Consider the following cases and then answer the questions that follow.

**Case 1:**

*The teacher shows the students a video about the atom bomb dropped on Hiroshima. The whole class is overcome with feelings of sadness, anger and helplessness. Suddenly Rana bursts out laughing and admits that she finds the situation hilarious. The rest of the class is strongly offended by her displayed and declared emotions.*

**Questions**:

1. Is there such a thing as “correct emotions”? If so, what are they?

2. Are emotions a valuable way of knowing that needs to be encouraged, or something that hinders true knowledge and should be limited? Give examples.

**Case 2:**

*‘As he hammers away at the keys, the synthetic voice of his computer interrupts. ‘I can tell from your pulse rate, Dave, that you’re upset. Why don’t you take a break?” “I’m not upset and I don’t need a break,” Dave says, lifting his hands off his mouse and rubbing his thumb. “I’m in a hurry, that’s all. Why don’t you check your other sensors?” Dave takes a tissue and wipes down his mouse. The electronic rodent is packed with sensors that, with every click, monitor his pulse, temperature and the electrical conductivity of his skin. “Your other signs, Dave, support my conclusion,” chirps the voice. ‘But I cannot get a clear image of your face or a voice imprint, so I cannot refine my prediction.” “I’m sorry that I stare down at the keyboard when I type. And I’m not going to give you a running commentary on what I’m doing just so you can monitor my voice. I think we’re going to need another calibration session with the mouse once this is finished.’*

*New Scientist May 1999.*

**Questions**:

1. Do you think that human emotions could be identified accurately by a machine? Give your reasons.

2. Would it be helpful or harmful if a machine could accurately identify emotions? Give examples when possible.

**Case 3:**

*Doctor’s leaders yesterday condemned an expert on medical ethics who called for babies with severe disabilities to be given lethal injections to end their lives.*

*Professor Peter Singer, deputy director of the Centre for Human Bioethics at Monash University in Australia, said that in cases where doctors and parents agreed that a baby’s disabilities were so overwhelming as to be incompatible with a decent quality of life, it would be kinder to end the baby’s life deliberately rather than leave it to die.*

*‘The standard practice is to withhold treatment such as antibiotics or in some cases feeding so the babies so die either from untreated infections or from starvation and dehydration’, he said on Radio 4’s Today programme.*

*‘I think that is cruel and inhumane. It causes unnecessary suffering to the infants and their families. Once you make a decision that the baby dies you ought to be able to make sure that it dies easily and swiftly. That means by giving it a lethal injection.’*

*The Royal College of Paediatrics and Child Health said that although there were cases in which it might be appropriate to withhold or withdraw treatment there was no justification for killing children. Guidelines on when to withhold or withdraw treatment were issued by the college last year.*

*Professor Richard Cook, consultant neo-natalogist and spokesman for the college, said: ‘What I feel about people who to bump patients off is that they are doing it for themselves. It is very difficult for doctors faced with patients for whom they can do nothing surrounded by parents and nurses who are distressed. The easiest thing is to bump them off. I don’t think that is the right thing to do.’*

*[Independent, 14th May 1998]*

**Questions:**

1. How does the above example illustrate that strong emotional reactions can blind us to what someone is actually saying?

When being fair-minded when making ethical judgements, we should be prepared to understand the views of those who disagree with us, and to attempt to judge between opposing views in an unbiased fashion.

2. How could Professor Cook be more fair-minded in refuting Singer’s arguments?