 1; 12–13.

**Ashley Treatment.** Growth attenuation and other morally controversial interventions designed to allow home care for children with severe physical and psychological impairments. Chapter 5; 105, 107–110.

**Baby Doe rules.** US regulations to ensure the provision of LIFE-SUSTAINING TREATMENT to all infants, including those severely disabled. Approved by Congress in a revised form in 1988, they allow for exceptions only when reasonable medical judgment determines that the infant is irreversibly comatose, or that the treatment would be FUTILE or merely prolong dying. Chapter 9; 175–177, 182, 175.

**Balancing.** See REFLECTIVE EQUILIBRIUM.

**Beneficence.** The health care professionals' POSITIVE DUTY to take steps to promote the patient's or research subject's wellbeing. See also PRINCIPLISM and ROSSIAN ETHICS. Chapter 2, 3; 34, 40 ff., 53, 54 ff.

**Benefit.** In medicine, any outcome of a treatment that improves patient wellbeing. Chapter 7; 142 ff.

**Best interests.** A decisionmaking standard based on what is objectively best for the patient. See also SUBSTITUTED JUDGMENT and ADVANCE DIRECTIVE. Chapter 5, 9; 102–105, 175.

**Bioconservatism.** The view that HUMAN GENETIC ENHANCEMENT is morally forbidden. Chapter 15; 284, 290–291.

**Bioethics.** An interdisciplinary area of concern about moral issues that arise in the practice of medicine and biomedical research, public health policy, and our relationship with nonhuman animals and the environment. See also APPLIED ETHICS. Chapter 1; 4 ff.

**Bioliberalism.** The view that HUMAN GENETIC ENHANCEMENT is morally permissible and even mandatory. Chapter 15; 287–290.

**Biological/biographical life.** A distinction between the MORAL STANDING of PERSONS and that of NONPARADIGM PERSONS such as the permanently unconscious, who lack psychological (i.e., biographical) life. Chapter 7; 144–145.

**Biomedical ethics.** The part of BIOETHICS devoted to clinical ethics, biomedical research, and public health ethics. Chapter 1; 7–9.

**Brain death.** A set of criteria according to which human death occurs with the permanent loss of consciousness and of function in either the brainstem (brainstem death), the entire brain (whole-brain death), or the higher brain (higher-brain death). See also STANDARD ACCOUNT OF DEATH and CARDIOPULMONARY DEATH. Chapter 6; 116–177, 120–ff.

**Burden of proof.** In a deliberation or debate, one side's turn to offer a convincing ARGUMENT. Chapter 5, 9; 107, 175.

**Capacity.** See COMPETENCE.

**Cardiopulmonary death.** Criterion of human death that takes it to occur with the permanent loss of function in the heart and lungs. If the sole criterion for determining death, it faces the UNILATERAL-DECISION and the ORGAN-PROCUREMENT PROBLEMS. See also BRAIN DEATH and UNIFORM DETERMINATION OF DEATH ACT. Chapter 6; 118, 120–123.

**Care ethics.** A feminist challenge to traditional moral theories that emphasizes the moral significance of human relationships and the VIRTUE of care. Chapter 2; 38–40.

**Case law.** See COMMON LAW.

**Casuistry.** A type of moral analysis of cases wherein each is evaluated by first identifying its morally relevant features and then comparing it with an analogous PARADIGM case already decided. Whether it can be combined with PRINCIPLISM is a matter of dispute. Chapter 1, 3; 6, 52–53, 64–66.

**Categorical Imperative.** The MORAL RULE of KANTIAN ETHICS. Of Kant's versions, the Humanity-as-End-in-Itself Formula is the most significant in bioethics. Chapter 2; 32–34.

**Common law .** Precedent law, initially developed from English court decisions and custom, and distinguished from civil or codified law enacted by statute. The basis of the US legal system except in Louisiana. Chapter 4, 7; 77, 87 ff., 137 ff.

**Common morality.** The set of moral beliefs and rules of conduct embedded in our culture. See also MORALITY. Chapter 2, 3; Appendix A; 30, 52 ff., 381.

**Competence.** A threshold of mental maturity and acuity that patients must meet to be able to give INFORMED CONSENT. See also SLIDING SCALE. Chapter 3, 5; 54, 63, 97–98.

**Congenital disorder.** Physical, cognitive, or behavioral anomaly present at birth. Chapter 9, 10, 12; 174–182, 189, 196, 229–231.

**Conscience absolutism.** The view that, in CONSCIENTIOUS OBJECTION, there is no DUTY OF REFERRAL. It contrasts with CONSCIENCE SKEPTICISM and UNIVERSALISM. Chapter 13; 250–251.

**Conscience skepticism.** The view that health care providers ought not to morally invoke CONSCIENTIOUS OBJECTION to dispensing lawful treatments. It contrasts with CONSCIENCE ABSOLUTISM and UNIVERSALISM. See also CONSCIENTIOUS OBJECTION and DUTY OF REFERRAL. Chapter 13; 251–252.

**Conscience universalism.** The view that CONSCIENTIOUS OBJECTION is a provisional right of health care providers that obligations to patients can sometimes override. It contrasts with CONSCIENCE ABSOLUTISM and SKEPTICISM. See also DUTY OF REFERRAL. Chapter 13; 251.

**Conscientious objection.** In health care, the RIGHT to refuse dispensation of a service to patients or clients because of a conflict with the health care provider's deeply held moral or religious beliefs. See also CONSCIENCE ABSOLUTISM, SKEPTICISM, and UNIVERSALISM. Chapter 13; 249–253.

