



Care based thinking definition

The best example of this is how the ethics of therapy differ from two dominant normative moral theories of the 18th and 19th century. The first is so, most identified with Immanuel Kant. And the second benefit, attributed to Jeremy Bentham and improved by John Stuart Mill. Each requires the moral agent to be unemotional. Moral decision-making is expected to be rational and logical, focusing on universal and objective rules. In contrast, the ethics of therapy protect certain emotions, such as therapy or compassion, as self-therapy. In this plot, there is no dichotomy between logic and emotions, such as therapy or compassion, as self-therapy. In this plot, there is no dichotomy between logic and emotions, such as therapy or compassion, as self-therapy. applied in context, and real-life moral decision-making is influenced by the relationships we have with those around us. Instead of asking the moral decision-maker to be biased, the caring moral agent will consider that one's prosthetic may be greater for those who have certain ties to them, or others who are powerless and not strong. In a different voice the traditional advocates of feminist therapy ethics include 20thcentury theories Carol Gilligan (born 1936) and Nel No noddings (b. 1929). Gilligan's influential 1982 book, In Another Voice, argued that Sigmund Freud's theory of moral development were biased and male-oriented. For these dominant psychological depictions of human development, male development is taken as standard, and female development is often judged as inferior in different ways. Gilligan argued that if women are more emotional than men, and pay more attention to relationships rather than laws, it's not a sign that they're less unethic, but different values, equally valuable. While Gilligan may have seen these differences as natural and equal to sex rather than sex, these differences may have been built socially and therefore the result of cultivation. How can the theory of therapeutic lighting solve Heinz's classic dilemma: Should a moral agent steal the required medicine he can't afford to buy to give to his seriously ill wife, or stick at all don't steal, regardless of the circumstances? A tricky dilemma to be sure as there are competing duties here (well done, a positive duty to help people in need as well as a negative duty to avoid theft). Arguably, the caring person would place the relationship with one's partner above any relationship they may or may not have with the right thing to do is steal the drug. Note: Utilitarian can also argue moral agent should steal the drug that save Life is a better outcome than any of the negative consequences that might be stolen. However, the reasoning that leads to this conclusion is based on non-emotional weighing of costs and benefits, rather than consideration of the mixed relationships and the question of what love might require. At the same time as Gilligan's writing, the gardening also protected the treatment as a certain kind of moral relationship. She sees children as naturally caring (with the exception of sociopaths) and argues that this is a prerequisite for treatment with me. While nods don't rule out men from caring, it's usually women who are taking her examples of therapists. Nodding, like Gilligan, prioritizes relationships between specific people in a particular context as the basis for artistic behavior. This is contrary to the idea that morality involves achieving universal and abstract moral rule. Cares. Treatment ethics have been influential in areas such as education, counseling, nursing and medicine. However, there have also been feminist reviews. Some worry that connecting women to the caring trait maintains a sexist stereotype and encourages women to continue grooming others, harming themselves, and even when society doesn't value therapists as much as they should. While Noddings argues moral agents also have to fend for themselves, it's so they're better able to continue treating others. Obviously, it's not just women who care or take on caring roles (paid or unpaid). However, empathetic professions such as nursing, teaching, childcare and kome. So let's make it to the groupings, and an advocacy policy that seeks fair remuneration, equal respect and value to those in caring roles. Utilitarianism is an errand theory that determines between good and wrong by focusing on outcomes. It is a form of consequentiality. Utilitarianism holds that the most ethical choice is the one that will produce the greatest number. It is also the most common approach to moral thinking used in business because of the way it explains costs and benefits. However, because we cannot predict the future, it is difficult to know for sure whether the consequences of our actions will be good or bad. This is one of the limitations of utilitarianism. Utilitarianism also finds it difficult to account for values such as justice and individual rights. For example, the hospital has four people whose lives depend on receiving organ transplants: heart, lung, kidney and liver. If a healthy person enters the hospital, their organs can be harvested to save four lives at the expense of one life. It Arguably producing the greatest good for the largest number. But few would