

An Ethics Laboratory as an Educational Tool in a Pharmacy Law and Ethics Course

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INTRODUCTION

Professional ethics may be defined as "rules of conduct or standards by which a particular group in society regulates its actions and sets standards for its members" (1). In practice, pharmacists are constantly required to make decisions, on an individual basis, that must conform to the professional ethics of pharmacy. Pharmacists must also learn to distinguish ethical issues from social, psychological, political, and legal issues (2).

There is general agreement within the profession that pharmacy students should be exposed to the concept of professional ethics so that they are aware of these rules of conduct for pharmacists. However, much has been discussed and written concerning the best way to teach professional ethics. In 1984, a special session at the American Association of Colleges of Pharmacy annual meeting specifically addressed the topic "Can a Professional Ethos Be Taught?" (3). One of the teaching approaches mentioned was the incorporation of ethical issues in the jurisprudence course work, using techniques such as role playing and case studies (4).

The purpose of this exercise was to incorporate these techniques

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into the pharmacy law and ethics course. Through the presentation of common practice scenarios, students learned to analyze and to respond to a problematic situation and gained an increased awareness of ethical issues that might be involved in situations they might face. This practical experience provided students with an opportunity to practice the independent thinking required of individual pharmacists in contemporary practice settings.

In this pharmacy law and ethics course, students were introduced to the concept of ethics, and the pharmacy codes of professional ethics were presented through a lecture format. Students then watched videotaped scenarios from "Ethics Perspectives"; these scenarios presented ethical dilemmas related to pharmacy practice (5). The dilemmas and possible actions of the pharmacist were discussed in class. This helped the students identify problems and gave them a greater understanding of ethical issues. Two weeks later, each student was presented with a problem in a scenario and was required to make a decision on what action he or she would take. In this way, each student was exposed to a situation that might actually be encountered in practice and was given the opportunity to make a professional decision conforming to professional standards of conduct.

METHODOLOGY

Phase I

The laboratory was part of the instruction in ethics that is included in the pharmacy law and professional ethics course required in the second quarter of the first professional year of the Doctor of Pharmacy program. It was first presented to approximately 120 students who had received 2 one-hour lectures on professional ethics in the first week of the course. Topics covered included professionalism, methods of teaching ethics, and discussion of the ethical codes of pharmacy. The students had also been presented with several videotaped scenarios from "Ethics Perspectives" (5).

Approximately 30 dilemmas were developed using various sources, including the experiences of faculty and practicing pharmacists and a review of literature and instructional material. There

were many kinds of situations: refilling without authorization, questionable legitimacy, confidentiality issues, and conflict of professional and moral beliefs (see Appendix 1).

An explanation of each situation was placed on two index cards. One card contained instructions for the teaching assistant role player, and one contained instructions for the student. Because the students were in their first year, it was sometimes necessary to present them with a card that explained the applicable laws and the special circumstances creating the problem with a particular prescription. For example, if a patient was requesting a refill on Xanax[®], the card would explain that Xanax[®] is used for treating anxiety and is a controlled substance.

Teaching assistant role players were briefed on each situation, given props (e.g., prescription bottles, written prescriptions), and instructed on what actions to perform. They were directed to keep trying to get what they wanted until the decision of the student was clear. Students were instructed that they would be required to act as the pharmacist and to make a decision in response to the problem. They could not put off making the decision (by telling the patient to come back later, for example). Each student was required to participate, but there was no grade or formal evaluation of the decision. The reason for this is that ethical decisions are based on each individual's personal and professional values. Thus, there may not be one "right" answer. However, students did receive informal evaluation of their response via in-class discussions and feedback from teaching assistants. Students were instructed not to discuss the lab with their classmates until everyone had completed the lab. This would help to make the decision an individual one, not a group consensus.

The class was divided into 4 sections of approximately 30 students each, and each section was assigned 1 of 4 days. Each day, there were three separate rooms with role players and videotaping equipment. The students were assigned to one of the three rooms. They entered the room one at a time, were presented with their cards, and given time to read the explanations. The role player then acted out the situation, using applicable props, and the student was required to respond. The entire interaction was videotaped for future reference. After all of the students had completed the lab, the

scenarios were presented in class, and the students who had been presented with a particular dilemma were asked to state the problem and their solutions or decisions. Legal and ethical issues were discussed, and other possible responses were also elicited.

