

The documents that accompany the Unit 3 examination present a variety of facts and views about a controversial issue relating to medical ethics, crime and punishment, the environment or some other area of social or political concern. The examination is likely to begin with some questions requiring short answers and then lead you gradually towards two longer essay tasks, applying a range of criteria to potential decisions and eventually reaching a judgement about which course of action to take. As the bulk of the marks are awarded for these two essays, it is important not to spend more than a few minutes on the short questions.

## A Answering the short questions

### 1

#### Analysing problems of definition

It is likely that one of the first questions on the Unit 3 paper will ask you to identify problems of defining a particular term that is crucial to the issue being discussed. Different documents may include explicit but contradictory definitions or the key term may be used without definition, leaving you to interpret the intended shade of meaning, which again is likely to vary between documents.

As well as arriving at the differing meanings, you need to be able to identify *why* reaching a definition is problematical, asking yourself whether people holding different views on the moral issue in question would be likely to interpret the key concept in different ways. Would civil rights supporters and prison officers have the same concept of 'freedom'? Alternatively it may be that people from various educational, professional or cultural backgrounds or in a range of situations may use the term differently. You already know that those who have studied critical thinking use the word 'assumption' differently from those who have not. The 'conclusion' of a concert always means the end, whereas the 'conclusion' of an argument, while reflecting the final stage in the reasoning, can be at the beginning.

Definitions discussed may relate to quite tangible concepts such as 'speeding', which can be problematical in different circumstances. Is driving 1 mph over the limit speeding? What about driving just below the legal limit but in hazardous conditions such as fog, when the norm is to go far more slowly? In some instances, such as with 'unemployment' and 'poverty', official definitions used by particular governments change over time. Problems also arise in applying terminology across cultures. A lifestyle that is regarded as 'poor' in the UK might seem like relative wealth in sub-Saharan Africa. Usually you should be able to infer these different possibilities from the sources, though sometimes a little creative thinking is needed.

You may be presented with more abstract moral concepts such as 'duty', 'rights', 'need', 'entitlement' and 'desert'. Individuals will clearly differ in what they regard as someone's duty, depending, for example, on their religious background and upbringing or their particular circumstances.

Consider the moral concept of fairness. Exactly what do you think it means? Under recent legislation anyone over the age of 16 caught carrying a knife will face automatic prosecution, and will risk a jail sentence of up to 4 years. Supposing a person whose

job it is to lay linoleum and carpets was searched by the police on his way to work and charged with possessing a knife. One media report might describe this as fair as the law must apply equally to all. However, another could object that knives are the usual tool for cutting lino and it is unfair to prosecute workers for carrying the necessities of a legal trade. In this context you would need to refer to the two documents and explain that 'fair' can mean equal treatment for all or it can refer to reasonable operation of the law, if necessary allowing for cases of special need. The problem here arises from the ambiguity of the word 'fair'.

If you are not used to thinking about the nuances (shades of meaning) of words in this manner, it is worth looking up some moral concepts in a large dictionary to make yourself aware of the range of meanings found in different contexts. For example, in the *Reader's Digest Universal Dictionary*, definitions for 'fair' include words relevant to the situation just discussed, such as *free of favouritism or bias, just to all parties, consistent with rules*, and *honest*, as well as totally different meanings such as *clear and sunny, beautiful, of light colour and considerable*.

For practice, assume that you have been asked the following question:

**Using Documents 1, 2 and 3, explain why the term 'war' might present problems of definition.**

Can you think of any different shades of meaning straight away?

Now look at the documents below and see if you can find at least three different usages of the word. Take note of which section in which documents provided you with these different ideas. Finally try to identify precisely why it is difficult to define the concept.

### **Document 1 War**

War is a violent way for determining who gets to say what goes on in a given territory, for example, regarding: who gets power, who gets wealth and resources, whose ideals prevail, where the border rests and so on. War is the ultimate means for deciding these issues if a peaceful process or resolution can't be agreed upon.

The mere threat of war, and the presence of mutual disdain between political communities, do not suffice as indicators of war. The conflict of arms must be actual, and not merely latent, for it to count as war. Further, the actual armed conflict must be both intentional and widespread: isolated clashes between rogue officers, or border patrols, do not count as actions of war. The onset of war requires a conscious commitment, and a significant mobilization, on the part of the belligerents in question. There's no real war, so to speak, until the fighters intend to go to war and until they do so with a heavy quantum of force.