**Consciousness.** In medicine, a subjective state wherein a patient has wakefulness or arousal and awareness of the self and the environment in a time-ordered manner. See also PERMANENT VEGETATIVE STATE. Chapter 6; 124–125.

**Consequentialism.** A set of moral theories that take the value of outcomes to determine an action's DEONTIC STATUS. May be MONIST or PLURALIST. See also UTILITARIANISM and DEONTOLOGY. Chapter 2; 27–32, 42 ff.

**Correlativity thesis.** The view that someone's rights engender duties in others. Chapter 18; 362.

**Criteria of personhood.** A condition or set of conditions considered necessary and sufficient, or merely sufficient, for being a PERSON. See also HUMAN-PROPERTY CRITERION and PSYCHOLOGICAL-PROPERTY CRITERION. Chapter 10; 195–199.

**Culture problem.** The problem of taking some culturally dependent MORAL RULES or values to be universally valid. Chapter 4; 80.

**Dead donor rule.** The rule that patients must be dead before their donated vital organs can be taken for transplantation. See also ORGAN-PROCUREMENT PROBLEM. Chapter 2, 6; 20, 122–123.

**Deductive/inductive argument.** An argument is a logical relation between one or more reasons (the premises and the claim (the conclusion) they purport to support. If deductive, its premises purport to guarantee the truth of its conclusion, if inductive, only to give some reasons for it. Appendix A; 379.

**Deontic status.** Typically, the property of any action that is morally obligatory, optional, or forbidden for an agent in a situation. Chapter 1, 2; 12, 20 ff.

**Deontology.** The view that acting out of duty, rather than the promotion of valuable ends, determines an action's DEONTIC STATUS. See also KANTIAN ETHICS and CONSEQUENTIALISM. Chapter 2; 32–34.

**Descriptive/philosophical ethics.** The study of MORALITY. It is descriptive ethics when devoted to facts about morality and philosophical when focused on the evaluation of conduct and moral character. See also APPLIED/GENERAL NORMATIVE ETHICS. Chapter 1; 10–11.

**Descriptive/normative relativism.** The view that moral right and wrong are relative, for example, to culture. Descriptive relativism notes that some moral beliefs vary radically among human societies. Normative relativism adds the claim that some radically different moral beliefs can all be correct. Chapter 2; 21–23.

**Designer babies.** Infants whose genetic makeups have been manipulated to endow them with traits deemed advantageous or pleasing within a family or larger group. Not yet a scientifically feasible scenario. See also PROCREATIVE BENEFICENCE and HUMAN GENETIC ENHANCEMENT. Chapter 15; 288–292.

**Direct/indirect duty.** A duty is direct if owed to a being with MORAL STANDING, and indirect if owed to a being that lacks moral standing because fulfilling it would affect another being with moral standing. Chapter 2, 9, 16; 34, 184, 311–313.

**Disclosure.** The duty to tell patients known relevant facts about their medical conditions and treatments. Sufficient disclosure is necessary for INFORMED CONSENT. See also VERACITY, NONDISCLOSURE, and MEDICAL DECEPTION. Chapter 2, 4; 23, 77–78.

**Disincentive Problem.** An objection to the belief that health care providers must report pregnant women who abuse alcohol or illicit drugs, since this can undermine the women's willingness to seek treatment. See also FETAL HARM. Chapter 13; 244.

**Distributive justice.** The part of social JUSTICE concerned with what is fair in the allocation of benefits and burdens in society between individuals or groups. Chapter 18; 327–328, 336 ff.

**Divine command theory.** The view that God is the source of an action's DEONTIC STATUS. Chapter 2; 23–24.

**Doctrine of the mean.** Aristotle's view that VIRTUE lies always in the middle way between extremes in emotions and actions. Too much or too little of something is a VICE. See also VIRTUE ETHICS. Chapter 2; 36.

**Donation after cardiac death.** Protocol for vital-organ retrieval from donors before their BRAIN DEATH but a few minutes after they are pronounced dead by the CARDIOPULMONARY CRITERION OF DEATH. Chapter 6; 123.

**Duty.** An obligation to act or forbear in a certain way. If negative, it is a duty of noninterference, e.g., with someone's liberty. If positive, it requires taking some steps to provide someone with something, such as health care or an education. See also RIGHT. Chapter 2, 3, 18; 41, 57, 362.

**Duty of referral.** In clinical practice, the CONSCIENTIOUS OBJECTOR's obligation to refer a patient to any professional known to provide the contested, yet lawful, service. Chapter 13; 250–253.

**Early-Brain-Activity Argument.** Baruch Brody's attempt to substantiate the claim that ABORTION becomes morally impermissible with the onset of fetal whole-brain function. Chapter 11; 218.

**Egg donation.** NEW REPRODUCTIVE TECHNOLOGY whereby a woman's eggs are fertilized in utero or in vitro to create embryos for someone else. Chapter 14; 265, 266–67, 270.

**End-of-life measure.** Any medical intervention to deliberately HASTEN DEATH or terminate a patient's life. See also FORGOING LIFE-SUSTAINING TREATMENT and PHYSICIAN-ASSISTED DYING. Chapter 7, 8, 9; 149, 155–157, 169 ff., 174 ff.

**Environmental Determinism.** The view that all risk factors for diseases and disorders reduce to environment. See also GENETIC DETERMINISM. Chapter 4; 83.

**Epidemiological study.** Research aimed at identifying the nature and causes of diseases and other health disorders in a population. Chapter 17; 331–332.

**Equal consideration of interests.** An impartialist doctrine according to which SENTIENCE is sufficient for MORAL STANDING and beings with comparable interests count the same morally. See also ANIMAL-WELFARE VIEW and UTILITARIANISM. Chapter 16; 307–308.