think of it as an acceptable course of action, let alone the most moral. Therefore, although utilitarianism is by far the most logic-based approach to determining right and wrong, it has clear limitations. Amber is a resection material created from a fossil needle tree buoy during years of constant pressure and heat. This translucent yellow to brown human substance has been used in a number of ways, including to make jewelry, egyptian burials, and in the healing arts. Amber also plays a valuable role in the study. In some cases, amber contains generalizations, such as insects, whole or parts of animals, and plants trapped and preserved. The ability to hold an untouched piece of history in time has resulted in a number of scientific discoveries and advances such as feathers on a non-twitching dinosaur dating back 99 million years and the biosynosis of gene clusters for innovative antibiotics. One of the oldest amber deposits in the world, dating back 100 million years, is located in the northern region of Myanmar. Myanmar amber is plentiful, high quality and contains generalizations within a chef. The mining of these amber samples in Myanmar is the center of many legitimate and black sales to university researchers and private collectors alike. In the last 10 years, more than \$1 billion in legal revenue has been generated from the mining and sale of Inbar. Myanmar is a small southeast Asian country that contains about 130 diverse ethnic groups recognized by the government. There is no official state religion, but the Myanmar government prefers most of Tharada's Buddhist population. This preference created ethnic and religious conflicts resulting in discrimination imposed by the government. For example, the government makes it harder for Christian and Islamic groups to get permission to repair or build new places of worship. The Kachin Independence Army, which includes ethnic minorities living in and around northern Kachin in Myanmar, is in conflict with the Myanmar government for restoring the rights of ethnic minorities. For many years this mining area would be considered by the Kachin Independence Army. However, in 2017, the Myanmar government dropped leaflets from helicopters informing the population in northern Kachin that civilians and Qichin militias remaining in the area would be considered hostile resistance to government military forces. The government then forced more than 5,000 residents from their homes and villages, as well as the amber purchases by private investigators and collectors will help fund the government side of Myanmar's ethnic civil war. While some researchers and universities feel Although they should avoid such amber purchases, their non-participation allows many private collectors to remove collectors to remove collectors in the Kachin region, on both sides of the conflict, are not fully aware of the amber value they are selling and are therefore being exploited by the wholesalers who purchase from them. Myanmar classifies amber as a gemstone, not a fossil, so it can be legally removed from the country, as opposed to fossils that have restrictions on removal. Discussion questions 1. If you were a university scientist, how would you decide if it was with me for you to buy amber from Myanmar? A: If you took a deontological approach, what would your logic look like? What moral principles would you take into account? B. If you took a utilitarian approach to answer that question, what would your logic look like? What facts would you take into account? B. If you took a utilitarian approach to answer that question? 2. In deciding whether it is unethly for you to buy amber from Myanmar, should you defend against selfish bias and influence your decision? If so, how would you go about guarding against it having a detrimental effect? 3. Are there other hemorristic cognitive biases that may adversely affect your moral logic if you are not careful? Which one. 4. Are you aware of similar situations around the world where individuals and corporations looking to be moral buyers should be similarly cautious, knowing that their purchase price may aid the seller's evil deeds? Is that ever a consideration that buyers should take into account? Is it always a consideration that buyers have to consider? 5. What are scientists consideration that buyers have to consider of Amber, Atlantic Ocean, August 2, 2019. Grimaldi, David, Amber, the current biology magazine. 19)31097-8.pdf Gershko, Michael, an ancient bird leg found in amber has strangely long toes, National Geographic, July 11, 2019. Graham, Amber Blood: A Refined Trove of Fossil Fueling War in Myanmar, NewScientist, May 1, 2019. Nelson, Alexandrea, The Materiality of Morality: Mineral Conflict, Utah Law Review, 2014: 1, p. 219 (2014). Sokol, Joshua, Troubled Treasure, Science, May 23, Thea, Myanmar's new gold mine is Dinosaur tail with primitive feathers trapped in kerthon amber in the middle, current biology, 26:24, pl. 3352 (December 2016). rumor and insurgency: The hunt for Burmese amber goes to the heart of Myanmar's turbulent north, the Financial Post, January 26, 2017. it's time to bring global attention to the Burmese amber trade, NewScientist, May 1, 2019. injuries and U.S. Soccer is a tough and dangerous game. Football is