War is a brutal and ugly enterprise. Yet it remains central to human history and social change. War and its threat continue to be forces in our lives. Recent events graphically demonstrate this proposition, whether we think of the 9/11 attacks, the counter-attack on Afghanistan, the overthrow of Iraq's Saddam Hussein, the Darfur crisis in Sudan, the bombings in Madrid and London, or the on-going 'war on terror' more generally. We all had high hopes going into the new millennium in 2000; alas, this new century has already been savagely scarred with warfare.

(Extracts from the article 'War' from the Stanford Encyclopedia of Philosophy, [plato.stanford.edu/entries/war](http://plato.stanford.edu/entries/war))

### Document 2 Cold War and proxy war

The **Cold War** was the period of conflict, tension and competition between the United States and the Soviet Union and their respective allies from the mid-1940s until the early 1990s. Throughout this period, the rivalry between the two superpowers unfolded in multiple arenas: military coalitions; ideology, psychology, and espionage; sports; military, industrial, and technological developments, including the space race; costly defence spending; a massive conventional and nuclear arms race; and many proxy wars. There was never a direct military engagement between the United States and the Soviet Union, but there was half a century of military build-up as well as political battles for support around the world, including significant involvement of allied and satellite nations in proxy wars.

A **proxy war** is the war that results when two powers use third parties as substitutes for fighting each other directly. While superpowers have sometimes used whole governments as proxies, terrorist groups, mercenaries, or other third parties are more often employed. It is hoped that these groups can strike an opponent without leading to full-scale war.

(Wikipedia definitions of Cold War and proxy war, [en.wikipedia.org](https://en.wikipedia.org))

### Document 3 War on drugs

The **War on Drugs** is a prohibition campaign undertaken by the United States government with the assistance of participating countries, intended to reduce the illegal drug trade — to curb supply and diminish demand for certain psychoactive substances deemed ‘harmful or undesirable’ by the government. This initiative includes a set of laws and policies that are intended to discourage the production, distribution and consumption of targeted substances. The term was first used by President Richard Nixon in 1972, and his choice of words was probably based on the War on Poverty, announced by President Lyndon Johnson in 1964.

(Wikipedia definition of War on Drugs, [en.wikipedia.org](https://en.wikipedia.org))

A suitable way of answering the question could be as follows:

According to Document 1, war should be defined as large-scale armed conflict between nations or large factions. Document 2 uses the word instead to describe a prolonged period of hostility and preparation for conflict, as the Cold War did not entail fighting between the USA and USSR, only the stockpiling of weapons and proxy wars between other nations supported by the superpowers. Document 1 undermines the usage in Document 2, stating: ‘The conflict of arms must be actual, and not merely latent, for it to count as war’.

Document 3 implies a third meaning; organised opposition to a particular threat, as in the wars against drugs and poverty. This usage is also found in Document 1, which refers to the ‘war against terrorism’. Problems arise because of inconsistency of use between the three sources, the first predominantly using the word literally and the second and third using it figuratively to describe situations that resemble war in terms of a long struggle against a perceived enemy.

This would be an appropriate length of answer if 6 marks were available. A 4-mark answer would need to be briefer.

## 2

## Questions of measurement

A similar low-mark question you might expect is one that asks about difficulties of measuring a particular phenomenon. This is rather like the definition question as it entails deciding how you would recognise the phenomenon in the first place as well as considering how you would measure its extent.

To practise this skill, read the two documents below and then attempt to answer this question:

**What problems might arise in using Document 4 to measure the extent and scale of 'obesity'?**

Notice that, even though the question only refers to Document 4, you may be able to use ideas from Document 5 (and other documents on the examination paper) to challenge its suggestions.

### **Document 4 Medical terms for obesity**

Obesity traditionally has been defined as a weight at least 20% above the weight corresponding to the lowest death rate for individuals of a specific height, gender, and age (ideal weight). 20–40% over ideal weight is considered mildly obese; 40–100% over ideal weight is considered moderately obese; and 100% over ideal weight is considered severely, or morbidly, obese.