**Ethical imperialism.** The attempt to impose one's own culturally determined ethical values or rules on people from other cultures. Chapter 17; 340 ff.

**Ethics committee.** Interdisciplinary body charged with advising hospital health care professionals and administrators about cases and policies that raise moral issues. See also INSTITUTIONAL REVIEW BOARD. Chapter 1, 5; 8, 106–107.

**Eugenics.** The genetic manipulation of organisms to improve their makeups—in modern eugenics, by individual choice of GENETIC ENGINEERING; in early eugenics, by state-mandated policies of sterilization and elimination of people with traits deemed 'undesirable.' Chapter 15; 280, 284–287.

**Euthanasia.** Type of PHYSICIAN-ASSISTED DYING consisting in the intentional killing of a patient for her own good—for example, to spare her severe suffering or loss of autonomy at life's end. See also PASSIVE/ACTIVE EUTHANASIA and VOLUNTARY/NONVOLUNTARY/INVOLUNTARY EUTHANASIA. Chapter 8; 156–163.

**Evaluation.** NORMATIVE JUDGMENT ascribing morally positive or negative features to things, including persons, situations, practices, and policies. Appendix A; 377–378.

**Expressivist Argument.** Objection to PREIMPLANTATION GENETIC DIAGNOSIS on the grounds that it allows the selection for fertilization of embryos without genetic disease, thereby implicitly devaluing the lives of disabled people. Chapter 15; 282–283.

**Extended argument.** ARGUMENT with more than one conclusion. Appendix A; 381–382.

**Fair Equality of Opportunity Account.** Normal Daniels's application of Rawls's principles of JUSTICE to health care. See also LIBERAL JUSTICE. Chapter 18; 366–368.

**Fertility therapy.** A NEW REPRODUCTIVE TECHNOLOGY that uses ovulation-induction drugs to stimulate production of eggs beyond the usual one per month. Chapter 14; 261–263, 265 ff.

**Fetal abuse.** See FETAL HARM.

**Fetal defect.** Anomaly in fetal development associated with early death or CONGENITAL DISORDERS. Chapter 12; 225–232.

**Fetal harm.** Injury to the fetus caused by the mother's life-style (e.g., drug or alcohol use) or medical choices during pregnancy (e.g., a refusal of medically indicated treatment). Chapter 13; 239 ff.

**Forgoing treatment.** The deliberate withholding, withdrawing, or nonescalating of medical treatment, especially LIFE-SUSTAINING TREATMENT. Chapter 7; 136–148.

**Formal/material principle of justice.** The formal principle of JUSTICE requires an impartial evaluation of cases, recommending to treat the like cases alike, and the unlike cases differently. What similarities and differences between cases are relevant is the content of material principles of justice. See also DISTRIBUTIVE JUSTICE. Chapter 18; 350–351.

**Four-principles approach.** A type of PRINCIPLISM that regards RESPECT FOR AUTONOMY, NONMALEFICENCE, BENEFICENCE, and JUSTICE as basic PRIMA FACIE DUTIES of health care providers. Chapter 3; 53–63.

**Futility.** The property of an intervention that can produce either no benefits for the patient or exceedingly poor ones. Chapter 7; 142–145.

**Future-Like-Ours Argument.** Don Marquis's attempt to substantiate the claim that ABORTION is morally impermissible because it deprives the fetus of a future of value. Chapter 11; 212–214.

**Gene therapy.** Negative GENETIC ENGINEERING aiming at treating or preventing genetic disease. In somatic gene therapy, genetic alterations are not inherited by offspring; in germline therapy they are. Chapter 17; 290, 335–337.

**General ethics.** See APPLIED/GENERAL ETHICS.

**Genetic Determinism.** The view that all risk factors for diseases and disorders reduce to genetic endowment. See also ENVIRONMENTAL DETERMINISM. Chapter 4; 83–85, 88.

**Genetic discrimination.** A bias against people with a genetic predisposition to congenital disease which may affect them socially or lower their eligibility for employment or health insurance. See also GENETIC IGNORANCE. Chapter 17; 330.

**Genetic engineering.** The direct manipulation of an organism's genes to alter them in a controlled way. It is negative when it aims at treating or preventing a genetic disorder, and positive when it seeks GENETIC ENHANCEMENT. Chapter 15; 277 ff.

**Genetic ignorance.** The right to refuse knowledge of one's own genetic makeup. Chapter 4; 84–87.

**Genetic/gestational/intended motherhood.** Terms introduced to designate, respectively, the egg donor who is the biological mother of an offspring, the carrier or birth mother, and the woman on behalf of whom the child is conceived. See also SURROGACY and NEW REPRODUCTIVE TECHNOLOGIES. Chapter 14; 266–267.

**Good Samaritan Argument.** Judith Thomson's attempt to substantiate the claim that ABORTION is morally permissible even if the fetus is a PERSON with a right to life. Chapter 11; 216–217.

**Groningen protocol.** Dutch regulation for NEONATAL EUTHANASIA. Used since 2005, this regulation includes safeguards such as certainty about the infant's compromised condition, parental consent, and a confirming second opinion. Chapter 9; 184–185.

**Hard cases of abortion.** ABORTION for special reasons such as SEX SELECTION, rape, FETAL DEFECTS, and endangerment of the mother's life or health. See also TYPICAL CASE OF ABORTION. Chapter 11, 12; 205, 225–235.

**Hard/soft paternalism.** In clinical practice, the view that medical professionals should make decisions for the patient according to their own understanding of her best interests. Paternalism is hard when the patient has substantial COMPETENCE, and soft when she has diminished competence. Chapter 3; 63–64.