Approximately one week later, the students were asked to anonymously complete a questionnaire on the ethics lab (see Appendix 2). It contained 17 questions that were answered on a 5-point scale from "strongly disagree" to "strongly agree." The questions concerned the students' reactions to the ethics lab in general, their specific scenarios, and what tools they used to make their decisions. Students were also asked to add any comments about the lab and its use in the future.

Phase II

The second phase was conducted with the class that entered a quarter after the Phase I students; it consisted of 18 students. The lab was conducted in the same way as the first phase, with a few exceptions. The instructional portion of the ethics course was expanded, and it contained lectures on theoretical ethics and ethical problem solving in addition to the ethical codes of pharmacy.

To improve the lab, the instructor viewed the scenarios videotaped in the first phase. Those that were not clear or were not successful were not used again. The same questionnaire was used, with one extra question added concerning the usefulness of the theoretical ethics lecture (see Appendix 2). The students were given credit in their final grade for participating, but, as before, no evaluation of the correctness of the decision was made; participation resulted in full credit.

RESULTS

Items measuring the overall student response to the ethics laboratory are shown in Tables 1-3. Each table lists the statements to which the students were requested to respond. The numbers to the right of the statements indicate the percentage of the total number who either agreed, disagreed, or were neutral. The original questionnaire included the choices "strongly agree" and "strongly disagree"; these have been collapsed into either "agree" or "dis-

TABLE 1. Survey Results: Student Reactions

Statements	% Agree*	% Neutral†	% Disagree‡
I was nervous and/or apprehensive about being confronted with an ethical dilemma.	33	19	48
The decision I had to make was difficult for me.	18	21	61
The situation required me to technically violate the law if I were to do as the patient/customer/professional asked.	30	16	54
I chose to technically violate the law in order to do what I felt was right.	22	18	60
I considered professional ethics guidelines (APhA Code of Ethics, Code of Professional Conduct, etc.) while I was trying to decide what to do.	33	30	37
My response to the situation presented was ethical.	74	14	12
After I left the lab and had time to think about it, I decided I would react differently if confronted with the same situation again.	52	10	38

*Represents the answers "strongly agree" and "agree."

†Represents the choice "neither agree nor disagree."

‡Represents "strongly disagree" and "disagree."

agree" for simplicity. The statements in Table 1 indicate the students' personal reactions to the laboratory itself. Table 2 evaluates their reactions to the structure of the laboratory, while Table 3 assesses the opinion of the students on the use of the laboratory as a teaching tool.

DISCUSSION

The response of the students concerning the use of the lab indicated that the majority of the students desired to be taught about

TABLE 2. Survey Results: Structure of Laboratory

Statements	% Agree*	% Neutral†	% Disagree‡
After discussing the situation in class, I discovered other alternatives for action that I had not thought about.	47	28	25
The videotaped scenarios we had previously discussed in class helped guide my decision in this case.	44	34	22
After discussing the situation in class, I believe I would handle the same situation differently next time.	31	20	49
If I was being evaluated (graded) on my decision, I might have made a different decision.	18	18	64
If I was being evaluated on my decision, it would have made it harder to make my decision.	44	14	42

*Represents the answers "strongly agree" and "agree."

†Represents the choice "neither agree nor disagree."

‡Represents "strongly disagree" and "disagree."

ethics in addition to pharmacy law. Overall, 53% thought the lab was a valuable tool for teaching ethics. (Only 19% thought it was not, and 27% were neutral.) About the same numbers thought it was a useful and practical method for teaching ethics. Most of the students agreed that the exercise made them more aware of the situations that they may face as practicing pharmacists. Only 11% believed that the situation they faced was unrealistic and would not actually happen in practice.

Concerning the structure of the lab, only 18% of the students stated that they might have made a different decision if they were being graded or evaluated on that decision. However, 44% agreed that being formally evaluated would have made it more difficult to make a decision. Over 40% felt that watching and discussing videotaped scenarios in class before the lab helped guide their decision making. Almost half of the students felt that discussing each scenario in class after the lab helped them see alternatives that had not occurred to them. About 30% agreed that after discussing the situa-

TABLE 3. Survey Results: Use of the Laboratory

Statements	% Agree*	% Neutral†	% Disagree‡
This exercise made me more aware of ethical situations I might face in practice.	73	17	10
The ethics lab was a useful and practical method to teach about ethics.	51	24	25
The situation I was placed in was unrealistic, and I don't believe it would happen in "real life" pharmacy practice.	11	10	78
Overall, the ethics lab is a valuable tool for teaching students about ethics.	53	27	19
I would prefer to be taught only the laws and allowed to make my interpretations and ethical decisions on my own.	28	17	55

*Represents the answers "strongly agree" and "agree."