notoriously highly regarded for its non-apologetic and snout violence. [1] Players suffer bruises, lacerations, torn muscles, sore shoulders, torn knee ligaments, broken bones, damage to internal organs, and occasionally, even paralysis. Football rules deliberately create high-speed collisions between humans, making such injuries inevitable and the sport controversial. And new knowledge of brain injury (TBI) is a disorder in the normal functioning of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury. A concussion is a type of TBI where the blow causes the brain to move quickly back and forth, bouncing around in the skull and suffering various types of structural damage. [5] Although concussions can carry serious consequences, they are sincere to a mild form of TBI that are generally not life-threatening. Chronic traumatic encephalopathy (CTE) is a degeneration of the brain likely caused by repeated head traumas. [6] Recurrent head injury (RHIs) can lead in aggregate to CTE and early death, although no RHI will cause a concussion. [7] If only one thing is clear about the current science around sports-related concussions (SRCs) and related brain injuries, it is very little clear about current science. The field is surprisingly new. As told in the films, a major scientific breakthrough occurred in 2002 when an African-American neuropathologist in Pittsburgh named Bennett Omlo (played by Will Smith in the 2015 film Concussion) performed an autopsy at the Mike Webster Hall of Fame Center. Dr. Omelo has detected an exception. Of the tau protein in Webster's brain, which is believed to be evidence of CTE. Such proteins develop in a tangle that slowly suffocates neurons, resulting in inhibiting brain function. Numerous recent studies indicate how dangerous football league (NFL): During two regular seasons (2012-2014), NFL players injured 4,384, including 301 concussions. This figure increased by 61% between 2002 and 2007, perhaps reflecting an improvement in awareness and reporting. In a study of 14,000 NFL players, the researchers found that even insufficient head injuries to cause concussions can rise over the years, leading to CTE and premature death. An NFL player playing 24 games increases the likelihood of premature death by 16%. A 2019 study of the brains of 223 football players with CTE doubled. Another study found that greater exposure of RH is associated with higher levels of t-tau plasma (a biomarker for CTE) in former nfl symptomatic players compared to the study's control group. [13] Of the 111 NFL players whose brains were donated for one study, 110 were diagnosed with CTE. A 2012 study of 3,439 NFL players with five years or more in the NFL found that their degenerative mortality was three times greater than that of the general U.S. population, and four times higher than two subcategories: Alzheimer's disease, and Lou Geerig's disease (stressed myotropic sclerosis or ALS). Other studies have found that NFL players who suffered concussions were more likely to be diagnosed later with depression, [16] dementia-related syndromes, [17] Lou Geerig's disease (ALS), [18] and erection. [19] College and High School: A study of former high school and college football players found that RHI exposure predicted later in-life indifference, depression, administrative function, and cognitive impairment. After one season, college football players had less halfway white stuff than they started. [21] High school athletes refuse to report concussions. A 2017 study found CTE in 21% of the brains of football players who died in high school. [23] Over time further evidence indicated that even mild concussions suffered by high school football players could have serious consequences. Football players average 240 head injuries per season. Some are similar high impacts to those experienced at high school and college games. Children between the ages of 9 and 14 are the largest group of football player is required. [28] According to a study by neuroscience, there seem to be bigger consequences if you get your head hit when the brain develops rapidly [under the age of 12]. A study by former NFL players found that those who began playing football before age 12 tended to show greater cognitive impairments in later life compared to those who began after age 12. [30] – The other side of the story given the results of the above studies, it is not surprising that there has been a strong protest against football. However, science in this area is really not settled. Part of the reason is that [m]ost of the time when a player has a concussions today. Many researchers in the region recently published a paper that said: Contrary to popular perception, CTE clinical syndrome has not yet been fully defined. Its prevalence is unknown, and the criteria for neuropathological diagnosis are nothing more than preliminary. We have an inoperable understanding of the extent or distribution of pathology required to produce neurological function or to distinguish between patients and healthy tissue, with the neuropathological changes reported in seemingly asymptomatic individuals. Neuropsygologist Monroe Collum argues: I'm afraid the pendulum has swung too far. The reality is that we still don't know who is most likely to suffer a concussion, who