**Hastening death.** The deliberate shortening of a patient's life by withdrawing, withholding, or nonescalating LIFE-SUSTAINING TREATMENT. Chapter 7, 8, 9; 145, 156–157, 181 ff.

**Hierarchical View.** The doctrine that animals' MORAL STANDING varies according to

their degree of psychological capacity. Only the more intelligent animals are likely to have a right to life. See also ANIMAL-WELFARE and ANIMAL-RIGHTS VIEWS. Chapter 16; 306–307.

**Hippocratic medicine.** The practice of medicine according to ancient ethical rules ascribed to Hippocrates of Kos. Chapter 1, 4; Appendix A, B; 4 ff., 75–76, 78, 167, 377, 386–388.

**Hubristic Motivation.** An objection to HUMAN GENETIC ENHANCEMENT based on a smug disposition of ‘mastering’ birth that such enhancement allegedly expresses. See also DESIGNER BABIES. Chapter 15; 284, 291–292.

**Human genetic enhancement.** Also known as ‘positive GENETIC ENGINEERING,’ the manipulation of an organism’s genes to enhance its genetic makeup. Chapter 15; 287 ff.

**Human Genome Project.** The mapping of the entire sequence of human DNA, completed in 2003. Chapter 4; 82.

**Human-property criterion.** THE CRITERION OF PERSONHOOD that membership of *Homo sapiens* is sufficient for being a PERSON. Chapter 10; 197.

**Human reproductive cloning .** Not yet attempted for human reproduction, the creation of a human clone that may one day proceed by either injecting the DNA of a donor cell, or fusing the entire cell into an enucleated egg. See also SURROGACY and IN-VITRO FERTILIZATION. Chapter 15; 280, 283–284.

**Humanism.** The view that, unlike sexism or racism, SPECIESISM is morally justified. Chapter 16; 309–310.

**Hyde Amendment.** A US 1976 law mandating that institutions may not use federal resources, such as Medicaid, for ABORTION except in cases of rape, incest, or threat to the woman’s life. Chapter 13; 247–249.

**Inductive argument.** See DEDUCTIVE/INDUCTIVE ARGUMENT. Appendix A; 379.

**Inductive reliability.** A virtue of any INDUCTIVE ARGUMENT whose form is such that, if its premises are true, its conclusion is likely to be true. Appendix A; 379.

**Inductive strength.** The virtue of any INDUCTIVE ARGUMENT with true premises and INDUCTIVE RELIABILITY. Appendix A; 379.

**Informed consent.** A patient’s autonomous authorization for biomedical interventions or research. See also PATIENT AUTONOMY. Chapter 2, 3, 5; 28, 62, 92 ff.

**Innocent/guilty threat.** Objection to the claim that women’s RIGHT TO SELF-DEFENSE justifies ABORTION. It contends that, unlike guilty threats, the fetus in a life-endangering pregnancy is an innocent threat. Chapter 12; 228.

**Institutional review board.** In biomedical research involving human subjects, body of ethicists and expert reviewers charged with oversight. It aims at ensuring a study’s conformity with established regulations and ethical guidelines concerning the protection and respect owed to subjects. See also ETHICS COMMITTEE. Chapter 17; 324.

**Intensive-care protocol for preemies.** Regulation enacted to determine which PREEMIES receive critical care, including resuscitation, and which don’t. It may be a do-everything, a



statistical, or an initiate-and-reevaluate protocol. See also HASTENING DEATH and NEO-NATAL EUTHANASIA. Chapter 9; 181–184.

**Interest.** A stake that can be advanced or set back. See also INTERESTS VIEW. Chapter 11; 219.

**Interests View.** The doctrine that abortion is morally permissible until the point of development where fetuses acquire the capacity for SENTIENCE. At that point, they acquire some MORAL STANDING because they have INTERESTS. Chapter 11; 219–220.

**In-vitro fertilization.** A treatment to assist conception by creating embryos in a lab's petri dish. See also NEW REPRODUCTIVE TECHNOLOGIES. Chapter 14; 258–261, 265.

**Justice.** The duty to treat persons rightly, as they deserve, according to what is owed or due to them. See also DISTRIBUTIVE JUSTICE. Chapter 18; 345 ff.

**Kantian ethics.** MONIST DEONTOLOGY taking the moral law or CATEGORICAL IMPERATIVE to determine right conduct for any rational being. Chapter 2; 32–34.

**Killing/letting die.** A proposed moral distinction between letting a patient die by allowing nature to take its course, which is permissible, and actively killing her, which is not. See also END-OF-LIFE MEASURE. Chapter 8, 9; 160, 185.

**Kind Essentialism.** The view that fetuses, like other members of the natural kind *Homo sapiens*, have some essential property, such as the potential for being rational, which renders ABORTION morally forbidden. Chapter 11; 211.

**Late-term abortion.** ABORTION after week 24. Chapter 12; 234–235.

**Life-sustaining treatment.** Any life-saving or -prolonging medical intervention. Chapter 7; 136–142, 147–148.

**Liberal justice.** A set of theories of social JUSTICE best illustrated by utilitarian justice and John Rawls's egalitarian conception of justice as fairness. They respectively take the just action to be the one that maximizes the welfare of all concerned, or the one that distributes social goods fairly for the self-advancement of all individuals, especially of the worst-off in society. See also LIBERTARIAN JUSTICE. Chapter 18; 352.

**Libertarian justice.** A set of theories of social JUSTICE taking the just action to be the one that results from the acquisition and exchange of property under free-market conditions whereby all parties to the transactions participate voluntarily. See also LIBERAL JUSTICE. Chapter 18; 352.