†Represents the choice "neither agree nor disagree."

‡Represents "strongly disagree" and "disagree."

tion, they would make a different decision the next time they were presented with a similar situation.

Students had various reactions to their dilemmas. About one-third admitted to being nervous and/or apprehensive about being confronted with an ethical dilemma. Only 18% felt that the decision they had to make was a difficult one. Only 33% considered professional ethical guidelines when actually making the decision. Some 30% believed that what they were being asked to do was a technical violation of the law, and 22% chose to violate the law in order to do what they felt was ethical. Of the students participating, 74% stated that their response to the situation was ethical, 14% were unsure, and 12% believed that they did not respond in an ethical manner. Regarding the revised lecture content, over 90% of the students thought that the classroom lectures on theoretical ethics provided insight into the ethical dilemma (Phase II question only).

The responses of the students in Phase II were similar to those of the students in Phase I, with a few noticeable differences. More

than 90% of the Phase II students (vs. 47% in Phase I) thought that overall, the lab was a valuable tool for teaching students about ethical decisions they may face; 85% (vs. 46%) said it was useful and practical. Both groups agreed that the lab made them more aware of the situations they may face in practice. More Phase II students (57% vs. 30%) stated that they considered professional ethics guidelines when making the decision.

Overall, the student response to the ethics lab were positive. The students in Phase II of the study seemed to have a more positive attitude about it. This could be attributed to many factors, not the least of which is that they knew what to expect from discussion with classmates who were in Phase I. It is possible, given the response to the survey, that the increased lecture time devoted to both general and professional ethics also helped prepare them for the situations they faced, thus making the lab a more positive experience. Also, the small class size of Phase II allowed for more discussions and interactions during the lectures. In addition, only those scenarios that were clear were used, therefore the students benefited from the refinement of the lab.

RECOMMENDATIONS

There appears to be no one best way to teach pharmacy students about ethics. This lab is only a portion of the instruction, which also included lectures and discussions about case studies and videotaped scenarios. The learning experience comes not just from the lab itself, but from the class discussion of the situations. In class, discussions usually resulted in a general consensus of what would be the best decision, with little disagreement. This helps reinforce the ethical decisions made by individuals.

The videotaping was used in this case so that the instructor could view the tapes to see how the scenario worked in action. The lab could be done without it if the instructor could be present for each student's turn. However, the videotapes could be used in other ways. If students were agreeable, the tapes could be brought in front of the entire class for discussion as a teaching tool. Or, students could be required to view their own tapes individually and critique their actions and decisions. A review of the tapes in this

exercise revealed the need for more on-tape explanation of the scenarios if they were to be used in this fashion.

If law were taught later in the professional curriculum or if the ethics lab were incorporated at the end of the law course, it would be easier to challenge the students' professional judgment. Lack of student expertise and experience required more explanation of the situation before beginning the enactment, and even then, some students appeared confused at times about the actual issues involved.

The types of scenarios that worked best for the first-year students were those that concerned refilling prescriptions, confidentiality, doctor's desire to conceal versus patient's right/wish to know, legitimacy issues, selling syringes, and unclear prescriptions. Those that are important but difficult to present as situations included issues of economics, ordering legitimate excess controlled substances and thereby drawing the attention of the DEA, hospital procedures, and the pharmacist's personal morals coming into play. For example, one case required the filling of a prescription for an abortion pill when the pharmacist was personally against abortion. Those who actually were against abortion reacted differently from those who were not, even though they were all supposed to pretend that they were against it.

As with any teaching activity, grades can be an issue in the ethics laboratory. Instructor judgment may not be fair because personal ethics and values are involved in any decision. But students want credit for doing something beyond regular classroom attendance. Perhaps one solution may be giving credit for the lab on a pass/not pass basis as a small percentage of the final course grade.

CONCLUSIONS

An ethics laboratory in a pharmacy law and professional ethics course can be a useful technique when combined with other instructional methods. If an instructor wishes to challenge students individually to make professional ethical decisions, the ethics lab can provide that individual challenge. It is also useful for demonstrating to students that not all of the situations they will face in their professional practice will have a straightforward right or wrong answer that can be found by looking in a pharmacy law text.