will take longer to recover, how anatomical or genetic differences affect concussions, and who may be at risk for prolonged symptoms or develop cognitive problems later in life. Furthermore, many of the studies cited by those who want to eliminate football dealing included relatively small sample sizes. Other studies have included biased samples, including one in which all the brains of NFL players were donated because of mental declines suffered by donors prior to their death. [36] Most importantly, other studies indicate that concussions may be more benign. Again, these studies are divided by league level: NFL A 2016 study found no increased risk of suicide in a population of players over the age of 50 who suffered multiple concussions during their careers found no significant link between career length, number of concussions, and their level of cognitive function later in life. One study found no statistically significant difference between mortality from all the causes between career NFL players and NFL replacement players and NFL replacement players and NFL replacement players who played only three games during the 1987 strike. A 2007 study found retired NFL players and NFL replacement players experienced levels of depressive symptoms no worse than those The general population. [40] College and high school suicide rates among NCAA football players are the highest of all sports, but they are significantly lower among the general population for ages 18-22 or students in this age range. A study of 3,904 Wisconsin men found no significant harmful link between high school football play and cognitive impairment or depression later in life. [42] Reducing tackling in training reduced the total number of concussions among high school players, although the number of concussions in games has slightly. And concussions in games has slightly. And concussions in games has slightly. much as possible and you only play four years of high school, your risk [CTE] is probably quite low. [44] Youth Leagues (under 14) Despite their increased suscebrability to concussions, young football players rarely suffer concussions that are milder and collide with less force than older players. In one study, the use of new football players rarely suffer concussions that are milder and collide with less force than older players. In one study, the use of new football players rarely suffer concussions that are milder and collide with less force than older players. In one study, the use of new football players rarely suffer concussions that are milder and collide with less force than older players. concussions for 20 middle school-aged players for an entire season. Such studies provide ammunition to those who protect organized football as an institution. However, many such studies have been funded or conducted by the NFL, NFL franchise owners, universities that make millions of dollars from football, and other stakeholders. Given the obvious conflict of interest, the studies have been criticized for this. There is also evidence that the NFL sought to influence the findings of some of the research it funded. [48] Additionally, the evidence indicates (and dims in accordance with the industry funding of research it funded. than \$750 million to settle a civil suit by former players. The NFL also changed rules to discourage helmet-to-helmet contact, and was motivated by protocols for safely returning players with concussions to the field. On the other hand, while football helmets can prevent fractured skulls, they will likely never be able to prevent concussions. Studies show that some helmets may decrease concussions,[54] but neuroscience scientist Julie Stam says: No helmet will be concussion-proof, because the brain still moves inside the skull. And for the same reason, a helmet alone won't prevent CTE. Furthermore, while the NFL has banned helmet-to-helmet injuries, these are not the only or most common cause of concussions. Prof. Goldberg argues that there is very little evidence that such incremental changes [e.g., coping techniques] have Risk reduction effect. [57] Some accused the media (and others) of hysterically exaggerating the dangers of dealing with football to the brain. [58] Other people believe that media discussions have reduced the change required to reduce sports violence. At the end of the day, it seems the jury is still being asked if you can go to a football game or watch one on TV and still feel good about yourself for supporting a sport that appears to be causing irreversible brain injuries. Discussion questions include what approach do you think should be used to determine the ethicality of boycotting, or at least seriously reforming, football to reduce head injury? Utilitarian. A deontologist. Explain why and how using this approach might play. If you apply systematic moral analysis to whether it is moral to continue supporting and/or playing football, do you get different league categories and age groups? Explain. Is there a case of justifiable harm to any of these leagues? Why or not? New York writer Infie Chen noted that Fisher-Price was required to recall a folding crib related to 32 infant deaths. Five million cribs sold. Chen noted that there is no such thing as a dangerous crib, but compared