**Life worth living.** A life of a quality above the threshold of being acceptable to the person whose life it is. Chapter 7, 14; 144, 264–265.

**Medical confidentiality.** The rule that patient information must not be disclosed beyond what's agreed. See also PRIVACY and RESPECT FOR AUTONOMY. Chapter 4; 71 ff.

**Medical deception.** A health care provider's failure of DISCLOSURE by lying (i.e., presenting as true what the caregiver considers false), misleading (i.e., letting the patient believe what the caregiver knows is false), NONDISCLOSURE, or UNDER-DISCLOSURE. Chapter 4; 77–78.

**Metaethics** . The philosophy of ETHICS. Chapter 1; 12, 15.

**Missing premise**. An ARGUMENT's implicit premise that must be made explicit in argument evaluation. Appendix A; 381–382.

**Monism**. Unlike PLURALISM, any moral theory grounding the rightness of actions in a single value or rule of conduct. Chapter 2; 26, 27, 32, 46.

**Moral agent**. Anyone with the capacity to reason and act intentionally. See also PERSON. Chapter 1; 12, 14–15.

**Moral discernment**. An intuitive apprehension of the morally relevant features of a case. Chapter 2; 42–43, 44.

**Moral exemplar** . In VIRTUE ETHICS, a virtuous person whose character one should emulate to learn how to live one's life well. Chapter 2; 35–37.

**Moral judgment**. A NORMATIVE JUDGMENT concerning what to do or believe morally. Appendix A; 377–378.

**Moral norm** . See MORAL RULE.

**Moral rule**. Called also 'principle' and 'norm,' a PRESCRIPTION with the NORMATIVE FORCE of either prohibiting, requiring, discouraging, encouraging, or allowing a certain act or omission. Appendix A; 380.

**Moral skepticism**. In applied ethics, a view questioning the validity of certain moral values or rules. In general normative ethics, a view that challenges the universality of moral values or rules, and is illustrated in this book by RELATIVISM. To be contrasted with ABSOLUTISM and UNIVERSALISM. Chapter 2, 4, 5, 11, 16; 22, 75–76, 99, 214–215, 310–312

**Moral standing**. The intrinsic moral importance of a thing, sometimes called 'moral status,' 'moral worth,' and 'dignity' (for humans). See also PERSON and NONPARADIGM PERSON. Chapter 1, 16; 14, 306 ff.

**Morality**. In a descriptive sense, the set of rules of right conduct accepted by an individual or group, usually for the purpose of governing social practices. In a normative sense, rules of conduct distinguished from mere conventional rules by their being more universal, objective, and authoritative. See also COMMON MORALITY. Chapter 1; 10 ff.

**Natalism**. The prejudice that people should procreate. See also PROCREATIVE FREEDOM. Chapter 14; 271.

**Natural law theory**. Moral theory based on four absolute values: life, knowledge, procreation, and sociability. Appeals to the PRINCIPLE OF DOUBLE EFFECT for resolving conflicts among those values. Chapter 2; 25–27.

**Negative/positive right**. The RIGHTS of noninterference with the right-holder are negative; the rights to be provided with something are positive. See also CORRELATIVITY THESIS. Chapter 4, 8, 18; 74, 77, 167, 362 ff.

**Neonatal euthanasia**. EUTHANASIA of a newborn. See also GRONINGEN PROTOCOL. Chapter 9; 181, 184–186.

**New reproductive technology.** A set of medical interventions designed to assist reproduction. See also EGG DONATION, IN-VITRO FERTILIZATION, SURROGACY, and FERTILITY THERAPY. Chapter 14; 259 ff.

**Nondirective genetic counseling.** Genetic counseling that aims at being value neutral. See also GENETIC DISCRIMINATION and GENETIC IGNORANCE. Chapter 4; 84, 89.

**Nondisclosure.** A health care provider's failure of DISCLOSURE consisting in omitting to reveal to patients known facts relevant to their conditions. See also UNDER-DISCLOSURE. Chapter 4; 77–78, 87.

**Nonidentity Problem.** The problem of determining whether a person has been harmed by being born disabled as a result of a pregnancy knowingly associated with a high rate of disability, even when she has a LIFE WORTH LIVING. Chapter 14, 15; 264–265, 279–280.

**Nonmaleficence.** The health care provider's duty to avoid inflicting needless harm on patients, a basic principle of the FOUR-PRINCIPLES APPROACH. Chapter 3; 54 ff.

**Nonparadigm person.** Any individual whose MORAL STANDING as a PERSON is open to question because she is either too young or too cognitively impaired. Chapter 1; 14–15.

**Normative force.** The aspect of an expression that makes it a PRESCRIPTION or an EVALUATION. It may be MORAL, legal, prudential, or conventional, among other types. See also NORMATIVE JUDGMENT. Chapter 1; 12, 15.

**Normative judgment.** Judgment that goes beyond merely describing facts owing to its having NORMATIVE FORCE. Appendix A; 375–376.

**Ordinary/extraordinary means.** A distinction designed to justify FORGOING TREATMENTS that amount to extraordinary or disproportionate measures but not those that amount to ordinary or proportionate measures. See also LIFE-SUSTAINING TREATMENT. Chapter 7; 148–150.

**Oregon's Death with Dignity Act.** A 1997 Oregon law permitting PHYSICIAN-ASSISTED SUICIDE for terminally ill, eligible adults. See also EUTHANASIA and PHYSICIAN-ASSISTED DYING. Chapter 8; 163–164.

