2020 ONLINE

HIGH SCHOOL ETHICS OLYMPIAD

Australia/Canada/China Ethics Olympiad/Bowl

CASES PACKAGE 13.3

These are the cases for the Senior Online High School International Ethics Olympiad final. An Ethics Olympiad is a competitive yet collaborative event in which students analyse and discuss real-life, timely, ethical issues. This event differs from a debate in that students are not assigned opposing views; rather, they defend whatever position they believe is right and win by showing that they have thought more carefully, deeply, and perceptively about the cases in question. Experience shows that this type of event encourages and helps students develop ethical awareness, critical thinking skills, civil discourse, civic engagement, and an appreciation for diverse points of view. Please feel free to email us if you have any queries at; admin@ethicsolympiad.org

Case 1: Is it O.K to punch a Nazi?

On January 20, 2017, Richard Spencer, a well-known member of the American “alt-right”, was punched in the face by an unknown assailant while he was being interviewed by an Australian journalist. The attack, which was captured on video, was almost certainly a reaction to Spencer’s vocal form of white nationalism, which includes his public support for the establishment of the U.S. as a white ethnostate. Footage of the attack soon became a popular internet meme, accompanied by the question, “Is it O.K. to punch a Nazi?” with some people comparing the masked assailant to Captain America and Indiana Jones.

The punch, and the internet memes that followed it, have spawned vigorous debates about how people should respond to increasingly frequent, public displays of racism. Critics of the assault argue that violence is not the right response to political disagreement. Instead, according to this view, racism and other repugnant attitudes are best combatted with open conversation and rational argument. Such violence, in contrast, seems to be incompatible with treating someone else as a fellow citizen. This seems to be Spencer’s view of the attack: "I kind of like getting into vigorous back and forth with people who disagree with me. … But punching like that just crosses a line—totally unacceptable." He admitted that he feared future attacks, saying, "Certainly, some people think I'm not a human being and I can just be attacked at will."

Some anti-racists, by contrast, maintain that violence and intimidation are perfectly legitimate response—and perhaps even the best response to political views that themselves seem to call for or condone violence against vulnerable groups. They argue that trying to appeal to the better natures of, or try to reason with, those who openly endorse white nationalist and white supremacist ideologies will very likely be futile. Interventions like these, then, seem only to provide the opportunity for hate speech and racist attitudes to flourish without effective opposition. Admittedly, punching a vocal white nationalist (or threatening to do so) might not be a way to reason with them as fellow citizens. But there may be other important values at stake. Rapper B. Dolan, created a line of hats with the slogan “MAKE RACISTS AFRAID AGAIN” in order “to express solidarity with those opposing racism, homophobia, and fascism worldwide.” As Dolan explains his motivation, “If we can’t change their minds, we can at least drive them back into isolation so their targets can be free from harm and harassment. We can make them afraid again.”

Study Questions

1. How could one convincingly argue that violence is sometimes a justifiable response to political views that one disagrees with or finds objectionable? What are the best counter-arguments to that position?

2. Is making racists afraid a morally good aim? Is it morally better or worse than trying to reason with them, and to convince them through rational dialogue that is unlikely to succeed?

3. How should someone express their solidarity and support for those who oppose or are affected by bigotry?

Case 2: How Can I Be So Mean to Myself?

“Julie” is an outgoing 16-year-old girl in high school. She is an extrovert, but also enjoys a night in. Julie is nice and friends with everyone she interacts with. She is comfortable and outgoing in social settings. Julie is very active online. She has multiple social media accounts, including Twitter, Instagram, Snapchat, Facebook, Tumblr, and Ask.fm. She posts different content on each site and stays active with daily posts. She has hundreds of “friends” on each site and interacts with a lot of her followers daily. From an outside perspective, Julie is very popular. Despite being liked by so many, each day she receives hateful messages on her Tumblr and Ask.fm profiles from anonymous posters. Julie’s friends have confronted her about the posts, asking how anyone could hate someone as nice as her. They all read the mean public comments and read Julie’s replies; additionally, they typically sent loving messages to Julie to let her know that people do love her. Julie’s parents are unaware of the online bullying and Julie’s friends do not attempt to tell them.