it to a sport like football where dangers are part of the equation? Are the answers different for NFL players, college players, high school players, and players under 14? Discuss your goodness. Is that an issue with me? Policy issue? All three of them? Explain. Chen also points to the uncertainty of science, and M. noted: For now, this complexity makes certain questions about the disease unseasonable. If sub-concussions are the cause of C.T.E. how much of an effect is too much? How do Tao blocks relate to clinical syndrome - do the lesions fully explain the mood and memory problems? (Probably not; other types of brain abnormalities, such as inflammation or nerve wiring damage from head injuries, may play a role. Chen further notes that the decades-old type of research that might solve these problems will be very expensive and that no such research is in sight. In light of this ongoing uncertainty, how do we decide whether (and how) to reform or even cancel football when we have a life on one side of the scales and livelihood on the other? Does this election remind you of the COVID-19 epidemic when governments, deciding whether to shut down the company and later when to reopen it, had to weigh life versus livelihood? The NFL and universities, among other things, don't call for reckless actions until it's more concrete. of a causal link between concussions and adverse health outcomes. Others argue that uncertainty prefers to take actions now rather than wait until too much damage is done, as happened with tobacco. [62] Sports sociologist Matt Menterske argues: As sports administrators and researchers issue precautionary calls for more conclusive evidence, many athletes are exposed to repeated head injuries without the benefits of future knowledge accumulated from playing football even if the evidence that it will cause serious damage to their brains has not yet been clearly determined:[65] [W]aiting to hard evidence of risk is high enough to withstand both parts of OSHA's examination of a significant risk of material harm to health that warrants government intervention. Given the medical uncertainty, what is the right approach to this discussion? Where should the burden of proof be? Which approach do you find more compelling, and why? Do you think it's an issue with me or just a policy issue? Explain. Regarding concussions in sports, President Obama said: We need to change a culture that says 'you suck it up and play through brain injury.... [Reporting a concussion] doesn't make you weak, it means you're strong. On the right, President Trump has stated that the rule changes to reduce head injuries are ruining the game. Are politics, as well as ethics, involved in this debate? Discuss your goodness. One scientist said: Don't forget there's a risk in everything we do. Cycling carries a risk and not many parents don't let their children ride bikes. So we just have to put it in context. [69] Do you find this argument compelling? Why or not? Has your opinion been changed by the fact that the scientist cited above is the neurologist for the University of Michigan football team? Some argue against paternalism and in favor of personal choice, believing that adults (at least) should be able to choose to engage in boxing (and presumably play football) despite the potential adverse consequences for brain health. Others argue that individualists ignore the damage done to such a football player's choice on others. For example, on the people the actor might later strike with rage caused by brain deterioration, the burden on caregivers treating a dementia-stricken patient, or the grief an untimely death may cause relatives, and the burden on society caused by high medical expenses to treat impaired patients. Discussion questions about the NFL Many people who support repealing football or significant reform in the way it is played are pro-choice when it comes to abortion, light drug use, and assisted suicide. Why, then, do you think they object to letting adults choose freely to play football? Can these conflicting positions be reconciled? Explain. How about the opposite – why do many people who believe that football players should be free to decide what they do with their bodies are certainly taking non-libertarian positions on issues like abortion, marijuana legalization and assisted suicide? Explain. Our company allows people to voluntarily choose to undertake many dangerous professions, including coal miners, fire jumpers, soldiers, underwater oil rig wedgs, and more. [74] Why, then, won't NFL players be able to do the same? Steve Almond claims that a civilian leisure rate... Created, for its entertainment, a cast of warriors too big and too powerful and quick to play without seriously hurting each other. [75] Do you think this is a moral issue? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? Related, should fans of the game be ashamed of themselves? Why or not? outlaw helmets on the theory that players will be forced to reduce head-to-head collisions and other trauma-causing actions. [76] Does that sound like a viable solution to you? Explain your logic. A co-shooter of the NFL's Health and Safety Advisory Committee said the committee thinks helmets are part of the culture and tradition and will not be outlawed for the foreseeable future. [77] Football rules have often been changed over the years, so why do you think it's different? Or is it? There are the pans that the NFL behaved like the tobacco industry when it faced lawsuits seeking to prove to jurors that smoking caused cancer. In light of very strong evidence of the association of football violence with brain injuries, the NFL's goal was simply to generate doubt and thus delay regulation. [79] Do you think that's true? Why or not? Do you find it to be a moral issue? Explain. African-Americans are 12.6% of the American population, but 68% of the NFL's roster. Therefore, they are disproportionately exposed to concussions and other injuries resulting from the game. This has led some to suggest that the NFL is a modern plantation. [80] And concussions present not only a matter of public health but also a matter of social justice. [81] Are these fair reviews? Discuss your goodness. Do you think these reviews are balanced by the fact that the wealth that they often abound on NFL players go disproportionately well to African-Americans? Explain. Do you think that... Will the NFL make more safety-related changes if white players control the roster? Why or not? It has been suggested at both the NFL and club level that team doctors deal with conflicting trusts. They have a duty to keep the players back on the field so the team can win. [82] What do you think? How can the admiring slurs affect the judgment and actions of team doctors and coaches? Discussing questions about high schools and colleges in the wake of the recent Corona epidemic, Oklahoma State head football coach Mike Gundy said that in my opinion, if we have to reinstate our players, you will review them. Everyone's in good shape. They're all 18, 19, 20, 21 and 22. They're healthy... And people say it's crazy. No, it's not crazy because we have to keep budgeting and running money through the state of Oklahoma. One commentator cited this comment as clear evidence that the highness of commercial and hedonistic interests on social welfare was, unfortunately, inevitably drowned in the ethical fibers of American culture. [84] Do you agree? Why or not? Do you see an acceptance between the debate about whether to start playing football again in the wake of an epidemic and the debate over whether to cancel or fix football in light of the evidence of brain trauma? Explain. Ramogi Huma, a national college players' union choker, argued that schools should be required to fully notify [college] players about the risks of playing football now, including information about their sensitivity to underlying health conditions. Do you agree? [85] Is this discovery enough? Explain. Are college (and high school) players mature enough to make reasoned decisions based on such disclosures? Support your location with data and facts. Statistician Ted Ttus cites ucla's Supreme Court against. Rosen ruled that [s]tudents are relatively vulnerable and depend on their colleges for a safe environment. Colleges have an excellent ability to provide this safety with respect to the activities they fund or the facilities they control. [87] Do you agree with this statement? Why or not? How does that affect your stance on the football concussion debate? Discussion debate? Discussion debate? football is a moral responsibility for the welfare of children. [88] Do you agree, or does it get a little hysterical? Explain. Empirical research supports the idea that allowing children to engage in dangerous forms of play is key to their optimal development. [89] It helps them learn to assess risk, for example. Based on such findings, philosopher John Russell claimed children Be allowed to play tackle football. [90] He believes in the unique value of positive physical behavior that he claims is mostly available in childhood. Russell states: A dangerous sport at its best, especially those where significant physical behavior that he claims is mostly available in childhood. Russell states: A dangerous sport at its best, especially those where significant physical behavior that he claims is mostly available in childhood. physical and psychological abilities in ways not afforded by other human activities that are commonly available. On the other hand, the philosopher Patrick Findler argues that children will not be able to fully realize the dangers they face when playing soccer, and that other, less dangerous activities can provide the benefits Russell desires. [92] Whose argument do you find more compelling, and why? Daniel Goldberg points out that there is also a crucial social and political question that is not only a function of this empirical evidence base: to the same risks is acceptable to expose teenagers and adolescents? Is this level of risk different than it would be for older players? Explain. Would you stop kids under 14 from playing football? Why or not? Bibliography, February 1, 2020, Just how dangerous is football?, The New Yorker, February 1, 2020. [2] Steve Almond, Is It Immoral to Watch the Super Bowl?, New York Times, January 24, 2014; Pamela R. Sailors, Personal Offense: An Assessment of the Moral State of Football, Journal of Philosophy of Sport, 42(2): 269-286 (2015). 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