**Organ-procurement problem.** A problem until THE UNIFORM DETERMINATION OF DEATH ACT of 1980 for procuring organs from donors who were BRAIN DEAD but not dead according to the prevailing CARDIOPULMONARY-DEATH criterion. See also DEAD DONOR RULE. Chapter 6; 122–123, 127, 129, 131.

**Organismic death.** The biological sciences' definition of death that takes it to consist, for any living organism, in the permanent loss of its bodily integrative functions. Chapter 6; 118–119, 127–128.

**Organized-Cortical-Activity Argument.** David Boonin's attempt to substantiate the claim that abortion becomes morally impermissible with the fetal development of organized cortical activity. Chapter 11; 218–219.

**Over-inclusiveness.** A view counting as PERSONS any beings that fail to qualify as such. See also CRITERION OF PERSONHOOD and UNDER-INCLUSIVENESS. Chapter 10, 11; 197–198, 201, 211, 220.

**Paradigm case.** In CASUISTRY, an already decided case about which there is consensus. Chapter 3; 64.

**Paradigm person.** See PERSON and NONPARADIGM PERSON.

**Parental choice.** Decisionmaking standards for children based on what their parents want. Chapter 5; 105 ff.

**Partial Birth Abortion Ban Act.** Legislation passed by the US Congress in 2003 banning the late-term abortion procedure known as ‘D&X.’ Chapter 12, 13; 235, 246–247, 253.

**Particularism.** A challenge to traditional moral theories that invoke general PRINCIPLES of right conduct. Holds that, unlike general principles, MORAL DISCERNMENT can explain an action’s DEONTIC STATUS and be action guiding. Chapter 2; 43–44, 45.

**Passive/active euthanasia.** EUTHANASIA is passive when health care providers remove death-postponing treatments, and active when they directly and intentionally induce a patient’s death. Chapter 8; 156, 158–163, 166, 169.

**Patient autonomy.** A patient’s right to make self-regarding decisions about medical treatment without interference by others. It correlates with the health care providers’ duty of RESPECT FOR AUTONOMY. Chapter 3; 53–57, 62 ff.

**Patient choice.** Robert Veatch’s alternative to INFORMED CONSENT. It requires that patients be informed of either all treatment options with a summary of benefits and risks, or the caregivers’ deep values. Chapter 5; 95, 99.

**Patient Protection and Affordable Care Act.** Known informally as ‘Obamacare,’ the 2010 health care reform advocated and signed into law by President Barack Obama whereby the US adopted a MULTI-PAYER SYSTEM of health coverage. See also SINGLE-PAYER SYSTEM. Chapter 18; 364–365.

**Permanent vegetative state.** A disorder of CONSCIOUSNESS consisting in the lack of awareness that becomes permanent after a year for traumatic injury and after three months for nontraumatic injury. Chapter 6, 7; 125, 139 ff.

**Person.** Any being with full MORAL STANDING. Killing a person is commonly a serious moral wrong. See also CRITERIA OF PERSONHOOD. Chapter 1, 10; 14, 194 ff.

**Physician-assisted dying.** END-OF-LIFE MEASURE consisting of either PHYSICIAN-ASSISTED SUICIDE or EUTHANASIA. Chapter 8; 155 ff.

**Physician-assisted suicide.** Type of PHYSICIAN-ASSISTED DYING wherein the patient self-administers a lethal agent prescribed by the physician. See also OREGON’S DEATH WITH DIGNITY ACT. Chapter 8; 156–57, 161–164.

**Pluralism.** Unlike monism, any moral theory grounding the rightness of actions in more than one value or rule of conduct. Chapter 2; 26, 42, 45.

**Posthuman.** Hypothetical descendants of humans with genetically enhanced powers or capabilities. See also HUMAN GENETIC ENHANCEMENT. Chapter 15; 287 ff.

**Postmenopausal pregnancy.** Pregnancies by women in their 50s and older who wish to bear a child but can no longer use their eggs for fertilization. Pregnancy is achieved by means

of NEW REPRODUCTIVE TECHNOLOGIES, such as EGG DONATION and IN-VITRO FERTILIZATION. Chapter 14; 265–267.

**Precautionary principle.** The injunction that GENETIC ENGINEERING of organisms should not be attempted without sound evidence that its potential benefits can outweigh bad outcomes. It is particularly concerned with the positive (i.e., nontherapeutic) genetic engineering of organisms that can be passed on to offspring. Chapter 15; 290.

**Premie.** A neonate at risk of death or severe disability by being born at week 32 of gestation or earlier. Chapter 9; 178 ff.

**Preimplantation genetic diagnosis.** A procedure originally designed to detect genetic anomalies in embryos created by IN-VITRO FERTILIZATION before their transfer to the woman's uterus. Chapter 15; 278, 280–283.

**Prematurity.** The condition of PREEMIES. Chapter 9; 178 ff.

**Prescription.** NORMATIVE JUDGMENT recommending actions or policies as obligatory, forbidden, or optional. See also DEONTIC STATUS. Appendix A; 376.

**Principle .** See MORAL RULE.

**Principle of double effect.** The rule that an action violating NATURAL LAW THEORY's basic values is justified provided its good effect is great enough to outweigh the bad effect and the latter is only foreseen and neither intended nor a means to the good effect. Chapter 2; 26–27.

**Principle of utility.** A rule taking an action's DEONTIC STATUS to depend on whether it maximizes or diminishes the total balance of happiness over suffering. Chapter 2; 29.

**Principlism.** In BIOETHICS, any approach recommending some general moral principles as action guides and explanations of the DEONTIC STATUS of medical interventions. See also the FOUR-PRINCIPLES APPROACH. Chapter 3; 53–64.

