## 1AC – Framework

#### The meta-ethic is moral constructivism – prefer:

#### We don’t discover moral obligations, we create them ourselves.

Bagnoli 14 [Bagnoli, Carla, "Constructivism in Metaethics", The Stanford Encyclopedia of Philosophy (Winter 2014 Edition), Edward N. Zalta (ed.), forthcoming URL = <http://plato.stanford.edu/archives/win2014/entries/constructivism-metaethics/>.]

Among contemporary philosophers, Christine Korsgaard has developed the most ambitious, and controversial, version of Kantian constructivism. She defines Kantian constructivism as a form of “procedural realism”—the view that “there are answers to moral questions because there are correct procedures for arriving at them”; and she contrasts procedural realism with “substantive realism”—the view that “there are correct procedures for answering moral questions because there are moral truths or facts, which exist independently of those procedures, and which those procedures track” (Korsgaard 1996a, 36–37; see also Engstrom 2009, 119). Substantive realism holds that there are objective criteria of correctness for moral judgments only if such judgments represent matters of fact about the way the world is. By contrast, the constructivist view is that there are objective criteria of moral judgment insofar as there are objective criteria about how to reason on practical matters. There are objective reasons that prohibit deceiving and manipulating others, but such reasons are the result of practical reasoning, rather than discovered by empirical investigation, grasped by the intellect, or revealed by some god. What makes this view “Kantian” is that there is ultimately one criterion for reasoning on practical matters, which is the Categorical Imperative. By reasoning according to this criterion, we objectively ground moral obligation. This is to say, moral obligations are requirements of practical reason. Korsgaard's case for constructivism parallels Kant's as Rawls reconstructs it. It starts by objecting that substantive **realism** fails to respond to the skeptical challenge because it simply **assumes the existence of objective standards** for morality without offering a rational basis for them. As a consequence, the realist also **fails to account for the authority of moral obligations—**for why we really ought to do as morality says. (Korsgaard 1996a; Korsgaard 2008, 234, 30–31, 55–57, 67–68). Realists are misled by the presumption that, in order to fend off skepticism, one has to anchor practical reasons in facts that are in themselves normative. But **no appeal to** such **“normative facts” can explain how they count as reasons and motivate** rational agents. **Suppose we agree** that **it is a** normative **fact** that **deception is** morally **wrong.** How does **awareness of this** fact rationally **compel us to refrain** from deceiving? This is not only a psychological question about the force that such a fact might exercise on our minds, but also, and most importantly, a normative question that concerns their authority. According to Korsgaard, “the normative question” arises for **humans** insofar as they are capable of **reflect**ing **on** themselves and considering **their thoughts and desires** from a detached perspective. **This** reflective distance **allows** rational **agents to call into question the legitimacy of** particular **thoughts** and desires and to suspend their pull. Because they are reflective, rational agents have ideals about the sort of persons they want to be, and they can guide their minds and actions accordingly. That is, **they are capable of self-governance.** Like Kant, Korsgaard thinks that the appropriate form of self-governance is self-legislation (Korsgaard 1996a, 36, 91, 231–232; Korsgaard 2008, 3). According to Korsgaard, rational agents are guided by universal principles that they have legislated. The appeal to self-legislation does not make the moral law coincide with the arbitrary decisions of particular agents. The moral law is a principle of reasoning that binds all rational agents, not a decree of any one rational agent (Korsgaard 1996a, 36, 234–236; Korsgaard 2008, 207–229; Reath 2006, 112–113, 92–170). The constructivist claim is that the **moral law obliges** us **only** insofar **as** it is **self-legislated**. This is not to say that one is bound by requirements because one legislates them; otherwise, evil people would not be bound by the moral law (Korsgaard 1996a, 234–235; O'Neill 2003c; Reath 2006, 112–113, 92–170; Korsgaard 2008, 207–229). Rather, one can autonomously act on such requirements only if one legislates them. This is because **universal principles guarantee** that **action is expressive of an agent**'s integrity, **rather than merely** in the service of **satisfying preferences** or desires. Like Plato and Kant, Korsgaard argues that some kind of integrity is necessary to be an agent and cannot be achieved without a commitment to morality, which is founded on reason (Korsgaard 2009, xii, Chapter 3; cf. Plato Republic 443d-e). A canonical objection against the attempt to ground morality on rationality is that it fails to account for the special bonds and ties we have with our loved ones and thus fails to capture the nature of integrity and morality (Williams 1981). To address these worries, Korsgaard introduces the notion of “practical identities”, which specify roles as sources of special obligations. For instance, Adam values himself and finds his life worth living and his actions worth undertaking under the description of being a teacher of music, an American citizen, and Robert's friend (Korsgaard 1996a, 101, §3.3.1; Korsgaard 2009, 20). These **practical identities** govern Adam's choices, **sustain** his **integrity**, **and are sources of specific obligations** to his pupils, fellows, and friends (Korsgaard 1996a, §3.3.1; Korsgaard 2009, 22). However, we do not have obligations just because we occupy certain roles as teachers, citizens, or friends. Rather, such **roles become practical identities,** and sources of reasons, insofar as we rationally endorse them. **Rational endorsement**, in turn, **requires** that **we** **test** our loyalties and **allegiances according** to the principle of **universality**, which commits us to morality. **In order to value ourselves** under these specific descriptions, **we ought to value humanity** in ourselves and in others (Korsgaard 2008, Lecture 6, 25–26). Korsgaard offers what is called a ‘transcendental argument’ for this conclusion. A transcendental argument is an argument that identifies the conditions under which it is possible for something to be the case. Korsgaard argues that valuing humanity, understood as the capacity for rationality, is the condition of the possibility of valuing anything at all (Korsgaard 1996a, 121–123; Korsgaard 1998, 60–62; Korsgaard 2009). Evaluators bestow value on objects on the basis of reasons, and thus in virtue of their rational capacity. **The value of any object** thus ultimately **depends on the rational** capacity of evaluators. **valuing ‘Humanity’** is the name of a distinctive value, which is unconditional and **counts as the condition of** the possibility of **valuing anything** at all. Since humanity is embodied in all rational beings, we should value humanity in ourselves as well as in others, on pain of incoherence.Special **obligations** and bonds that derive from local identities are insufficient to sustain our integrity when they are inconsistent with valuing humanity. For instance, the conduct of a Mafioso **cannot be** coherently **justified on** the basis of **a** universal **principle.** The Mafioso thus fails as a rational agent and leads a life that is not autonomous, **since** his **life is** notthe product of **reflective self-government.** A systematic failure to be guided by universal principles of self-government amounts to a loss of agency. We cannot but be agents, and thus we are necessarily bound by the norms of rationality and morality. Korsgaard's strategy depends on establishing that the norms of rationality and morality can be derived from the constitutive features of agency and that agency is inescapable. Both these claims have been attacked on grounds that will be discussed in section §