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APPENDIX 1:
ETHICAL SITUATIONS USED IN ETHICS LABORATORY

- 1.* Patient:
Presents bottle for refill. Bottle clearly states no refills left. Rx for amoxicillin 250 mg/5 ml. Insist that child has same type of ear-ache that he had when doctor gave it to him originally. Cannot afford to return to doctor.

Pharmacist:
Decide how to handle.
- 2.* Patient:
Presents bottle for Valium 5 mg. Take 1 tablet 3 times daily. Bottle says 1 refill.

Pharmacist:
Pulls script. No refills left according to Rx notations.

Patient:
Insists that he never got the last refill. He is entitled to one more he says. Doctor out of town until next week.
3. Patient:
Presents new Rx. It is for a compounded Rx that will take about 30 minutes to make up.

Pharmacist:
Very busy today. Don't remember exactly how to calculate and

*Denotes the more successful scenarios

mix this particular type of compound. But it is a potent drug, and an overdose could kill the patient. You want him to take it elsewhere.

4. Patient:

Presents 3 prescriptions for drugs totaling \$25.30. When you pick up, say you are on Medicaid but don't have a card for this month yet. You have no money.

Pharmacist:

You have no record of this patient or family getting prescriptions here before. You aren't sure whether to believe them or not.

5. Patient:

Present script for 100 Lasix 40 mg tablets. Want to know price. When given, says Smith Independent Pharmacy will sell it for \$2 less.

Pharmacist:

You know Smith is having trouble competing with your (and other) chain store(s). Even though you will be losing money on the sale if you match his price, you could possibly gain his customers if you match or beat his price. Do you match his price?

6.* Patient:

I am visiting my son who is a customer of yours here in Atlanta. I just came here from Boston. It is Saturday night, and I forgot my Lanoxin, which I need to take every morning or I will have heart problems. Can you give me 2 tablets until Monday? I take the yellow ones.

Pharmacist:

The patient has no proof that she actually takes this. No bottle. Her doctor cannot be reached. You know it is important to take it regularly, but what if she doesn't know for sure what she is taking?

7.* Patient:

I am from out of town, my mother gets her prescriptions filled here. She is in the hospital. I forgot to get a refill on my antidepressant before I left. Here is the bottle of the kind I take.

Pharmacist:

The label is from an out-of-state pharmacy. It says she has 2 refills left. You know the drug, amitriptyline, can be dangerous if overdosed, but it is not a controlled substance.

8. Patient:

This prescription is for my wife. Her cancer is getting worse. You know how much medicine we buy here. The doctor is switching her to this now. He said she will probably be using it a lot.

Pharmacist:

The prescription is for 100 Dilaudid, a controlled substance in Class II. This means that you must account for every tablet bought and sold. You are afraid to dispense that many, for you normally don't keep any in stock. What will the DEA think if you all of a sudden start ordering large quantities of this drug? They may come in and inspect, and even though you don't purposely break the law, what if they find violations?

9. Patient:

Presents script for Darvocet N-100, #100, take 2 or 3 tablets every 4 to 6 hours for pain.

Pharmacist:

You know the patient is terminally ill with cancer. However, you know that taking that much acetaminophen can cause liver damage. You feel you should call the doctor and get him to modify or change his therapy. He refuses.

10. Hospital Pharmacist:

A nurse has just called down about patient John Henry in Room 3201. He did not get any Coumadin in his unit dose drawer.

You check patient chart and see that there is an automatic stop order on anticoagulants, therefore his Rx expired after 5 days. In order for it to be continued, the doctor must order it.

The nurse insists that you send it up now, and she will get the doctor's OK later.

11.* Hospital Pharmacist:

A nurse calls from the floor. There is an emergency, and morphine is needed stat. She says she will give you a written order for it later.

You know that even in hospitals, Schedule II drugs must be dispensed by written orders.

12.* Patient:

Present bottle for Valium 5 mg, #100. The bottle says 2 refills. You need it now; you are going to the airport to catch a plane for your business trip.

Pharmacist:

Your computer is down, and you are waiting to get assistance. You pull the script which says 2 refills were authorized, but you have no way of knowing whether he has already gotten his limit on refills. The date on the bottle is 3 months ago, but the directions say 3 times a day as needed.