More recent guidelines for obesity use a measurement called BMI (body mass index) which is the individual's weight multiplied by 703 and then divided by twice the height in inches. BMI of 25.9–29 is considered overweight; BMI over 30 is considered obese. Since the BMI describes the body weight relative to height, it correlates strongly (in adults) with the total body fat content. Some very muscular people may have a high BMI without undue health risks.

(Sourced from the [Answer.com](http://Answer.com) and [Medicine.Net.com](http://Medicine.Net.com) websites)

### **Document 5 The National Association to Advance Fat Acceptance**

Historically, obesity researchers have sought an answer to the question, 'How can we make fat people thin?' The underlying assumptions are that thinness is more desirable, that fatness increases health risks, that permanent weight loss is possible, and that weight loss increases longevity.

These assumptions run contrary to the experience of most fat people, which is that permanent weight loss is unachievable, that dieting makes them fatter, that many of them are healthy, and that valuing thinness over fatness is a cultural bias.

Obesity researchers' hypotheses often incorporate biases against fat people. They use data from studies of very-low-calorie diets (which demonstrate initial weight loss, followed by weight regain and then early death) to 'prove' that being fat is unhealthy, rather than interpreting the data to mean that very-low-calorie diets are unhealthy.

Obesity researchers refuse to see that fatness is a cultural issue. When they acknowledge the social stigma involved in fatness, they see the solution as changing body size rather than eradicating the stigma.



Most obesity researchers experience an economic conflict of interest. The 1985 National Institute of Health (NIH) conference which proclaimed obesity a 'killer disease' also arbitrarily redefined obesity in such a way as to affect millions more Americans. This redefinition and the call for treatment translated into vastly increased research funding, weight loss industry profits, and physicians' revenues. The chairman of the conference was a paid consultant to United Weight Control and two doctors considered to be leading authorities in obesity research were paid consultants to the makers of Optifast, a low-calorie diet product.

Due to the economic interests and bias of leading obesity researchers, research not supporting weight loss isn't funded and isn't published. Advocates for the fat community are rarely consulted by NIH or by researchers investigating obesity-related issues.

The National Association to Advance Fat Acceptance (NAAFA) believes the primary goal of obesity research should be to improve the health and well being of fat people rather than weight loss. NAAFA condemns those obesity researchers who use their position as public health policymakers to further their own economic interest. NAAFA demands that the NIH fund new investigators and studies focussing on non-dieting alternatives to improve the health and well-being of fat people and that fat people have a voice in the types of weight-related issues being researched and the development of public policy about fatness.

(Extract from [www.naafa.org](http://www.naafa.org))

Here is a possible answer:

Document 4 presents statistics-based definitions of obesity. These carry a certain amount of authority because they are couched in scientific language, but the account presents almost too much information because criteria are given for three degrees of obesity, mild to severe. The matter is complicated by an alternative measure, the BMI, more up to date but sometimes misleading for very muscular people. It is therefore unclear whether to use the first set of criteria (assuming we also had figures for ideal weights) or the BMI measurements.

Document 5 casts doubt on both these possibilities, radically suggesting that obesity can be 'arbitrarily redefined' by specialists to enrich the diet industry and medical specialists. This suggests the criteria have no scientific basis and reflect cultural bias. Therefore a fundamental problem of using either of the measures of obesity in Document 4 is that these measures may be less objective than they seem, as they could shift according to the whim of professionals with vested interests.

This answer would be more than adequate for 6 marks; you would need to be considerably briefer if only 4 marks were available. A useful rule of thumb is to make one point or write about one meaningful sentence per mark. Examiners report that many candidates write too much for such low-mark questions, neglecting the higher-mark questions as a consequence. For this type of question they reward answers that contain:

- identification of problems of measurement (which might include problems of definition)
- a brief explanation or exploration of the problems
- reference to the documents

As the wording of the question referred to ‘problems’ (in the plural), the answer above satisfies this by referring to more than one: the complications involved in the scientific measurement in Document 4 and the suggestions in Document 5 that definitions of obesity underlying its measurement could be biased and shifting. The answer above made explicit references to each document and quoted from the second.

Candidates sometimes find it useful to consider problems of definition in terms of the following:

- vagueness
- ambiguity
- context

Consider the use of the term ‘obesity’ in the document below and decide which of the three types of problem is best illustrated.

