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HCB 512 Altruism & Bioethics

(Rm 067 Depart of Family, Population and Preventive Medicine, LH3)

June 3, 2019

ALTRUISM AND BIOETHICS: Professional, Philosophical, Scientific, and Clinical Perspectives

The term “altruism,” which derives from the Latin *alter* (“the other”), means literally “other-ism.” It was created by the French sociologist and positivist Auguste Comte (d.1798-1857) to displace a plurality of terms, including benevolence, mercy, charity, love, kindness and any notions with a theological history (1975 [1851], p. 556). It was suggested by a French legal expression, *le bien d’autrui* (“the good of others”). It resonates with compassion, kindness, and many other words.

Altruism refers to any action that is primarily motivated by a genuine concern for the well-being and security of another. In essence, altruism (“other-regarding”) is the basis of most ethical motivation and behavior, although there is also a moral duty of self-care that if ignored suggests to some the idea of “pathological altruism.” Altruism stands at the center of professionalism in that the clinician “professes” (*professio*) by public oath a commitment to the good of patients. Thus, “profession” is something more than “occupation” (*occupare* or occupy) and “career” (*careo* or carry). Yet without self-care altruism cannot be sustained. Altruism need not include extreme self-sacrifice, although in its certain intense expressions it might. The balance between care for others and for self is a complex matter, and will vary between individuals, although it is safe to state that contributing to the lives of others is closely associated with well-being, happiness, and flourishing.

In the western world, the altruism of medicine and the health professions did not emerge from Greek or Roman times at all, but rather from the influences of the Abrahamic traditions, which gave rise to the idea of a true passion for the good of patients. The writings of Hippocrates, for example, recommend against treating those who are dying, infectious, poor, or noncitizens. Yet altruism does not imply that doctors, nurses and other providers are indefatigable, invincible, and beyond the need for respite and care of the self. No one cares optimally for patients if they are depleted and exhausted.

During this course we will be addressing topics in medicine and healthcare, but as a means to reflect on the altruistic impulse and its groundings in evolution, affect, logic, and even spirituality. We will be reading one major general philosophical/scientific text across the entire course, bit by bit. That text is written by one of greatest Buddhist thinkers of our time, Matthieu Ricard. It is *Altruism: The Power of Compassion to Change Yourself and the World* (2013).

READINGS

Articles will be sent to students as attachments for each class session. Students will need to purchase (on line via Amazon) two books:

TIME Special Edition (2019) *The Science of Good & Evil*. We are reading this very recent update on good and evil in human nature so as to ground ourselves in a balanced view of the human moral capacity.

Matthieu Ricard, *Altruism: The Power of Compassion to Change Yourself and the World*. 2013. Ricard is probably the most well regarded writer on this topic.

SG Post with Jill Neimark, *Why Good Things Happen to Good People* (this will be given out to students rather than purchased).

SCHEDULE

Tuesday June 4 (6 a.m. – 8:30 p.m.)

TOPIC: THE BASICS OF ALTRUISM

What is Altruism and Where Does it Come From?

View Video at Home

Ricard's The Altruism Revolution

At <https://vimeo.com/164267900> Password VIAALTREV44

This video will help you get through Ricard's book. We will watch parts of it in class to stimulate conversation.

Readings

Ricard, Parts I & II

Wednesday June 5 (6 a.m. – 8:30 p.m.)

TOPIC: ALTRUISM & MORAL PSYCHOLOGY/NORMAL & PATHOLOGICAL ALTRUISM

Readings

Ian Parker, "The Gift," *The New Yorker*, Aug. 2, 2004, pp. 54-63.

AJ Henderson, MA Landolt, et al., "The Living Anonymous Kidney Donor: Lunatic or Saint?" *American Journal of Transplantation*, Vol. 3, No. 2, 2003, pp. 203-213.

Beth J. Seelig and Lisa S. Rosof, "Normal and Pathological Altruism," *Journal of the American Psychoanalytic Association*, Vol. 49, No. 3, 2001, pp. 933-959.

Moral Psychology

There is no moral life without some degree of concern for others. Every ethical theory has to include some moral psychology that allows some strategy or disposition by which human nature is capable of taking into account the good of others as well as of self.

