

Call Annis Pratt, evenings, at the above number. She needs someone to stay with her 11 and 14 year olds the weekend of Friday, December 4 - Tuesday, December 7. (Absolutely minimal labor, \$10.00 a day.) She'd also like to trade a new pair of childrens' ski boots, Size 5 - 5½, and a fitted pair of childrens' downhill skis (suitable for ages 8-10) for a pair of cross-country skis and poles for someone 5'-5'4" tall.

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PRAIRIE FIRE DEADLINE

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Sunday, December 5, is the date by which we need all of your input for the next issue. We know your announcements are important, so please be on time!

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ETHICAL APTITUDE TEST

Not all the candidates pass

by Leonard C. Lewin

THIS SHORT TEST is one of a series prepared by the Institute of Situational Ethics of Washington, D.C., as part of a program to determine the ethical quotients of persons applying for admission to professional schools and of those seeking positions of responsibility in business, in government, and in other occupations involving policy decisions. The ISE is funded by the American Free Enterprise Foundation, a nonprofit, nonpartisan organization chartered to "support and advance the principles of clear thinking in American life."

Along with others in the series (Political Pragmatism, Business Practice, Professional Ethics, Personal Relations, et cetera) this quiz was administered to a representative sampling of 435 adult Americans. A summary of their responses is included. Readers who wish to determine their own EQs will find the scoring procedure and the correct answers, as computed by the senior fellows of the Institute, on page 21.

E.A.T. SERIES I The Value of Life

The National Kidney Foundation has reported that many persons have

offered to sell kidneys for transplantation.

1. Would this be improper?
2. Would it differ in principle from the common practice of selling blood?
3. If it is not improper, how should the price of a kidney be determined—by direct negotiation, by medical administrators, by governmental regulation, or in some other manner?

As with other goods and services, the medical care available to the rich is superior to that available to the poor. The difference is most conspicuous in the application of new and expensive lifesaving techniques.

4. Is ability to pay an acceptable basis for allocating such services? If not, how should they be apportioned?

Symptoms of life can now be sustained long after consciousness has expired, by means of artificial respirators and other devices.

5. In such cases, when available medical opinion confirms that the condition is irreversible, by what criterion should the decision to "pull the plug" be made, if at all?

Leonard C. Lewin is the author of Report from Iron Mountain and Triage.

6. Who should make the decision?

Many drugs of great potential life-saving value can be tested effectively only on human beings, but often with such risk to the subjects tested that only those who felt they had nothing to lose would willingly participate if they knew the dangers involved.

7. Under what circumstances, if any, would it be right to conduct such tests without ensuring that the persons tested had a clear and complete understanding of the risks they would be taking?

Before the establishment of the national fifty-five-mile-per-hour speed limit, automobile-related deaths were running at the rate of fifty to sixty thousand per year. (Current figures are somewhat lower.) Some studies indicate that a twenty-mile-per-hour speed limit would reduce this figure to 10,000 or less. Assume this estimate is correct; assume further that for each ten miles per hour the speed limit is set above twenty miles per hour the death toll rises by 10,000; take into account whatever other factors seem relevant.

8. What is a reasonable national speed limit?

Increasing concern is being expressed, notably on the grounds of safety and cost efficiency, about the wisdom of expanding the use of nuclear reactors as a source of energy in this country over the next twenty-odd years. Assume here—for the sake of argument—that substantial economic benefits could be proved.

9. What is the maximum acceptable twenty-year level of risk for such a program? (Express the answer in terms of statistically probable fatalities from nuclear accidents—for example, a 10 percent chance of 10,000 deaths, a 1 percent chance of 100,000 deaths, a .1 percent chance of 1 million deaths, et cetera.)

10. Given, as in these examples, the same risk ratio, which is preferable:

- (a) A greater chance of fewer deaths?
- (b) A smaller chance of more deaths?
- (c) Immaterial?

In many remote parts of the world, vast numbers of people die from famine, disease, and other generally predictable disasters.

11. How much should the average American be willing to spend annually to reduce the number of these deaths?

Three years ago, when the oil embargo was put into effect by the Arab states, and the escalation of oil prices was begun, some people proposed American military seizure of one or more of the principal oil-producing countries. Assume, again for the sake of argument, that such an action would result in a net gain for the American economy of \$2 billion per year for ten years.

12. What is the maximum number of American deaths that such an action would warrant?

13. Of foreign deaths?

14. What are the principal criteria for establishing the relative value of human lives?

15. How much, in dollars, is the average human life worth?

Summary of Responses

Where 80 percent or more of the respondents were in unqualified agreement, no comment is included. Numerical answers are weighted

averages, to the nearest significant round figure.

1. No.

2. No.

3. By direct negotiation. (Nearly half, however, thought that medical administrators should regulate the terms of such sales.)

4. Yes. (Respondents who suggested that other factors should be considered—most often mentioned were productivity, achievement, and life expectancy—agreed that ability to pay afforded the only workable standard as well as a rough measure of productivity and achievement.)

5. The most generally cited criterion was unwillingness of the persons or institutions bearing the cost of the life-support systems to maintain them.

6. The same persons or institutions.

7. A consensus approved testing without informed consent on persons judged to be "unproductive" or "undesirable," the two words most commonly used. Definitions, where offered, varied widely.

8. Seventy-three miles per hour.

9. Seventy-eight percent of the respondents picked one of the three

examples offered, all of which carry the same risk ratio.

10. (c).

11. \$22.

12. 84,000.

13. 240,000.

14. The principal criterion cited by almost all respondents, in varying language, was potential economic productivity. Also mentioned by 10 percent or more were life expectancy, achievement, and character.

15. \$28,000.

Scoring procedure: Questions 1, 2, 3, 5, 6, 7, 10, and 13 count one point each, questions 4, 9, 12, and 14 two points, questions 8, 11, and 15 three points, for a total of 25. Where numerical answers were called for, a deviation of up to 10 percent is considered correct, and up to 20 percent receives half credit. Adjustment: If you feel you may have been unduly influenced by the responses of others, add two points; if you are sure you were not influenced by the answers you read, deduct two. A score of 15 is par. The correct answers are those that appeared in the summary, since the governing principle here is that whatever is right. □

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