Julie commits suicide three months later. Her parents contact the police, believing she committed suicide due to online bullying. The police analyze social media accounts in their investigation and discover that over 90% of the hurtful messages she received came from the same IP address as her own computer. Although there was a small chance her bully was using technical means to mimic her IP address, the authorities believe Julie was committing digital self-harm, defined by cyberbullying.org as when an individual creates an anonymous account and uses it to publicly send hurtful messages or threats to one’s self.

While “Julie” is a fictional character, this story mirrors many of the details in the tragic case of Hannah Smith. This is not an isolated or unique incident. Multiple studies on digital self-harm have been conducted to show the reasoning behind this new type of online action as well as how to help someone committing this act. A study conducted by Sameer Hinduja and Justin W. Patchin found that “nearly 6 percent of the teens reported that they had anonymously posted something mean about themselves online. Among these, about half (51.3 percent) said they did it just once, about one-third (35.5 percent) said they did it a few times, while 13.2 percent said they had done it many times” (“Study First to,” 2017). Some teens digitally self-harm for attention, the comments they receive in response, or because they are dealing with depressive thoughts. While the numbers are alarming, Danah Boyd discusses the many reasons why a teen may commit digital self-harm: “it is a cry for help, they want to look cool or they are seeking compliments.”

Some people feel digital self-harm is less likely to cause physical self-harm, but in Julie’s case, this was untrue. Julie left herself these comments because she was depressed and felt that this is how others feel about her. She also knew her friends would write her nice responses and they made her feel better about herself momentarily. But knowing the psychological reasons why teens would digitally self-harm is only half of the challenge. Online posting gives young adults access to a powerful channel of expression and image management, but how far should companies and parents go in making sure this channel does not turn to digital self-harm?

Study Questions

1. What are the ethical problems with digital self-harm? What values do you draw upon in rendering your judgment?

2. Would your evaluation of digital self-harm change if you were certain it would not escalate to physical harm? Why or why not?

3. What can parents or social media platforms do about this phenomena? What ethical issues might these solutions raise?

4. What balance would you strike among privacy, expression, and safety in addressing the problem of digital self-harm?

5. Would digital self-harm done by an adult change the ethical issues at play?

Further Information:

Boyd, Danah. "Digital Self-Harm and other acts of Self-Harassment." Apophenia, December 7, 2010.
"Digital Self Harm: The Hidden Side of Adolescent Aggression." Cyberbullying Research Center, October 3, 2017. "Study First to Examine Prevalence of 'Digital Self-Harm in Youth with Some Startling Results." Medical Xpress, October 30, 2017.
"Hannah Smith Inquest: Teenager Posted 'Online Messages'" BBC. May 6, 2014.
Macey, Ashley. "This is the Most Shocking Form of Cyberbullying Affecting Teenagers." Brit + Co, January 15, 2018.

Case 3: Project Prevention

Project Prevention is a North Carolina-based nonprofit that attempts to prevent people with addictions from having children.[1] To do this, Project Prevention pays people with drug addictions $300 to volunteer for long-term or permanent birth control. Ultimately, approximately two-thirds of participants agree to use forms of long-term birth control, such as 5-year IUDs, with the remaining third opting for sterilization.[2] According to Barbara Harris, who founded the controversial organization, the goals are to stop people from having children that they are not in a position to adequately care for, and to reduce the number of babies born with drug- related defects. Ultimately, according to Harris, this program helps people with addictions get their lives back on track while protecting innocent children from the various harms associated with parents' drug use or from being caught up in the foster care system.