Category I *Psychological Egoists*: The bleak Contractarians (e.g., Hobbes, Freud) are pessimistic about any significant human capacity for benevolence that goes beyond immediate kin, and deem even parental love as tainted with narcissism. Benevolence is weak and highly myopic, consistent with today's "selfish gene theory" espoused by Richard Dawkins. Rationality is relatively powerless to overcome selfishness, and is really a form of rationalization (Freud) rather than anything especially "pure" (Kant). But even self-interested prudential reasoning can allow us to agree "as if by contract" on certain very minimal preventive prohibitions necessary for surviving together in society. Society is an artificial prudential arrangement and there is no serious argument for the ideal of oneness and interconnectivity. Ethically, we can create minimalistic social/legal restrictions on lying, violence, and violations of privacy. As a result, Contractarians are ethically minimalistic, but they can recommend "do no unjustified harm" as a thin principle, enforced and sustained by threats imposed by the state (Hobbes' "Great Leviathan"). These prohibitions are easily set aside by classism, greed, hostility, and egoism. Thus Freud wrote of civilization as a very thin veneer over a seething cauldron of Id, and as something that leaves humanity discontented. There is no moral idealism at all, no Good Samaritanism expected or required, no motivational altruism that withstands critique.

Not all Contractarians are so bleak (e.g. Locke, Daniels, Bok). Some are more hopeful about the self-restraining power of rationality (i.e., of self-controlling "enlightened" self-interest) absent coercive threat and legal punishment. They think that our natural state is a bit more social and wired for reciprocal altruism, but Hobbes' famous "war of all against all" is never that far away.

Category II *The Rational Altruists*: While there may be all sorts of selfish human tendencies, the Rationalists (e.g., Plato, Kant, Nagel, Rawls) are convinced that reason alone rises above such tendencies in a triumphant clarity of logic that simply by virtue of its clarity can and does motivate us to transcend the baser elements of human nature into a life of equal-regarding universal respect based on universal principles. Whatever affective disposition exists in human nature such as compassion or social emotions are unreliable. We are endowed with reason and through this gift of the mind we can achieve moral enlightenment and abide in it. Reason is not just instrumental, but pure and

powerful enough to overcome adverse inclinations. Hence, then, the Enlightenment ideal lives on.

Category III *The Affective Altruists*: There are those who observe and celebrate a biologically natural set of social-moral sentiments such as kindness, compassion, warm altruism and love of humanity. Indeed, natural affective (empathic) dispositions have, through the evolution of *group selection* at various levels beyond kin, gained a strength that is potentially universal. There is still a bleak side to human nature that is selfish and insular, and the product of *individual selection*, but at least there is a powerful substrate of compassion and empathy that, with the exception of the occasional sociopath, provides an internal moral sense that is based in our emotional nature. Reason need play only a quite a secondary guiding role, but it can provide perspective and wisdom. These are the *affective or psychological altruists*. For example, the Dalai Lama refers to this sense as innate compassion, as does Ricard, Adam Smith and David Hume. Darwin wrote of a “natural benevolence” based on group-level selection. Darwin, however, saw that the flip side of the coin of in-group altruism is out-group hostility, and ultimately appealed to the rational altruism of Kant to ensure a sense of a common humanity. After all, the differences between “them” and “us” that we think are morally significant are not.

Category IV *Virtue Altruists/Theorists*: These days, many philosophers are neo-Aristotelians. They simply recognize human nature as a vast mixed bag capable of pretty much anything. However, we human beings are thankfully malleable creatures of habit, and we can be habituated to almost anything, including to benevolence. We learn altruism by observing good role models within families and wider communities, and we are nothing if not inspired by those around us who are worthy of imitation and emulation. Here literature comes into play, as we read about the habits of inspiring people (e.g., Paul Farmer, Cicely Saunders, Gandhi, MLK, etc.) and take them into our core. We take shape in communities of character with symbols, teachings, expectations, role models, rewards, and identity formation over time. We live in symbols and symbols live in us.