#### From the moment we enter the world to the time we exit, we are always dependent on those around us. Those who look after us are our caregivers who exhibit the values of care to meet our particular needs.

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First, the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility. Caring for one’s child, for instance, may well and defensibly be at the forefront of a person’s moral concerns. The ethics of care recognizes that human beings are dependent for many years of their lives, that the moral claim of those dependent on us for the care they need is pressing, and that there are highly important moral aspects in developing the relations of caring that enable human beings to live and progress. All persons need care for at least their early years. Prospects for human progress and flourishing hinge fundamentally on the care that those needing it receive, and the ethics of care stresses the moral force of the responsibility to respond to the needs of the dependent. Many persons will become ill and dependent for some periods of their later lives, including in frail old age, and some who are permanently disabled will need care the whole of their lives. Moralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls. The ethics of care attends to this central concern of human life and delineates the moral values involved. It refuses to relegate care to a realm ‘‘outside morality.’’ How caring for particular others should be reconciled with the claims of, for instance, universal justice is an issue that needs to be addressed. But the ethics of care starts with the moral claims of particular others, for instance, of one’s child, whose claims can be compelling regardless of universal principles.

#### Development of this care necessitates relationships between interconnected persons. Agents come from differing rational standpoints due to our uncontrollable interdependency, our perspective is affected by those we are dependent upon.