13.* Patient:

Presents Rx for penicillin VK, but no strength is given. It is from a dentist for 14 tablets, take 2 tablets stat, then 1 QID until gone.

Pharmacist:

No strength is given, but you get this dentist's Rx all the time for penicillin VK 500. This is a standard prophylactic dosage. The dentist's office is closed.

14.* Patient:

Presents empty Rx bottle of Benadryl Elixir. It was for customer's daughter who is 3 years old. Directions: 1/2 teaspoonful every 4 hours for cough and congestion. No refills are indicated on the bottle.

Pharmacist:

You pull the prescription, and the doctor has made no marks to indicate no refills or any refills. The dosage is not excessive, so you think you could just sell it to her OTC. However, Benadryl (OTC) directions state to consult physician if under 6 years old. The doctor cannot be reached until Monday (3 days).

15. Patient:

You hand the pharmacist a prescription for the newly approved "abortion pill." You called and know the pharmacy has it in stock.

Pharmacist:

The chain in which you work stocks the pill, and your partner dispenses it (and told her he had it). You don't believe in abortion, and even though your supervisor says we must provide it if the public wants it, you would prefer not to fill it. If your boss finds out, you may be disciplined.

16.* Patient:

Picking up a prescription the doctor called in. You want to know what it is.

Pharmacist:

The doctor called in a prescription for enteric coated aspirin and

asked that you tell the patient it is a new drug that is a strong pain killer. The doctor is trying to get the patient off of narcotics because he seems addicted.

17.* Patient:

You are picking up a prescription for a drug you have not taken before. You want to know all of the possible side effects. Maybe even look at the prescribing insert.

Pharmacist:

You know that this patient tends to be a hypochondriac. If you tell them the side effects, you are sure they will believe that they are experiencing them and stop taking the drug. This drug, like many, may cause nausea, vomiting, diarrhea, dizziness, and headaches. You have discussed it with their doctor, and he prefers that you not counsel his patients about their medications.

18.* Patient:

Presents a prescription for Percodan, #25. This is the second time you have come to get your Percodan filled. You know he stocks it.

Pharmacist:

You have been getting many Rx's for Percodan from this doctor, who practices in an office a few miles away. Every time you call to confirm, the doctor says that yes, he wrote it. You suspect that this doctor is practicing in an unethical manner and "selling" these prescriptions for Percodan.

19.* Patient:

You are picking up a prescription for someone else. You want to know what this drug is used for.

Pharmacist:

The person who is picking this up is not the person that the prescription is for. The drug, acyclovir, is used to treat herpes. The customer wants you to tell them what it is commonly used for, but you are not sure of their relationship or why they want to know.

20.* Patient:

Comes in for refill on Dilantin. It has been 2 months since your last refill of 30. You don't really like to take it every day, sometimes you just forget. However, you don't think it's anybody's business but yours.

Pharmacist:

Dilantin is used to treat epilepsy and must be taken daily for it to be effective. You know this patient's parents and feel it is your responsibility to let them know that the patient is not complying with the drug regimen and could potentially harm themselves or others if they were to have a seizure. Decide what to tell the patient.

21. Patient:

You are a doctor licensed in the State of Ohio. You come in and want a prescription blank to write a prescription for amoxicillin for your spouse, who has come down with a sore throat.

Pharmacist:

You know the law says that you can use your professional judgment and accept a prescription written in another state by a doctor licensed in that state. However, this doctor is prescribing (practicing) in Georgia. You believe that he needs to be licensed in Georgia to write a Rx in Georgia.

22. Patient:

A dentist's wife presents a prescription for birth control pills written by her husband. He told you that he was legally allowed to write prescriptions.

Pharmacist:

You believe that a dentist can only write within the scope of his practice. This dentist writes many of the Rx's you fill, and he and his family also give you plenty of business. (His wife regularly buys your high-priced cosmetics and perfume.) You don't want to anger them, and after all, it is only birth control pills.

23.* Patient:

It is Friday night. You present a prescription written by a doctor in Columbus, GA. It is for Tylenol #3, #24. You need it for your pain. You are visiting your family for the weekend.

Pharmacist:

You have no idea whether this is a legitimate script or if that doctor even exists. You try to call the doctor's phone #, and you get his service who says he is not on call. The doctor on call phones you back, and he knows nothing about this patient but confirms that the doctor does exist.