### **Document 6** *Treat child obesity as neglect say doctors*

Children under 12 should be taken into care if they are obese, according to doctors. The call comes after a survey of paediatricians revealed that obesity was a factor in 20 child protection cases last year. Concerns were raised after a BBC investigation found children as young as 6 months were overweight due to parental overfeeding.

The problem is so widespread that the British Medical Association will debate a motion on childhood obesity at its annual conference. Doctors will say that, in extreme cases, overfeeding a child under 12 should be seen as a form of abuse or neglect and treated as a child protection issue.

Dr Matthew Capehorn, who put forward the motion, said: ‘If you are faced with a child who is severely under-nourished, social services, doctors and other authorities would be involved. But the same approach is not taken when faced by a child who is obese. Having a child who is overweight poses as much of a danger to their health as a child who is suffering malnutrition; arguably, even more risk.’

Dr Tabitha Randell, a consultant paediatric endocrinologist at Nottingham University Hospital, claimed some parents are killing their children with kindness. She said: ‘I get many parents of obese children claiming there must be a problem with the child’s glands causing the weight issues. But this is very rarely the case. Parents seem unable to accept that it is a matter of controlling food intake.’

But the Royal College of Paediatrics and Child Health does not support the conference motion. It said: ‘Obesity is a public health problem, not a child protection issue.’

(Extract from [www.thisislondon.co.uk](http://www.thisislondon.co.uk))

Hopefully you have recognised that the problem here is **vagueness**. Obesity is never defined and the word is used interchangeably with ‘being overweight’. This is an everyday use of the term, but it lacks precision and there is no discussion of what counts as overweight. (Views of ideal weights vary greatly between cultures.) If we compare this with Document 4, we find that those who are over ‘ideal weight’ but by less than 20% are not considered even ‘mildly obese’ by some scientists, so the two documents are incompatible. Another way of expressing this problem is that the terms ‘obesity’ and ‘being overweight’ are **conflated** in Document 6.

**Ambiguity**, on the other hand, suggests the possibility of two or more distinct meanings. The phrase ‘some parents are killing their children’ usually means that murder is occurring, but in Document 6 it is used to suggest adults being unwittingly responsible for a decline in their children’s health over a long period, that could eventually lead to premature death. It is worth noting that the phrase is used here as an **appeal to fear**, drawing on the fact that it often carries the other meaning. This is something to comment on when you are invited to critically assess the documents.

**Context** clearly relates to the definitions of obesity mentioned in Document 5. NAAFA suggests that ‘valuing thinness over fatness is a cultural bias’ and that those whom professionals regard as obese might not see themselves as having a health problem and are only disadvantaged by the stigma. Context then can relate to issues such as:

- scientific or professional versus everyday usages
- changes in usage over time
- usage in different circumstances
- usage in different countries, religions, ethnic, social and political groups or, as in the NAAFA example, pressure groups. (This relates particularly to cultural relativism: poverty, child neglect, sex abuse, cruelty to animals and many other such terms would be used differently by members of different cultures depending on the degree of poverty and so on that is the norm in their society.)

### **3** How interpretation differences might affect action

A likely follow-up question to one about definition or measurement might ask:

**Referring to relevant documents, explain how differences in interpretation of the term ‘obesity’ might affect the implementation of related social policies.**

Consider the problems of defining and measuring obesity in the light of this question, reminding yourself of Document 6 above and reading Document 7. What would happen if medical experts and politicians could not agree on the extent of obesity?

#### **Document 7 Storing up problems: the medical case for a slimmer nation**

‘Storing up problems: the medical case for a slimmer nation’ produced jointly by the Royal College of Physicians, the Faculty of Public Health, and the Royal College of Paediatrics and Child Health, argues that action needs to be taken at every level — national, local, community and as individuals, together with an understanding of the social and cultural factors that are behind the progressive increase in overweight and obesity.

The report states that actions should be long term and sustainable, recognising that behaviour change is difficult and takes time. The emphasis is on environment, empowerment and encouragement — dropping the blame culture, engaging the whole community and assisting all groups to take action according to their own opportunities and responsibilities, including health professionals themselves.