Category V *Metaphysical or Spiritual Altruists*: There are those who think of altruism in metaphysical/spiritual terms. Thus the Hassidic artist Marc Chagall, or the poet W.H. Auden, who described his quiet experience as follows:

One fine summer night in June 1933 I was sitting on a lawn after dinner with three colleagues, two women and one man. We liked each other well enough but we were certainly not intimate friends, nor had anyone of us a sexual interest in another. Incidentally, we had not drunk any alcohol. We were talking casually about everyday matters when, quite suddenly and unexpectedly, something happened. I felt myself invaded by a power which, though I consented to it, was irresistible and certainly not mine. For the first time in my life I knew exactly – because, thanks to the power, I was doing it – what it means to love one’s neighbor as oneself. I was also certain, though the conversation continued to be perfectly ordinary, that my three colleagues were having the same experience. (In the case of one of them, I was able later to confirm this.) My personal feelings towards them were unchanged – they were still colleagues, not

intimate friends – but I felt their existence as themselves to be of infinite value and rejoiced in it. (Auden 1965:30)

Auden is making no appeal here to the human substrate, whether emotional or rational, but to something beyond it, an otherwise unspecified More. Those who might fall in this category are Carl Jung, William James, Emerson, Maimonides, Florence Nightingale, Dame Cicely Saunders, and Jean Vanier. Ricard prefers to avoid Buddhist metaphysics, but he clearly subscribes to a metaphysic of higher Consciousness in which we all participate and therefore are connected.

Category VI *Ethical Egoists*: There are those (e.g. Nietzsche, Ayn Rand, Sartre) who observe that human nature does have some wide-ranging compassionate tendencies, and it capable of universal benevolence as rationally extended. They are *not* psychological egoists. Rather, they are *psychological altruists*. But they argue that we must work hard to repress such altruistic tendencies lest we create weakness and dependency in those who come to rely on our altruism. Thus, these psychological altruists are called *ethical egoists*. This position seems extreme. Sartre recognized some strong tendencies toward universal benevolence, but felt that these were all in the end manipulative of the recipient.

Assuming that altruism and “loving-kindness” are more than delusions that we create to help us cope with our human nastiness, how altruistic does anyone need to be? Does altruism require unlimited other-regarding action? Or might we prefer to follow the doctrine of the mean? Martin Buber? Utilitarianism?

Utilitarianism:

- (1) imposes limitless altruism and thus violates the principle of minimal psychological realism, or in the tradition of analytic philosophy, it violates the principle of “ought implies can” (Rawls’ critique);
- (2) is badly confused about definitions of happiness;
- (3) serves as an excuse for someone to foist upon the world their own distorted altruistic vision of “the greatest happiness of the greatest number,” as we see in the famous “God committees” in Seattle in the early 1960s, or in Tuskegee;
- (4) assumes unrealistic and centralized predictive powers and control, when no human being has ever been able to predict and control for some postulated point of future happiness – happiness being best left to individual striving;
- (5) fails to protect the rights of the individual, having been described as “democracy without a constitution, and no Bill of Rights” or “the tyranny of altruism”;
- (6) in some forms undermines the classic balance (*ordo amoris*) between moral obligations to the nearest (“special relations”) and the neediest although this is *not* the case in John Stuart Mill’s original theory;
- (7) sees no action as inherently unethical, or in other words, harms are easily justified so long as they are deemed contributory to some altruistic vision of maximized future happiness;
- (8) sees the moral life in terms of a simplistic deductive formula, when in fact the moral life is much more complex than this (Aristotelians); such ethical formulas are in practice almost always morally callous and lacking in compassion, regardless of altruistic intentions.

The Case of Zell Kravinsky: A Pathological Altruist or a Utilitarian Saint?

View in class segments of <https://www.youtube.com/watch?v=RvUcbcUMtXw> a presentation by Zell at Rutgers University

What about Zell Kravinsky, the Philadelphia millionaire who gave away all his money, and then a kidney. He lied to his wife Emily, who accused him of prioritizing a less important virtue (generosity) at the expense of honesty and loyalty to family, including loyalty to their two adolescent children. (aka Husbands don't always do what their wives want.) He was later persuaded not to donate his second kidney – Zell would have to go on dialysis – by his wife and kids. One doubts that this would ever be allowed of course, but it is worthy of reflection as to why.

What objective criteria, if any, distinguish creative altruism from destructive altruism? Should we accept extreme forms of medical altruism that leave a donor seriously imperiled?