Critics say Project Prevention is manipulative, taking advantage of people who are not in a position to make rational, informed decisions about what reproductive choices they may want to make in the future. For this reason, it seems problematic to encourage them to undergo sterilization. Moreover, according to critics, despite Harris's claim about wanting to help these individuals, this program doesn't do anything to address the real problem: their addiction. Additionally, critics argue, this program is based on and reinforces problematic stereotypes about people suffering from drug addiction. According to National Advocates for Pregnant Women, Project Prevention "perpetuates the myth that drug-using parents have a disproportionate number of children."[3] Harris's language reinforces this perception, as she routinely describes addicted women as "having litters of children". Critics also argue that Project Prevention's rhetoric—such as the motto "Don't let pregnancy get in the way of your crack habit"[4]—increases the stigmatization of drug use and addiction, and conveys the message that women who use drugs do not deserve to have children.

Study Questions

1. Does a sexually-active person who uses drugs have a special moral obligation that a non-drug use does not have to use effective birth control? Why or why not?

2. What are the ethical considerations that may count for, and against, offering people with addiction financial incentives not to have children?

3. Suppose that a doctor learns that their patient is being paid by Project Prevention to undergo sterilization. Does that give the doctor a reason not to perform the procedure? Why or why not? If it depends, what does it depend on?

Case 4: Treating Covid-19 patients: Is there a priority? [1]

With the coronavirus cases dramatically exceeding the capacities of hospitals across the world, doctors and nurses face the dilemma of picking which patients to prioritize for treatment. In Italy, infections have skyrocketed so quickly and doctors are already weighing whom to treat as sick patients overwhelm the hospital system. The United States is likely not far behind, with the confirmed case count already above Italy's, and the country may soon experience an equally severe scarcity crisis. Doctors are reportedly weeping in the hallways as they decide which patients to save. "If you have a 99-year-old male or a female patient, that's a patient with a lot of diseases. And you have [a] young kid that need[s] to be intubated and you only have one ventilator, I mean, you're not going to ... toss the coin," a surgeon and oncologist in Rome named Carlo Vitelli told NPR last week. Difficult moral questions about how to allocate scarce medical resources have received extensive consideration from both philosophers and doctors, and it's been the subject of rigorous academic study among bioethicists.[2]

There are three theories of how to make ethical triage decisions, according to David Magnus, director of the Stanford Center for Biomedical Ethics: egalitarianism, utilitarianism, and prioritarianism. Each theory has its own moral logic. Egalitarianism seeks to treat patients equally; using a lottery system to select vaccine recipients is one example. Utilitarianism aims to maximize total benefit, generally measured by the remaining life years — or expected remaining high-quality years — that decisions will save. If a 20-year-old and an 80-year-old both required a ventilator, treating the 20-year-old would likely maximize life years. In a choice between two people of the same age, the quality of life that each could expect upon recovery would become relevant. Prioritarianism, or the "rule of rescue," treats the sickest people first; emergency rooms operate on this principle, for example, choosing to treat the gunshot wound victim before the person with a broken leg. Though each of these appeals to certain moral intuitions, they all have serious problems.

To treat patients equally, for example, is also to treat them indiscriminately — because egalitarianism does not distinguish between the age of patients or the severity of their conditions, it can easily seem like an arbitrary or wasteful use of resources. Utilitarianism confronts the notorious difficulty of ranking quality of life and ignores the moral imperative of urgency. Imagine that the same medical resources could be used either to save one 75-year- old from coronavirus or perform a dozen hip replacements for 65-year-olds. While the latter might ultimately create more years of happy, healthy life, most would consider it the wrong choice, as the recent cancellations of elective surgeries around the country show. Meanwhile, a rule to prioritize the sickest patients first can clash with the goal of helping the greatest number possible:

Lavishing extensive resources on a single patient with only a small chance of surviving could mean refusing treatment to multiple patients who are less sick but more likely to live if treated. As the number of cases continues to spike, health care workers will likely face agonizing decisions on how to ration care — and soon. That's why for now, self-quarantining and social distancing are themselves moral decisions we can all make that can have significant impacts. "How bad the triage will be depends enormously on the behavior of ordinary people now," Elizabeth Anderson, philosophy professor at the University of Michigan, said. "The only way to solve this is through massive social collaboration." Taking collective action to decrease the scale of infections will ultimately reduce the suffering not only of patients but of nurses and doctors. "Triage is awful — it's traumatizing," said Anderson. "Doctors who have dedicated their careers to helping people now have to turn people away. It's dreadful. It's really on all of us to pull together so that we don't force these horrible triage choices."

