

2023 ETHICS OLYMPIAD FOR UNIVERSITY STUDENTS CASES PACKAGE 24

Welcome to the cases for the Tertiary Students Ethics Olympiad. An Ethics Olympiad is a competitive yet collaborative event in which students analyse and discuss real-life, timely, ethical issues. An Ethics Olympiad differs from debating in that students are not assigned opposing views; rather, they defend whatever position they believe is right and win by showing that they have thought more carefully, deeply, and perceptively about the cases in question. Experience shows that this type of event encourages and helps develop intellectual virtues such as ethical awareness, critical thinking skills, civil discourse, civic engagement, and an appreciation for diverse points of view. Please feel free to email us if you have any queries at; admin@ethicsolympiad.org

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Case 1. Do no harm

On December 24, 2017, 75-year-old Charlene Murphey was admitted to Vanderbilt University Medical Center with a subdural hematoma. (1) Two days later, Murphey's condition had improved, and she was prescribed a sedating drug, Versed, to allow her to be still during a final MRI before release. RaDonda Vaught, a registered nurse with seven years of experience at the hospital, was ordered to administer the sedative. Vaught attempted to withdraw the sedative from an automated dispensing cabinet by keying "VE" into the search function. When this failed Vaught used an override code to manually withdraw the medication. Unfortunately, Vaught mistakenly withdrew vecuronium, a paralyzing drug, the administration of which led to the death of Charlene Murphy. Vaught admitted her error to Vanderbilt UMC administrators, explaining that she was distracted by a trainee and had been complacent. That information was not passed on to medical examiners, as required by law, and Murphy's death was attributed to natural causes. In the following month Vaught was fired but retained her nursing license as Vanderbilt UMC continued to suppress public knowledge of the incident. In October 2018, the incident became public due to an anonymous tip and Vaught faced a hearing with the Tennessee Department of Health's Board of Nursing. Vaught explained the incident and that overriding the automated dispensing system was daily practice, that "You couldn't get a bag of fluids for a patient without using an override function." The board allowed her to retain her license. Vaught was arrested on February 4, 2019 and charged with reckless homicide and impaired adult abuse. To fund her legal defense, Vaught started a GoFundMe campaign writing, "Many feel very strongly that setting the precedent that nurses should be indicted and incarcerated for inadvertent medical errors is dangerous." Nurses rallied to Vaught's defense raising over \$100,000, appearing at her trial, and writing letters of support. Janie Harvey Garner, a St. Louis registered nurse and founder of Show Me Your Stethoscope, a nurse's group with more than 600,000 members said, "In response to a story like this one, there are two kinds of nurses," Garner said. "You have the nurses who assume they would never make a mistake like that, and usually it's because they don't realize they could. And the second kind are the ones who know this could happen, any day, no matter how careful they are. This could be me. I could be RaDonda."(2)

Pharmacists have taken Vaught's case as an object lesson in the need for reform in the control of dangerous medications. For example, pharmacist confirmation of drugs obtained by overriding an automated dispenser, limiting overrides to emergency situations, separate control systems for paralytic drugs, like vecuronium, and other increases in institutional safeguards.(3) Under increased federal scrutiny Vanderbilt developed a "plan of correction" which satisfied officials and allowed it to continue operations with federal funds. On the other hand, the Tennessee Department of Health's Board of Nursing reversed its earlier decision and revoked Vaught's nursing license. Vaught was subsequently convicted of criminally negligent homicide and abuse of an impaired adult. Although guilty of very serious charges, Vaught was sentenced to three years of probation and while she will likely never be a nurse again, she will also likely not serve time in prison. Still, many worry that the apparent institutional cover-up and chilling effect on nurses will cost other patients their lives.

^{1.} Brett Kelman "The RaDonda Vaught trial has ended. This timeline will help with the confusing case" Nashville Tennessean March 27, 2022. https://www.tennessean.com/story/news/health/2020/03/vanderbilt-nurse-radondavaught-arrested-reckless-homicide-vecuronium-error/4826562002/

^{2.} Brett Kelman "As a nurse faces prison for a deadly error, her colleagues worry: Could I be next?" NPR, March 22, 2022 https://www.npr.org/sections/health-shots/2022/03/22/1087903348/as-a-nurse-faces-prison-for-a-deadly-errorher-colleagues-worry-could-i-be-next

³ Myungsun (Sunny) Ro and Emily B. Holcomb, "More Lessons Learned From RaDonda Vaught Case" Pharmacy Practice News June 27, 2022 https://www.pharmacypracticenews.com/Operations-and-Management/Article/0622/More-Lessons-Learned-From-RaDonda-Vaught-Case/67213

Case 2. Do innocents pay the price?