Why are transplant surgeons so biased against procuring organs from living donors when these are designated for “non-kin” recipients?

Is the “dead donor rule” too restrictive?

Is Zell nuts or is he a utilitarian saint following the logic of utilitarian ethics?

Tuesday June 11 (6 a.m. – 8:30 p.m.)

CAN ALTRUISM BE CULTIVATED? Mindfulness

Part III of Ricard's *Altruism* deals with its cultivation and personal transformation. If there really is authentic motivational altruism/kindness/generosity in the evolved human substrate, where is it located and how can we cultivate it over against selfishness, greed, and hostility? The Buddhists see these two domains within the human person, and use such techniques as “loving kindness meditations” to enunciate the better half.

View in Class: <https://vimeo.com/70357535> Healthy Habits of Mind, a 40-minute video about kids, mindfulness and kindness

How do you think that altruism can be cultivated? How do you do this in your own experience? How have you seen this done?

Readings

Ricard, Part III

Wednesday June 12 (6 a.m. – 8:30 p.m.)

CAN ALTRUISM HELP PREVENT OR HEAL ADDICTION?

We will focus here on 12-Step programming, and especially on the 12th Step itself, which involves helping others generally, but with a focus on others who are similarly addicted.

Preparation

Visit the website WWW.HELPINGOTHERSLIVESOBER.ORG

Readings

R.R. Carter, J.J. Exline, S.G. Post, M.E. Pagano, “Addiction and ‘Generation Me:’ Narcissistic and Prosocial Behaviors of Youth with Substance Disorder in Comparison to Normative Youth,” *Alcoholism Treatment Quarterly*, Vol. 30, No. 2, 2012, pp. 163-178.

M.E. Pagano, et al., “Helping Others and Long-Term Sobriety: Who Should I Help to Stay Sober?” *Alcoholism Treatment Quarterly*, Vol. 27, 2009, pp. 38-50.

S.J. Padfield, M.E. Pagano, “The Helper Therapy Principle: Using the Power of Service to Save Addicts,” *University of Memphis Law Review*, Vol. 48, 2018, pp. 1165-1191.

M.T. Lee, S.G. Post, A.B. Wylie, et al. “Transposing the Adverse Social Dynamics of Adolescent Substance Use Disorders Into More Effective Treatment and Clinician Resilience,” *Alcoholism Treatment Quarterly*, 2018.

Tuesday June 18 (6 a.m. – 8:30 p.m.)

OBSTACLES TO ALTRUISM

Part IV of Ricard’s *Altruism* deals with “contrary forces” to altruism. In Part III he covered “cultivation,” but what forces work against this? This is the longest section of his book, and we are going to have to divide it up a bit.

Readings

Ricard, Part IV

Wednesday June 19 (6 a.m. – 8:30 p.m.)

TOPIC: REPRESENTATIVE BIOETHICS TOPICS/QUANDARIES

Auto-Experimentation

An ethically provocative area of professional altruism is auto-experimentation. Werner Forssmann, considered the father of cardiac catheterization, and a Nobel Prize winner (1956), inserted a urinary catheter into his heart after his hospital refused him permission to do the research on patients. Australian physicians drank a vile of foul-smelling bacteria to induce ulcers, also winning the Nobel Prize (2005). The *Nuremberg Code* recommends self-experimentation when the risks are high, while the American Medical Association condemns the idea, as do Institutional Review Boards (IRBs). What do we think of the ethics of such altruistic actions? Is there anything such as “pure” altruism?

Readings

T.F. Dagi, “Auto-Experimentation,” *Encyclopedia of Bioethics*, 3rd edition.

Renate Forssmann-Falck, “Werner Forssmann: A Pioneer of Cardiology,” *American Journal of Cardiology*, Vol. 79, 1997, pp. 651-660.

Allen B. Weiss, “Self-Experimentation and Its Role in Medicine Research,” *Texas Heart Institute Journal*, Vol. 39, No. 1, 2012, pp. 51-54.