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Dominant moral theories have seen ‘‘public’’ life as relevant to morality while missing the moral significance of the ‘‘private’’ domains of family and friendship. Thus the dominant theories have assumed that morality should be sought for unrelated, independent, and mutually indifferent individuals assumed to be equal. They have posited an abstract, fully rational ‘‘agent as such’’ from which to construct morality,9 while missing the moral issues that arise between interconnected persons in the contexts of family, friendship, and social groups. In the context of the family, it is typical for relations to be between persons with highly unequal power who did not choose the ties and obligations in which they find themselves enmeshed. For instance, no child can choose her parents yet she may well have obligations to care for them. Relations of this kind are standardly noncontractual, and conceptualizing them as contractual would often undermine or at least obscure the trust on which their worth depends. The ethics of care addresses rather than neglects moral issues arising in relations among the unequal and dependent, relations that are often laden with emotion and involuntary, and then notices how often these attributes apply not only in the household but in the wider society as well. For instance, persons do not choose which gender, racial, class, ethnic, religious, national, or cultural groups to be brought up in, yet these sorts of ties may be important aspects of who they are and how their experience can contribute to moral understanding. A fifth characteristic of the ethics of care is the conception of persons with which it begins. This will be dealt with in the next section. The ethics of care usually works with a conception of persons as relational, rather than as the self-sufficient independent individuals of the dominant moral theories. The dominant theories can be interpreted as importing into moral theory a concept of the person developed primarily for liberal political and economic theory, seeing the person as a rational, autonomous agent, or a self-interested individual. On this view, society is made up of ‘‘independent, autonomous units who cooperate only when the terms of cooperation are such as to make it further the ends of each of the parties,’’ in Brian Barry’s words.10 Or, if they are Kantians, they refrain from actions that they could not will to be universal laws to which all fully rational and autonomous individual agents could agree. What such views hold, in Michael Sandel’s critique of them, is that ‘‘what separates us is in some important sense prior to what connects us— epistemologically prior as well as morally prior. We are distinct individuals first and then we form relationships.’’11 In Martha Nussbaum’s liberal feminist morality, ‘‘the flourishing of human beings taken one by one is both analytically and normatively prior to the flourishing’’ of any group.12 The ethics of care, in contrast, characteristically sees persons as relational and interdependent, morally and epistemologically. Every person starts out as a child dependent on those providing us care, and we remain interdependent with others in thoroughly fundamental ways throughout our lives. That we can think and act as if we were independent depends on a network of social relations making it possible for us to do so. And our relations are part of what constitute our identity. This is not to say that we cannot become autonomous; feminists have done much interesting work developing an alternative conception of autonomy in place of the liberal individualist one.13 Feminists have much experience rejecting or reconstituting relational ties that are oppressive. But it means that from the perspective of an ethics of care, to construct morality as if we were Robinson Crusoes, or, to use Hobbes’s image, mushrooms sprung from nowhere, is misleading.14 As Eva Kittay writes, this conception fosters the illusion that society is composed of free, equal, and independent individuals who can choose to associate with one another or not. It obscures the very real facts of dependency for everyone when they are young, for most people at various periods in their lives when they are ill or old and infirm, for some who are disabled, and for all those engaged in unpaid ‘‘dependency work.’’15 And it obscures the innumerable ways persons and groups are interdependent in the modern world.

#### Thus, the Standard is Fostering Relationships of Care defined as face to face encounters of mutual respect that involve caring about, taking care of, care giving and care receiving. All other frameworks presuppose caring to follow their ethic meaning my offense comes first and o/w theirs under their own framework

