

# Biological Sciences First Year Seminar on Research Ethics

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## Informed Consent & The Therapeutic Misconception

As you read the material for our next class, keep the questions below in mind. To answer these questions you will have to reflect critically on what you have read and possibly re-read important passages. Keep in mind that there are two basic kinds of information that you need to look for in the readings:

1. What are the main points or conclusions that an author accepts with respect to a particular issue?
2. What are the reasons, important considerations, and evidence that lead the author to accept that conclusion?

For our purposes, *it is information of the second sort that will be our primary concern* since our most basic task is to *evaluate the reasons and evidence* that are offered to support accepting one possible conclusion about an issue, rather than another.

Remember that your **Reading Response #2** is due by Wednesday, January 29<sup>th</sup> at 12:00PM (noon) via TurnItIn. This write up should contain brief answers to these questions, totalling 500–600 words in length and conforming to the to the course's "General Technical Requirements for Formatting Assignments". Be sure to also print out a copy of your response for your own reference. This will help prepare you to speak intelligently about these issues during our next class meeting.

### Readings

- Dan W. Brock, "Philosophical Justifications of Informed Consent in Research".
- Paul S. Appelbaum & Charles W. Lidz, "The Therapeutic Misconception".

### Questions

1. What are the various moral considerations that Dan Brock believes underlie the informed consent requirement? Which of these does Brock consider the most relevant moral foundation? How do his three specific requirements for valid informed consent (informed, voluntary, and competent) ensure that this moral foundation is satisfied?
2. What is the therapeutic misconception? What are the two forms of it specified by Paul Appelbaum and Charles Lidz? What is an example of each? What seems to encourage patient-subjects to have these misconceptions? Do these misconceptions threaten any (or all) of the three specific requirements of valid informed consent given by Brock?