“Germ of an Idea,” *The Australian*, 5 Oct. 2005. (Researchers drink foul-tasting bacteria to induce ulcers and treat with antibiotics, winning the 2005 Nobel Prize)

Duty to Treat in Time of Epidemic

How much professional altruism is enough? What is the ethical obligation to put self at risk? Is there some Aristotelian mean on a continuum between egoism and altruism that leans toward patients, but is not without limits? The question of altruistic duty to treat in time of highly contagious epidemic (TB, ebola, HIV, yellow fever, the bubonic plague) is of course a perennial one. Of relevance in this discussion is the status of obligations to non-patients, such as family members. Should a professional abandon his or her family during a plague to attend to patients?

Readings

B. Wallace-Wells, “The Inhuman Heroism of Healthcare Workers in the Ebola Zona,” *New York Magazine*, Oct. 3, 2014.

Kenneth Kaushansky, “Ebola: A Message from Kenneth Kaushansky MD: A Landmark Time for American medicine,” Stony Brook University 2014
<http://www.stonybrook.edu/commcms/ebola/info/kk.php>

Reuven Pasternak, “SBUH Updates Ebola Plans After New Cases in U.S.,” SB Med CEO Blog 10/15/2014.

A.C. McKay, “Supererogation and the Profession of Medicine,” *J of Medical Ethics*, Vol. 28, 2002, pp. 70-73.

S.G. Post, J.R. Botkin, L.A. Headrick, "Medical Students in a Time of HIV: Education and the Duty to Treat," *Medical Education*, Vol. 29, 1995, pp. 128-132.

M.J. Huber, M.K. Wynia, "When Pestilence Prevails...Physician Responsibilities in Epidemics," *The American Journal of Bioethics*, Vol. 4, No. 1, 2004, pp. 5-11.

The Child Conceived to be a Donor at Year One Saving a Sibling

Born to donate? Katie Trebling was diagnosed at three months old with Diamond Blackfan anemia, a rare form of anemia that prevents bone marrow from producing red blood cells. Even with a lifetime of monthly transfusions, she faced a poor prognosis. The Treblings decided to create a genetically matched sibling using preimplantation genetic diagnosis (PGD) and *in vitro* fertilization, and to proceed with a risky bone-marrow transplant that could kill their daughter rather than save her." From "*The Match*" (back cover) (The Ramsey/McCormick debate)

Readings

A brief excerpt from Beth Whitehouse, *The Match: "Savior Siblings" and One Family's Battle to Heal Their Daughter* (Boston: Beacon Pres, 2010) Intro, chapters 2 & 17.

<http://jme.bmj.com/content/30/6/533.short>

S Sheldon, S Wilkerson, "Should Sibling Savior Siblings be Banned? *J Medical Ethics*, Vol. 30, 2004, pp. 533-537.

American Academy of Pediatrics, "Policy Statement – Children as Hematopoietic Stem Cell Donors," *Pediatrics*, Vol. 125, No. 2, 2010, pp. 392-404.

"Kate Fitzgerald suffers from [acute promyelocytic leukemia](#). Conceived by means of [in vitro fertilization](#), her younger sister Anna was brought into the world as a [savior sister](#) at the informal suggestion of Kate's doctor, Dr. Chance. She is a genetic match to her older sister and can therefore donate compatible organs, blood, and tissue to help her. When Kate turns 15, she goes into [renal failure](#) and 11-year old Anna knows that she will be forced by her parents to donate one of her kidneys."

Tuesday June 25 (6 a.m. – 8:30 p.m.)

BUILDING A MORE ALTRUISTIC SOCIETY

Part V of Ricard's *Altruism* deals with building a more altruistic society. Given the obstacles to altruism, one might wonder how optimistic we can be.

Readings

Ricard, Part V

Wednesday June 27 (6 a.m. – 8:30 p.m.)

TOPIC: Rx: GOOD 2 B GOOD (Altruism at What Dose?)

1. RxG2BG (Good to be Good)

Readings

Harold Koenig, “Altruistic Love and Physical Health,” in Post, ed., *Altruism and Health: Perspectives from Empirical Research*. Edited SG Post. New York: Oxford University Press, 2007, pp. 422-437.

SG Post, “Rx:It’s Good to be Good (G2BG) 2017 Commentary: Prescribing Volunteerism for Health, Happiness, Resilience, and Longevity,” *American J of Health Promotion*, Vol. 3, No. 2, 2017, pp. 163-172.