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Nel Noddings focuses especially on the attitudes of caring that typically accompany the activity of care. Close attention to the feelings, needs, desires, and thoughts of those cared for, and a skill in understanding a situation from that person’s point of view, are central to caring for someone.2 Carers act in behalf of others’ interests, but they also care for themselves, since without the maintenance of their own capabilities, they will not be able to continue to engage in care. To Noddings, the cognitive aspect of the carer’s attitude is receptive intuitive rather than objective-analytic, and understanding the needs of those cared for depends more on feeling with them than on rational cognition. In the activity of care, abstract rules are of limited use. There can be a natural impulse to care for others, but to sustain this, persons need to make a moral commitment to the ideal of caring.3 For Noddings, care is an attitude and an ideal manifest in activities of care in concrete situations. In her recent book Starting at Home, she explores what a caring society would be like. She seeks a broad, nearly universal description of ‘‘what we are like’’ when we engage in caring encounters, and she explores ‘‘what characterizes consciousness in such relations.’’4 Care is much more explicitly labor in Joan Tronto’s view. She and Berenice Fisher have defined ‘‘taking care of’’ as activity that includes ‘‘everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible,’’ and care can be for objects and for the environment as well as for other persons.5 This definition seems almost surely too broad: Vast CARE AS PRACTICE AND VALUE 31 amounts of economic activity could be included, like retail sales, house construction, and commercial cleaning, and the distinctive features of caring labor would be lost. It does not require the sensitivity to the needs of the cared-for that others often recognize in care, nor what Noddings calls the needed ‘‘engrossment’’ with the other. And, Tronto explains, it excludes production, play, and creative activity, whereas a great deal of care, for instance child care, can and should be playful and is certainly creative. If one accepts Marx’s distinction between productive and reproductive labor, and then sees caring as reproductive labor, as some propose, one misses the way caring, especially for children, can be transformative rather than merely reproductive and repetitious. Although this has not been acknowledged in traditional views of the household, the potential for creative transformation in the nurturing that occurs there, and in child care and education generally, is enormous. Care has the capacity to shape new persons with ever more advanced understandings of culture and society and morality and ever more advanced abilities to live well and cooperatively with others.6 Only a biased and damaging misconception holds that caring merely reproduces our material and biological realities while what is new and creative and distinctively human must occur elsewhere. Diemut Bubeck offers one of the most precise definitions of care in the literature. She writes, ‘‘Caring for is the meeting of the needs of one person by another person, where face-to-face interaction between carer and cared-for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself.’’7 She distinguishes between caring for someone and providing them with a service; on her definition, to cook a meal for a small child is caring, but a wife who cooks for her husband when he could perfectly well cook for himself is not engaging in care but providing a service to him. Care, Bubeck asserts, is ‘‘a response to a particular subset of basic human needs, i.e. those which make us dependent on others.’’8 In Bubeck’s view, care does not require any particular emotional bond between carer and cared-for, and it is important to her general view that care can and often should be publicly provided, as in public health care. She seems to think that care is almost entirely constituted by the objective fact of needs being met, rather than by the attitude or ideal with which the carer is acting. Her conception is then open to the objection that as long as the deception is successful, someone going through the motions of caring for a child while wishing the child dead is engaged in care of as much moral worth as that of a carer who intentionally and with affection seeks what is best for the child. For me, this objection is fatal. I suppose a strict utilitarian might say that if the child is fed and clothed and hugged, the intention with which these are done may be of no moral significance. But to me it is clear that in the wider moral scheme of things, though I cannot argue it here, it is significant. A world in which the motive of care is good will rather than ill will (plus any interest that may additionally be needed to motivate the care giver to do the work) is a better world. Even if the child remains unaware of the ill will (an unlikely though 32 CARE AND MORAL THEORY possible circumstance) and even if the child grows up with the admirable sensitivity to the feelings of others that would constitute a better outcome, even on a utilitarian scale, than if she does not, the motive would still matter. An important aspect of care is how it expresses our attitudes and relationships

#### Impact calc:

#### Prefer Ideal theory over non-ideal theory – Reflective Equilibrium means Ideal Theory is inevitable – when we reflect on our desires we compare our desires to an ideal of what we think our desires should be – means all ethics are inevitably ideal theory and that nonuniques any DAs.

#### Intent first- a. Objectiveness- ethical theories premised on intrinsic-ness means actions are objectively good or bad, whereas consequentialism necessitates different impact calcs that are subjective to determine if an action should be taken- this means intent is a sequencing question to guiding action

#### Consequences are incoherent- A) Induction fails since it relies on the assumption that nature will hold uniform and we could only reach that conclusion through inductive reasoning based on observations of past events B) Consequences result in further consequences and there is no non-arbitrary brightline as to when we evaluate them which makes decisions impossible

#### Prefer Additionally:

#### [1] Questions of Justice and following abstract principles presuppose care and mutual respect in ethics.

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Care is probably the most deeply fundamental value. There can be care without justice: There has historically been little justice in the family, but care and life have gone on without it. There can be no justice without care, however, for without care no child would survive and there would be no persons to respect. Care may thus provide the wider and deeper ethics within which justice should be sought, as when persons in caring relations may sometimes compete and in doing so should treat each other fairly, or, at the level of society, within caring relations of the thinner kind we can agree to treat each other for limited purposes as if we were the abstract individuals of liberal theory. But although care may be the more fundamental value, it may well be that the ethics of care does not itself provide adequate theoretical resources for dealing with issues of justice. Within its appropriate sphere and for its relevant questions, the ethics of justice may be best for what we seek. What should be resisted is the traditional inclination to expand the reach of justice in such a way that it is mistakenly imagined to be able to give us a comprehensive morality suitable for all moral questions.

#### [2] Performativity- Only my framework can explain and facilitate deliberation and argumentation as we encourage mutual respect of all forms including communication. Only through an ethic of caring for the other can we try to understand their epistemic position and discuss issues.