Over half the UK population is either overweight or obese. One in five adults is obese. Obesity in 2–4 year old children almost doubled from 1989 to 1998, and in 6–15-year-olds trebled between 1990 and 2001. If current trends continue, conservative estimates are that at least one-third of adults, one-fifth of boys and one-third of girls will be obese by 2020.

Being overweight restricts body activity, damages health and shortens life; and it harms self-esteem and social life. Heart disease, stroke, joint problems and the commonest form of diabetes (Type 2) are direct effects. Overweight and obesity also result in a huge financial burden for government, the NHS and society as a whole.

According to Professor Siân Griffiths, President of the Faculty of Public Health, the UK has the lowest physical activity for school children in Europe and we are eating the wrong foods. The solution requires partnerships at all levels, across government, who can regulate and create health policies, and within communities where engagement in healthier environments (such as schools, workplaces) can encourage individuals in making healthier choices.

(Royal College of Physicians News, 11 February 2004, [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk))

The answer to this question seems fairly obvious — if people did not agree about the extent of the problem, they might not take it seriously. However, you would need to answer in more specific detail and make references to likely policies mentioned in the documents to stand a good chance of earning the full 4–6 marks likely to be available for this type of question. Here is a suggested answer:

Document 6 mentions the very controversial issue of child protection, implying that children might be taken into care and their parents punished for child neglect for ‘overfeeding a child under 12’. Clearly it would be impossible to enforce this policy if there was disagreement between authorities about the definition of ‘overfeeding’, which would relate to definitions of obesity.

Document 7 admits that ‘behaviour change is difficult and takes time’ but that ‘the whole community’ needs to be engaged. This can only be the case if there is a consensus, so that, for example, those in charge of schools and workplaces can spread a consistent message about the need for change. Likewise ‘partnerships... across government’ will only be achieved if all agree on the scale of the problem and therefore make it a priority, as tackling it will reduce the resources available for other areas of need.

## 4

### ***Factors that might affect how people react to a phenomenon***

A similar type of short question could ask you to identify and explain several factors that might affect how people react to the key issue described in the resources. You should usually be able to identify different viewpoints in the various documents. If you can work out what distinguishes the holders of these differing views from each other, then you should be able to arrive at a suitable answer. Now think about the following question, worth 6 marks:

**With reference to relevant documents, identify and briefly explain three factors that might affect how people react to obesity.**

Skim-read Documents 4 to 7 again to remind yourself of the different reactions to obesity and the types of people involved. It helps the examiner if you identify the

three factors in separate paragraphs. Begin with a concise identification of the factor and then, in the following sentence or two, explain your answer by referring to those affected by that factor according to a particular document. Here is a possible answer:

One relevant factor could be whether people have personal experience of obesity. In Document 5 the National Association to Advance Fat Acceptance suggests that many such people are happy with their weight, except for the stigma, whereas health professionals take an outsider's view, biased in favour of thinness.

Another factor could be information or lack of it. Document 6 describes parents who overfeed their children through ignorance, whereas paediatricians understand the causes of obesity and may regard it as a form of abuse.

A third factor could be economic. Document 5 suggests some parties may exaggerate the extent and seriousness of obesity to make money from slimming products and treatments. Document 7 predicts that obesity could 'result in a huge financial burden for government, the NHS and society as a whole', implying that taxpayers may soon show more concern.

The other type of low-mark question you are most likely to encounter relates to identifying a dilemma, but this needs to be chosen carefully as it has to be explored more fully in the essay question that follows. As these two related questions are likely to come at the end of the question paper, they will be discussed later. First we shall turn to the long question relating to criteria and choices.

## B Answering longer questions

### 1 Explaining how potential choices are affected by criteria

#### 1.1 Choices

In the Unit 3 examination you are likely to be asked to consider a range of possible responses to a complex ethical problem. This range of choices of action could be presented explicitly on the question paper, perhaps in the form of a **continuum**. This is a list of possibilities of which the first and last item represent two extremes, such as the most liberal and the most punitive, with other suggestions arranged between them in a logical order gradually increasing in harshness. Alternatively different possible policies or courses of action may be embedded within the documents for you to identify and explore as potential choices.

Look back at Documents 4 to 7 on obesity and make a list of the different policies that could be pursued. It is always worth considering the possibility of maintaining the status quo, in other words simply continuing with present policies, or of taking no action at all.