**Priority setting.** Health policy determining the distribution of a medical treatment among patients with competing claims of need or the distribution of funding among competing health care programs. Chapter 18; 347, 349 ff.

**Privacy.** The rule that patients control access to their own health care information. See also MEDICAL CONFIDENTIALITY. Chapter 4; 70, 72.

**Problem of Multiples.** An objection to some NEW REPRODUCTIVE TECHNOLOGIES based on the high rates of multiple births associated with them. See also IN-VITRO FERTILIZATION and FERTILITY THERAPY. Chapter 14; 261–264.

**Procreative Beneficence.** The principle that parents should select the child that, given the available information, could have either the best life or at least a life as good as that of any other possible child. See also DESIGNER BABIES and HUMAN GENETIC ENHANCEMENT. Chapter 15; 289–290, 293,

**Procreative freedom.** People's RIGHT to make, or INTEREST in making, self-regarding reproductive decisions, including avoiding reproduction. Chapter 14; 261, 268, 271.

**Proxy consent.** Surrogate INFORMED CONSENT. Chapter 5, 17; 101 ff., 323, 332, 341.

**Psychological-property criterion.** Any CRITERION OF PERSONHOOD holding that possession of one or more psychological capacities typical of PERSONS is sufficient to be a PERSON. Chapter 10; 196–198.

**Quality-adjusted life year (QALY).** A measure of a person's or group's state of health that adjusts life expectancy to reflect quality of life. A year of perfect health yields 1 QALY, a year of partial health yields less than 1 QALY, and death yields 0 QALY. Chapter 18; 355–358.

**Randomized clinical trial.** Trial (e.g., of a new drug) that allocates subjects by chance alone in either an experimental or a control group. See also RANDOMIZED-CLINICAL-TRIAL DILEMMA. Chapter 17; 326, 332 ff.

**Randomized-clinical-trial dilemma.** A puzzle for investigators who in a clinical trial should both act in the subjects' best interests (as medical professionals) and disregard their interests (as investigators). Chapter 17; 332 ff.

**Rationing.** Any arrangement that limits people's access to certain goods or services. Chapter 18; 345, 353 ff.

**Relativism.** See DESCRIPTIVE/NORMATIVE RELATIVISM.

**Reflective equilibrium.** A type of justification seeking to bring moral principles and intuitions about cases into accord by revising either the principles or the intuitions when conflict arises. See also COMMON MORALITY. Appendix A; 380–381.

**Research bias.** A pattern of error in the design, evaluation, or report of a biomedical study. Chapter 17; 333–334.

**Rescue intervention.** Any medical intervention to save or prolong a person's life, thereby postponing death. Chapter 18; 353, 356, 358, 360.

**Respect for Autonomy.** In clinical practice, the health care provider's duty to honor patient self-determination. As a NEGATIVE DUTY, it requires noninterference with the competent patient's self-regarding, medical decisions. As a POSITIVE DUTY, it requires taking steps to facilitate such decisions. See also PATIENT AUTONOMY. Chapter 3; 54–57.

**Right.** A strong moral claim that others must honor. See also CORRELATIVITY THESIS and NEGATIVE/POSITIVE RIGHT. Chapter 18; 347, 349, 352–353, 362 ff.

**Right to die.** A contested RIGHT of patients to control the circumstances of their death whenever possible. See also PATIENT AUTONOMY. Chapter 8; 166.

**Right to self-defense.** Often invoked by ABORTION DEFENDERS in life-endangering pregnancies, a person's RIGHT to use deadly force in response to an aggressor's threat of death or serious bodily harm, especially when there is no other way to deflect the attack. See also INNOCENT/GUILTY THREAT. Chapter 12; 228, 234.

**Rossian ethics.** Pluralist DEONTOLOGY of prima facie DUTIES. These are other-things-being-equal duties. A prima facie duty becomes an agent's actual duty in a situation where it either is her sole prima facie duty or outweighs other of her prima facie duties. Chapter 2; 40–41.

**Sanctity-of-Life doctrine.** The view that human biological life is valuable in itself. It admits a liberal and a conservative interpretation, with only the latter entailing that END-OF-LIFE MEASURES are morally forbidden. See also ABORTION and PHYSICIAN-ASSISTED DYING. Chapter 7, 8, 9, 11; 146–148, 167, 181, 208–209.

**Savior sibling.** A child conceived to save an existing sibling affected by a disease of the blood or immune system. Chapter 15; 281, 284.

**Sentience.** The capacity to feel pain and pleasure. See INTEREST VIEW and UTILITARIANISM. Chapter 10, 11, 16; 196 ff., 219–220, 302, 307–308.

**Sex-selective abortion.** Any ABORTION used as a method of birth control to produce offspring of a desired sex. Chapter 12; 233–235.

**Single-/multiple-payer system.** System of health coverage consisting of a single insurer or multiple insurers. Chapter 18; 363–364.

**Skepticism about fetal personhood.** An argument denying fetuses the full moral standing of persons because they lack the capacities typical of persons. See also PSYCHOLOGICAL-PROPERTY CRITERION. Chapter 11; 214–215.

**Sliding-scale standard.** Risk-related standard for determining an appropriate level of competence in patient decisionmaking about medical treatment. Chapter 5; 97–99.

**Social determinants of health.** Factors that contribute to health inequalities and are known to vary according to race, ethnicity, gender, geography, and socioeconomic status. See also DISTRIBUTIVE JUSTICE. Chapter 18; 360–361.

**Soundness.** The good-making feature of a VALID ARGUMENT with true premises. A sound argument's conclusion is true. Appendix A; 379.