#### [3] Bindingness- Any framework must answer the question, "why be moral?" otherwise A. It has no normative force if we can ask why follow it without an answer justified in disregarding morality altogether so it's not binding B. To effectuate moral decisions morality's guide to action must be fuel to follow them. Only an ethic of care can explain why we should be bound to a sense of morality, it is because of our respect and care for ethicality with the other that can motivate us to follow moral principles.

#### [4] K Solvency: Systems of caring relations allow us to recognize the particularities of oppressed others and preserve their rights through relations of respect

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In both families and among friends, and in civic associations and political entities, there is a presumption of social relations holding the individual persons together. And in forming and maintaining these relations, empathetic feeling and a sense that what happens to the others in the group matters play important roles. Of course the feelings of affection and attachment and special relatedness are very much stronger in the case of families and among friends than in many social entities. However, caring relations between citizens can probably not be totally absent for any state not in danger of disintegration. Societies require that the grounds for social trust be adequately solid.35 The rights a legal system can protect, then, presuppose the social interrelatedness of its members. These relations need to be evaluated. Certainly some associations, like some families, promote the wrong values: racial discrimination, class oppression, gender domination. The ethics of care can evaluate wrongful as well as morally admirable aspects of relations and does not deprive us in any case of other moral grounds on which to judge associations and families. Gradually, we can hope, feelings of solidarity will be extended to all persons everywhere, sufficiently to see their rights respected and their needs addressed. But it may be the value of care as much as the value of justice that can help this happen. Unless the presumption of care is met, people seem not to be concerned enough about others to care whether their rights are respected or even recognized. The history of disregard for and of domination and exploitation of those not strong enough to threaten the self-interest of rational contractors indicates how unpromising it may be to hope for respect for human rights to encompass the globe without building the caring relations such respect seems to presume. Just as an effective legal system and well-functioning democratic institutions seem to rest on the social connectedness that civil society can provide, it can be argued that respect for human rights and for principles of justice presume some degree of caring relations between persons. We can see in the family and among friends the deepest and most compelling forms of care. But we can also see the relevance of the values of care and caring activities for the most comprehensive and global of moral concerns.

## 1AC – Contention

#### I affirm the resolution as a general principle, that the member nations of the World Trade Organization ought to reduce intellectual property for medicines. CPs, Spec, and PICs don’t negate since they do not disprove my general thesis.

#### Now Affirm:

#### [1] Intellectual Property encourages ignoring the other’s particular needs out of personal gain.

Tołłoczko 1, [Tadeusz Tołłoczko](https://pubmed.ncbi.nlm.nih.gov/?term=To%C5%82%C5%82oczko+T&cauthor_id=15727000), Polish Surgeon and Endocrinologist (2005). “Surgical patents and patients — The ethical dilemmas.” Science and Engineering Ethics, 11(1), 61–69. doi:10.1007/s11948-005-0056-6

Nevertheless, it all comes down to this basic question: Does a contradiction exist between medical ethics and the “Medical and Surgical Procedure Patents” system? After all, the patent holder, in defiance of ancient medical tradition, may use his discovery not for the good of the patient, but for personal gain. Contemporary clinical medicine relies on the implementation of scientific and technological advances, but ethical issues are an inseparable part of research, medical practice, and public healthcare systems. Therefore, ethical criteria must be considered in the process of granting patents. This presents another fundamental question: Can a doctor request a legal monopoly on the application of a new curative surgical method in clinical practice? Here the inherent conflict of interest between the good of the patient and the profit of the patent holder become vividly obvious. So.it may well turn out that medical-procedure patents can have a negative influence on the standard of medical care. It may happen that some doctors, even those familiar with the patented procedure, will refrain from its use, or will be unable to purchase a license for its use. The patentee can also limit the number of licenses. It may also happen that doctors will avoid performing some procedures which do not infringe out of fear that they might be patented. All the above threats are in evident contradiction with the ethical principle that newly invented diagnostic and therapeutic methods should be quickly accessible to the doctors and patients who need them. Patents and the physician-patient relationship Medical-method patents may also interfere with the physician-patient relationship because the doctor must decide whether • to become a licensee, • to rely on older diagnostic or therapeutic methods in order to avoid inadvertent infringement, • to refer the patient to someone who is a licensee, • perform the procedure without permission, or • forgo the procedure altogether.