24.* Patient:

It is Saturday night. You present a prescription for Tussionex tablets. You are sure he is lying if he says he is out, and you make it clear you *want your drugs!!*

Pharmacist:

You have received a call from another pharmacy across the street telling you that this person might come in. It is a forged Rx. As you talk to this person, you feel they are dangerous and that to deny him the drugs may make him angry.

25. Patient:

You want to buy 100 generic Benadryl capsules. You used to get it on prescription, but now that it is OTC, you want to just buy it. You don't need any directions because you have a Benadryl bottle at home.

Pharmacist:

The diphenhydramine capsules that you have in your bottle of 1,000 are labeled "Caution: Federal law prohibits dispensing without a prescription." Should you just count them out and pour them into a bottle? You know that you can't fit everything required on the label, but if you put the name, expiration date, and lot #, he can use his directions from a bottle of Benadryl he has at home.

26. Patient:

Presents script for Keflex. You have a severe sore throat. Maintain that you are allergic to penicillin. *If asked*, say you think you got a rash when you took penicillin, and you think your doctor knows it.

Pharmacist:

You know that 5% to 10% of the patients allergic to penicillin may have a cross reaction to Keflex. The doctor is gone from his office for the day.

27.* Patient:

Hand bottle to pharmacist. You want to know what the drug is, what it is used for treating. If asked, you are the girlfriend/boyfriend of the person it is for. Insist on knowing if she/he has a disease that you can catch.

Pharmacist:

You can tell by the name on the bottle that this is not the person's

prescription. It is for Zovirax, which is used to treat herpes. You feel it is unethical to talk about a patient's medication to a third party, but how ethical is it to possibly expose this person to a highly contagious venereal disease by not telling her?

28.* Patient:

Present Rx for Darvocet N-100. You are friendly, you know the pharmacist, since you work in the same building for a doctor.

Pharmacist:

The frequency and repetition of these prescriptions for controlled pain medications are making you uncomfortable. You have checked with the doctor, and he insists it is OK. You suspect abuse by this nurse, who works for the doctor in the same building. You have a good professional relationship with both the doctor and this nurse that you don't wish to jeopardize.

29.* Patient:

You want to buy syringes. You know that you don't need a prescription for them and don't think it is any of the pharmacist's business why you need them.

Pharmacist:

You are sure this is a drug addict. The law says you can sell syringes OTC for a legitimate medical purpose. It used to be you would just refuse, but now, the possibility of AIDS being spread makes you wonder if health professionals should be more lenient.

APPENDIX 2: SURVEY COMPLETED BY STUDENTS AFTER ETHICS LABORATORY

The purpose of this survey is to evaluate the use of the ethics laboratory in Pharmacy Law and Ethics. Please answer each question honestly and anonymously.

Place the answer on your answer sheet that corresponds to your feelings about the following statements.

- A. Strongly disagree
- B. Disagree
- C. Neither disagree nor agree
- D. Agree
- E. Strongly agree

1. I was nervous and/or apprehensive about being confronted with an ethical situation.
2. The decision I had to make was difficult for me.
3. The situation required me to technically violate the law if I were to do as the patient/customer/professional asked.
4. I chose to technically violate the law in order to do what I felt was right.
5. This exercise made me more aware of ethical situations that I might face in practice.
6. The ethics lab was a useful and practical method to teach about ethics.
7. After I left the lab and had time to think about it, I decided I would react differently if confronted with the same situation again.
8. After discussing the situation in class, I discovered other alternatives for action that I had not thought about.
9. I considered professional ethics guidelines (APhA Code of Ethics, Georgia Code of Professional Conduct, etc.) while I was trying to decide what to do.
10. The situation I was placed in was unrealistic, and I don't believe it would happen in "real life" pharmacy practice.
11. The videotaped scenarios we had previously discussed in class helped guide my decision in this case.
12. After discussing the situation in class, I believe I would handle the same situation differently next time.
13. If I was being evaluated (graded) on my decision, I might have made a different decision.
14. My response to the situation presented was ethical.
15. If I was being evaluated on my decision, it would have made it harder to make my decision.
16. Overall, the ethics lab is a valuable tool for teaching students about ethical decisions that they might face.
17. I would prefer to be taught only the laws and allowed to make my interpretations and ethical decisions on my own.
18. The class lectures about theoretical ethics provided insight into the ethical dilemma.