**Speciesism.** The view that species membership can determine MORAL STANDING, embraced by HUMANISM but denounced as bias akin to sexism or racism by EQUAL-CONSIDERATION-OF-INTERESTS critics. Chapter 10, 16; 197–198, 309–310.

**Standard account of death.** An account of human death consisting of a definition of death, a BRAIN DEATH criterion for determining death's occurrence, and some associated medical tests. Chapter 6; 118–120.

**Substituted judgment.** Decisionmaking standard based on what the patient may have wanted. Chapter 5; 101–104, 110.

**Surrogacy.** NEW REPRODUCTIVE TECHNOLOGY whereby a GESTATIONAL MOTHER provides her uterus for carrying a pregnancy to term on behalf of an INTENDED MOTHER. Chapter 14; 265, 266 ff.

**Surrogate decisionmaking.** Standard allowing others to make medical decisions on behalf of an incompetent patient. See also SUBSTITUTED JUDGMENT. Chapter 5; 100–101, 103.

**Tarasoff-like dilemma.** Any situation whereby MEDICAL CONFIDENTIALITY conflicts with the health care provider's duty to take necessary steps to protect third parties from harm. Chapter 4; 71 ff.

**Terminal sedation.** END-OF-LIFE MEASURE consisting of sedation to unconsciousness until the patient dies. It may hasten death, especially when combined with forgoing artificial nutrition and hydration. Chapter 8; 156–157, 169.

**Therapeutic abortion.** Any ABORTION for fetal defects, endangerment of the mother's life or health, or to prevent the birth of a child conceived as a result of rape or incest. Chapter 11, 12; 206, 226 ff.

**Therapeutic privilege.** An exception to INFORMED CONSENT and DISCLOSURE allowing health care professionals to withhold information they think harmful to the patient. Chapter 5; 98–99.

**Therapeutic/nontherapeutic research.** Therapeutic research is that having the potential to bring health benefits to participants, while nontherapeutic research may bring health benefits only to individuals other than the subjects. Chapter 17; 326.

**Typical cases of abortion.** ABORTION before week 24 for no such special reasons. See also HARD CASES OF ABORTION. Chapter 11; 205 ff.

**Under-disclosure.** A failure of DISCLOSURE by withholding some relevant facts about a patient's health while revealing others. See also NONDISCLOSURE and MEDICAL DECEPTION. Chapter 4; 77–78.

**Under-inclusiveness.** Any view that fails to count as PERSONS some beings that are persons. See also CRITERION OF PERSONHOOD and OVER-INCLUSIVENESS. Chapter 10; 197–1998.

**Uniform Determination of Death Act.** US legislation of 1980 sanctioning a disjunctive criterion of death according to which a patient is dead after the irreversible loss of function in either the heart and lungs or the entire brain. Chapter 6; 123.

**Unilateral-decision problem.** A problem most felt in the 1960s and 70s when health care providers could not legally discontinue LIFE-SUSTAINING TREATMENT for BRAIN-DEAD patients, who were not dead according to the prevailing CARDIOPULMONARY DEATH standard. See also ORGAN-PROCUREMENT PROBLEM. Chapter 6; 122, 127.

**Universalism.** Any view regarding some moral rule or value as valid universally, though with possible exceptions. It contrasts with ABSOLUTISM and MORAL SKEPTICISM about those rules or values. Chapter 4; 75–76.

**Utilitarianism.** A set of consequentialist theories taking the right action to be one that either directly produces the best outcome among alternatives for all affected by it (act utilitarianism), or exemplifies a moral rule whose application, over time, produces it for all affected if nearly everyone follows it (rule utilitarianism). See also PRINCIPLE OF UTILITY. Chapter 2; 27–32, 38, 45.

**Valid refusal.** A patient's refusal of treatment meeting all requirements of INFORMED CONSENT. Chapter 5; 95.

**Validity.** The good-making feature of a DEDUCTIVE ARGUMENT whose premises necessitate its conclusion, in the sense that if the premises are true, the conclusion cannot be false. See also SOUNDNESS. Appendix A; 379.



**Veracity.** Truth-telling. See also DISCLOSURE. Chapter 2, 4; 23, 77–78.

**Very low birthweight.** Neonate weighing 1,500 grams (3lb, 3oz) or less. Chapter 9; 179–180.

**Vice.** By contrast with VIRTUE, a bad trait of character. See also VIRTUE ETHICS and DOCTRINE OF THE MEAN. Chapter 2; 35.

**Virtue.** By contrast with VICE, a good trait of character. See also VIRTUE ETHICS and DOCTRINE OF THE MEAN. Chapter 2; 35 ff.

**Virtue ethics.** As early developed by Aristotle, a pluralist theory focused on the moral character needed for achieving a good life. Chapter 2; 34–37.

**Vivisection.** Risky or painful research on animals for the benefit, mostly, of humans, the environment, or animals other than the research subjects. Chapter 16; 301, 311.

**Voluntary/nonvoluntary/involuntary euthanasia.** Euthanasia is voluntary when the patient has consented to it, nonvoluntary when the patient lacks competence either to give or to withhold consent, and involuntary when the patient is competent but has not given consent. Chapter 8; 157–161.

**Vulnerable population.** Any group of people whose members, owing to their comparative disadvantage, are susceptible to undue influence or coercion in making medical decisions or enrolling in biomedical research. Chapter 17; 320–321; 341.

**Wrongful-birth/wrongful-life action.** Litigation sometimes brought against health care providers by a disabled person or guardian alleging that her birth with a disability (wrongful birth) or the fact that she was born *at all* into a life of suffering (wrongful life) could have been prevented by proper medical care and advice before or during pregnancy. Chapter 12; 231–232.