#### [2] Patent Restrictions contradict the ethical obligation of the medical field and prioritize the wealthy – this is by definition ignoring the particularity of the other

Tołłoczko 2, [Tadeusz Tołłoczko](https://pubmed.ncbi.nlm.nih.gov/?term=To%C5%82%C5%82oczko+T&cauthor_id=15727000), Polish Surgeon and Endocrinologist (2005). “Surgical patents and patients — The ethical dilemmas.” Science and Engineering Ethics, 11(1), 61–69. doi:10.1007/s11948-005-0056-6

Unrestricted and free access to medical knowledge is a fundamental feature of the profession and vocation of surgeon. Physicians also have an ethical obligation to present and publish the results obtained with new methods of treatments. Patent restrictions of medical and surgical procedures can limit free access to medical knowledge of the newest innovations and render their clinical application difficult. The system of medical education and further education is based on free and unlimited access to materials related to the latest advances in surgical practice, and it is obvious that the discoverer of a new invention or improvement is not interested in the publication and dissemination of his findings until a patent has been granted. Therefore, patent law may discourage[s] doctors/inventors from sharing their discoveries and inventions. Does the system of “Medical-Procedure Patents” clash with other values? Patents per se are neither ethical nor unethical. However, the ethical dimension of patents in medicine depends on their positive or negative impact on the standard of healthcare of the individual patient and the community. However, “Medical-Procedure Patents” seem to conflict with another undisputed value, i.e with the health of a human being and the duty to protect it. Such patents may prevent equal access to health care as a result of an elitist distribution of resources. For doctors and patients, the patent system may, by generating financial barriers, limit and even sometimes preclude access to the most effective therapeutic methods. In this respect, patents have a detrimental effect on poor people, ethnic groups, and countries.9 More than 80 countries (including most European countries) prohibit medical procedure patents, so patents on medical techniques are not issued. One reason for this policy is the conflict resulting from the rights accorded a patentee and the ethical obligations of doctors. Historically, the medical profession has considered patents on medical inventions as contrary to the philanthropic nature of the physician’s practice.7

## 1AC – Underview

#### 1] AFF theory is no RVI, Drop the debater, competing interps, and the highest layer of the round under an interp that aff theory is legit regardless of voters a) infinite abuse since otherwise it would be impossible to check NC abuse b) it would justify the aff never getting to read theory which is a reciprocity issue c) Time crunched 1ar means it becomes impossible to justify paradigm issues and win the shell. d) the 2n can dump on a script to a CI and go for RVI’s making it impossible to check abuse e) The 1ar is too short to win theory and substance f) The 2n can always create infinite reasonability arguments the 2ar can’t get through

#### 2] AFF fairness issues come prior to NC arguments a) The 1ar can’t engage on multiple layers if there is a skew since the speech is already time-crunched b) Sets up an invincible 2n since there are a million of unfair things you can collapse to to win every round.

#### 3] No 2n theory arguments and paradigm issues. a) overloads the 2AR with a massive clarification burden b) it becomes impossible to check NC abuse if you can dump on reasons the shell doesn't matter in the 2n.

#### 4] The role of the ballot is to determine the truth or falsity of the resolution [a]–reject their framing on inclusion – they exclude all offense except what follows from their specific fwk which shuts out those without the resources to prepare [b] the ballot says vote aff or neg based on a topic and five dictionaries[[1]](#footnote-1) define to negate as to deny the truth of and affirm[[2]](#footnote-2) as to prove true which means it’s constitutive and jurisdictional. Text comes first – a) Controls the internal link to fairness since it’s the basis of things like predictability and prep b) Key to jurisdiction since the judge can only endorse what is within their burden c) Even if another role of the ballot is better for debate, that is not a reason it ought to be the role of the ballot, just a reason we ought to discuss it.

#### 5] Permissibility affirms- Freezes action – requiring pro-active justification for all our actions would make it impossible to make morally neutral claims like ‘I ought to drink water’ which means we always assume we can take an action absent a proactive reason not to.

#### 6] K links need specific delineated lines from the 1AC. key to ensure the K engages with and disproves the aff. Also, let me weigh case against a K, anything else moots 6 minutes of the aff which forces a 1ar restart and the links would be abandoned, so I cant prove the aff wasn't bad

1. <http://dictionary.reference.com/browse/negate>, <http://www.merriam-webster.com/dictionary/negate>, <http://www.thefreedictionary.com/negate>, <http://www.vocabulary.com/dictionary/negate>, <http://www.oxforddictionaries.com/definition/english/negate> [↑](#footnote-ref-1)
2. *Dictionary.com – maintain as true, Merriam Webster – to say that something is true, Vocabulary.com – to affirm something is to confirm that it is true, Oxford dictionaries – accept the validity of, Thefreedictionary – assert to be true* [↑](#footnote-ref-2)