F Tabassum, J Mohan, P Smith, “Association of Volunteering with Mental Well-Being: A Lifecourse Analysis of a National Population-based longitudinal study in the UK,” *BMJ Open* 2016;6:e011327.doi:10.1136/bmjopen-2016-011327

S Konrath, et al., “Motives for Volunteering are Associated with Mortality Risk in Older Adults,” *Health Psychology*, Vol. 31, No. 1, 2012, pp. 87-96.

2. Dying of Despair without Altruism and Community

Readings

B Egolf, et al., “The Roseto Effect: A 50-Year Comparison of Mortality Rates,” *Amer J of Public Health*, Vol. 82, No. 8, 1992, pp. 1089-1092.

Aaron Kheriaty, “Dying of Despair,” *First Things*, 2017
<https://www.firstthings.com/article/2017/08/dying-of-despair>

PL Hill, et al., “Collegiate Purpose Orientations and Well-Being in Early and Middle Adulthood,” *J of Applied Developmental Psychology*, Vol. 31, 2010, pp.173-179.

3. PPCC (“Patient and Professional Centered Care”) Overwhelmed Givers

Readings

Post et al., “Raising Resilience,” Cleveland Clinic J of Med (in submission)

5. 9/11 Responders and the Rejected Altruist

Readings

Kelly Zemnicks, “9/11 First Responders are Battling Serious Illness.”

G Prati, "The Relations of Perceived and Received Social Support to Mental Health Among First Responders: A Meta-Analytic Review," Journal of Community Psychology, Vol. 38, Issue 3, 2010, pp. 403-417.

WORKING DINNER AT DOMO SUSHI 4:30 PM ON THE HOUSE TBD

Discussion of Papers: Do Good Things Really Happen to Good People?

Read www.whygoodthingshappen.com

PAPERS DUE JULY 8th

RESPONSIBILITIES, GRADING AND ATTENDENCE

Participation in class will half your grade. Come to all sessions, participate well (**50%**).

Essays are due by July 8th

First Essay: Do Good Things Happen to Good People? 7 essay pages based on Ricard

Second Essay: Write a Review of the Science of Good & Evil 3 pages

Writing Your Papers

1. Introduction

A successful thesis-driven piece of scholarship will always begin with a very clear big question replete with careful definition of terms. Then state your answer to the question in a clear thesis statement. This is best placed in the first paragraph of the paper. You will need to work on this and revise as needed, but do not ever lose sight of your thesis statement. You do not want to veer off course, because the rest of the paper is an argument supporting your thesis.

A good paper usually includes a second paragraph that discusses in brief why the question and thesis are important. Is the thesis important for solving a major problem? Is it innovative? What is your audience?

A third paragraph usually describes how you are planning to structure the paper, and some mention of key sources. It is a good idea to ask about every topic or point in your paper, "how will adding this information help my reader understand my thesis?" If you cannot answer this question, then the information is probably better left out. For example,

"Although pre-emptive assisted suicide for the individuals with dementia is not possible in Oregon or Washington, it should be, as it currently is in the Netherlands. I will describe the differences in these approaches, and make a normative ethical argument in favor of the practice as it has evolved in the Netherlands."

Or/

“I shall contend that under certain urgent conditions, the forced C-section can be justified. I will cover the history of debate over this issue, the philosophical and ethical positions of relevance, and some of the case law involved.”

Or/

“Selective abortion for reasons of gender alone is morally unacceptable. I will examine the history of this practice, and arguments for and against this practice drawing on gender studies, ethics, and policy. In addition to providing a balanced exposition of these arguments, I will contend that the practice is unacceptable for reasons x, y, and z.”

The outline and headings (i.e., the organization of the paper) should be designed to move your thesis forward in a constructive way. Outline your thoughts before you begin to write.

2. Main Body

Be certain to use headings well. Headings are a roadmap for the reader. They are like signposts on the highway. They should not be complex or long, so choose a few effective words. Subheadings can sometimes also be quite helpful. **Headings** should be in bold, and *subheadings* should be in italics.

When in doubt, break up long sentences and split up long paragraphs. Semi-colons are hard to use well, so avoid them unless you are sure of your grammar, and avoid page-long paragraphs that beg to be broken up into two or three.