Study Questions

1. What, if anything, makes one life more worth saving than another? Is there a moral principle that can apply to all situations in this case?

2. Is there a moral difference between letting die and directly killing?

3. To what extent does collective effort play a role in solving moral dilemmas?

Case 5: De-extinction

The possibility of reviving extinct species is often explored in science fiction, perhaps most famously in Jurassic Park. Although there is still a long way to go before humans can bring back dinosaurs, scientists have had a considerable amount of success bringing back more recently extinct species. In 2003, a team of Spanish and French scientists brought the bucardo, or Pyrenean ibex, back from the dead, only to see it go extinct once again minutes after being revived due to organ deformities. The bucardo was brought back by injecting nuclei from preserved bucardo cells into goat eggs emptied of their own DNA and implanting them into surrogate mothers.[1]

Since then, there have been promising projects that aim to bring back other extinct species such as the passenger pigeon and the gastric brooding frog. Proponents of de-extinction argue that humans have an obligation to bring back species that were driven to extinction by human activities, such as the dodo bird. In addition, they argue that bringing back extinct species would significantly benefit ecosystems by increasing biodiversity and, in some cases, restoring important environmental balances. Bringing back extinct species, and the process of learning how to do so, might also yield new scientific insights. The “wonder” factor of bringing back extinct species might itself be enough justification to put more funding into the cause—or so some proponents argue.[2]

Opponents of de-extinction point out that de-extinction will draw away resources and attention from other scientific efforts to preserve biodiversity. Why devote money and scientific effort to bring back lost species when there are so many endangered species on the brink of extinction? Additionally, some critics point out that if brought back, previously extinct species could pose unknown threats to the livelihood of existing habitats and species.[3] Furthermore, if many factors brought about the extinction of a given species, why should we intervene to artificially reverse the process?

Study Questions

1. What, if anything, is problematic about the loss of a given species? Are species valuable for their own sake? Or are they valuable for some other reason?

2. Should humans prioritize species on the brink of extinction over species that are already extinct if de-extinctionis undertaken?

3. What is the most morally significant criteria in deciding whether to revive an extinct species? .

Case 6: A Grave Dilemma

The cemetery near Jades house has a sign posted at its entrance stating that dogs are not allowed on the premises. In fact, according to the sign, this is the law: a council prohibits residents from using cemeteries for a variety of recreational purposes; including walking or playing with their dogs. Still, Jade does walk her dog there occasionally. It's the only green space within walking distance of her house, and Jade's dog really appreciates the exercise and the exposure to something besides concrete. She always picks up after her dog, and doesn't allow him to dig up grass or destroy any plants. Besides, the cemetery is a historical one. No one has been buried there for decades.

Jade has rarely seen anyone besides herself visiting the cemetery; and the other people she has seen there have all seemed to be walking the grounds to get exercise or to check out the old gravestones and mausoleums. As far as she can tell, she has never seen anyone visiting the cemetery to visit a deceased loved one.

If anyone asked her and her dog to leave, Jade would definitely comply. But given that the law was probably written to respect family members; grief, and to enable them to honour their loved ones in peace, it seems that the spirit of the rule doesn't really apply in this case. Moreover, Jade believes that she isn't being disrespectful to those who are buried there, and she certainly isn't causing any harm. In fact, she figures that it's better that the space gets used and appreciated for something, even if that's walking her do.

Study Questions

1. Is there anything inherently wrong with using cemeteries for recreational purposes? Why or why not? If it depends, what does it depend on?

2. Does someone have a moral obligation to obey the letter of the law even when the spirit of the law does not seem to apply? Why or why not?

3. Is Jane right that walking her dog in the cemetery is not causing any harm? Can something harmless also be wrong?

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