Be care to select quoted phrases, sentences, or segments of several lines with scholarly precision. Only quote the material that makes your point best, and always reference it. There is no need to quote excessively, and you should help the reader understand what you want them to get from a block quote, rather than leave it dangling at the end of a paragraph. We will talk about quotes and style in class. Block quotes are okay if used wisely, but they should rarely, if ever, exceed five to ten lines.

So often, a student really gets clear on their thesis in the final and concluding paragraph of the paper. Therefore, it can be very useful to experiment with placing that final paragraph up at the front of the paper as you go through drafts, and incorporate it into the thesis section. Then write a second conclusion in a later draft.

Conclusions

Conclude with a summary of your paper. Also, be sure to point to another Big Question (or two) that your paper has not answered, but that seems now to be the next one you would want to see answer in your topic area (and why).

REFERENCES

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- Howard Brody, *The Healer's Power*. New Haven, Ct.: Yale University Press, 1992.
- Richard Dawkins, *The Selfish Gene*. New York: Oxford University Press, 1989 (2nd ed.).
- Thomas Dixon, "The Invention Of Altruism: Auguste Comte's Positive Polity and Respectable Unbelief in Victorian Britain," in D. Knight and M. Eddy, eds., *Science and Beliefs: From Natural Philosophy to Natural Science*. Aldershot, UK: Ashgate, 2005, pp. 195-211.
- Owen Flanagan, *Varieties of Moral Personality: Ethics and Psychological Realism*. Cambridge, Ma.: Harvard University Press, 1991.
- Andrew M. Flescher & Daniel L. Worthen, *The Altruistic Species*. Philadelphia, Pa.: Templeton Foundation Press.
- William E. May, *The Physician's Covenant: Images of the Healer in Medical Ethics*. Philadelphia, Pa.: The Westminster Press, 1983.
- John Stuart Mill, *Utilitarianism* (any edition).
- Thomas Nagel, *The Possibility of Altruism*. Princeton, N.J.: Princeton University Press, 1976.
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- Pearl M. Oliner, Samuel P. Oliner, Lawrence Baron, Lawrence A. Blum, Dennis L. Krebs, M. Zuzanna Smolenska, eds., *Embracing the Others: Philosophical, Psychological, and Historical Perspectives on Altruism*. New York: New York University Press, 1992.
- Samuel P. Oliner, *Do Unto Others: Extraordinary Acts of Ordinary People*. Boulder, Co.: Westview Press, 2003.
- Edmund Pellegrino & David C. Thomasma, *For the Patient's Good: The Restoration of Beneficence in Health Care*. New York: Oxford University Press, 1988.
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- S.G. Post, ed., *The Encyclopedia of Bioethics*, 3rd edition. New York: Macmillan Reference, 2004.

S.G. Post, Lynn G. Underwood, Jeffrey P. Schloss, and William B. Hurlbut, eds.,
Altruism and Altruistic Love. New York: Oxford University Press, 2002.

S.G. Post, Jeffrey R. Botkin, Linda A. Headrick. "Medical Students in a Time of HIV:
Education and the Duty to Treat." *Medical Education*, Vol. 29, No. 2, 1995, pp.
128-132.

Kelly Rogers, ed., *Self-Interest: An Anthology of Philosophical Perspectives*. New York:
Routledge, 1997.

Elliott Sober and David Sloan Wilson, *Unto Others: The Evolution and Psychology of
Of Unselfish Behavior*. Cambridge, Ma.: Harvard University Press, 1998.

Pitirim A. Sorokin, *The Ways and Power of Love: Types, Factors, and Techniques of
Moral Transformation*, with an "Introduction" by Stephen G. Post. Philadelphia,
Pa.: Templeton Foundation Press, 2002 [original 1954].

Richard M. Titmuss, *The Gift Relationship: From Human Blood to Social
Policy*. New York: Pantheon, 1971.

From Official Stony Brook University Policy:

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Americans with Disabilities Act:

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room 128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentatio

Academic Integrity:

Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report and suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (Schools of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at <http://www.stonybrook.edu/uaa/academicjudiciary/>

Critical Incident Management:

Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and School of Medicine are required to follow their school-specific procedures.