On February 24, 2022, Russia invaded Ukraine in an escalation of long-standing tensions between the nations. The on-going conflict has caused humanitarian problems including food shortages and a refugee crisis. In response to the conflict American and EU nations have provided and pledged billions in military support to Ukrainian defense. Individuals and private organizations have refused to carry Russian vodka in restaurants, liquor stores, or bars; refused to play symphonies by Russian composers. Additionally, western nations have implemented an aggressive series of escalating sanctions on the Russian state and individual powerful Russian citizens. Beyond western state sanctions, some private organizations have chosen to apply pressure on Russia within their own spheres of influence. In one such case, Wimbledon, the oldest and perhaps most prestigious tennis tournament in the world, banned Russian and Belarussian athletes. Wimbledon's ban impacts a handful of top players including Daniil Medvedey, the number two ranked men's tennis player, and Aryna Sabalenka, the number four ranked women's tennis player.1) Wimbledon wrote in explanation, "Given the profile of The Championships in the United Kingdom and around the world, it is our responsibility to play our part in the widespread efforts of Government, industry, sporting and creative institutions to limit Russia's global influence through the strongest means possible."(2) The statement continues, "In the circumstances of such unjustified and unprecedented military aggression, it would be unacceptable for the Russian regime to derive any benefits from the involvement of Russian or Belarusian players with The Championships." Ian Hewitt, Chairman of the All England Club, commented: "We recognise that this is hard on the individuals affected, and it is with sadness that they will suffer for the actions of the leaders of the Russian regime." In response to Wimbledon's actions, both the men's and women's professional tennis tours stripped the points available for Wimbledon participants. A statement from the Association of Tennis Professionals (ATP) condemns Wimbledon's decision as undermining the merit based ranking system. It goes on to add, "Discrimination based on nationality also constitutes a violation of our agreement with Wimbledon that states that player entry is based solely on ATP rankings." Novak Djokovic, the top-ranked men's player and Serbian war survivor describes the decision as "...crazy. The players, the tennis players, the athletes have nothing to do with it [war]. When politics interferes with sport, the result is not good." Martina Navratilova, a ninetime Wimbledon champion, says "as much as I feel for the Ukrainian players and Ukrainian people," excluding players is "unfair" and "not helpful."(3) Since originally writing this, in an ironic twist of fate, the 2022 Wimbledon Women's Champion was Russian born Elena Rybakina. Rybakina plays under the flag of Kazakhstan and travels with a passport from that country. Reportedly her decision in 2 018 to play as a Kazakh was made primarily due to financial considerations and her parents continue to reside in Moscow.

- Rachel Treisman "Wimbledon bans Russian and Belarusian players including No. 2 Medvedev" NPR, April 20, 2022
- 2) "Statement Regarding Russian and Belarusian Individuals at The Championships" Wimbledon April 20, 2022
- 3) Lee Igel "Wimbledon Ban On Russian And Belarusian Players Serves Points About Sports And Politics" Forbes, Apr 26, 2022.

Case 3. Are sports dope?

Performance in sports is enhanced by regular training, adequate rest, good nutrition, and supplemental medication. There is apparent universal agreement that the first three of these are foundational to the values of sports. But the use of supplemental medication to enhance performance has been quite controversial. In 1935, Adolf Butenandt and a team of German scientists first synthesized human testosterone for the treatment of hypogonadism and depression. Butenandt would go on to win the Nobel Prize in Chemistry for his work on "sex hormones."(1) By 1954 the Soviet weightlifting team was using testosterone injections to enhance their performance, but with detrimental health effects such as prostate enlargement. In 1956, to compete with fewer side effects, U.S. weightlifting doctor John Ziegler synthesized the anabolic steroid methandrostenolone (Dianabol). Unfortunately, dianabol does have rather serious side effects including liver damage and increased risk of stroke. These very serious potential health consequences are the reason performance enhancing drugs (PEDs) are often prohibited in competition. 1960 Sports Illustrated published an exposé on the use of amphetamines, tranquilizers, cocaine, and other drugs in elite sports.(2) Eventually the international Olympic committee included anabolics and testosterone on their banned substances list. The Montreal Olympics of 1976 were the first Olympic games to drug test for anabolics and testing regimes have grown since then. Now all major U.S. sporting leagues, including the NFL, MLB, NBA, NHL, MLS, and UFC, test for a range of substances from marijuana to anabolic steroids. But these leagues do not test equally and the growth in testing is not without its critics. Libertarians have long advocated an end of prohibition arguing that the use of PEDs should not be regulated beyond the individual's choice. For decades now serious athletes have suspected that most of their competition is using some form of banned PED and this belief leads to a prisoner's dilemma in which using PEDs seems like the only rational choice.(3) This belief seems supported by studies where over 50% of anonymous competitive amateur athletes admitted using PEDs in the previous year.(4) Some hope to change the calculation by increasing surveillance on athletes, but more testing leads to more creative drug regimes and it seems impractical to reliably catch even most PED users.(5) Further complicating the situation are the apparent inequities of enforcement regimes. Recently a Russian Olympic figure skater, Kamila Valieva, tested positive for Trimetazidine, a banned substance. But her case is in arbitration, and she has not been suspended, in part because she is a minor. Some draw a comparison to the case of Sha'Carri Richardson, a U.S. sprinter who was suspended for marijuana she reportedly used in the days following the death of her mother. Critics argue that, while both took a banned substance the "difference is that she is black, and Valieva is white."(6) Compounding the disparity in possible outcomes is the choice between various systems of drug testing. For instance, leagues like the NFL administer their own drug programs, with team physicians doing the testing, and lower penalties for marijuana then anabolic steroids. The Olympic Games use a testing protocol developed and administered by the World Anti-Doping Agency (WADA). Other organizations, like the UFC, rely on the U.S. Anti-Doping Agency (USADA) for testing and regional rules for determining penalties. A newer organization, the Voluntary Anti-Doping Agency (VADA) launched in 2011 with the goal of attracting athletes who are not required to be tested, but who want to compete without PEDs.

^{1 &}quot;What is the history of anabolic steroid use?. National Institute on Drug Abuse website." NIDA April 12, 2021.

² George Walsh "Our Drug-Happy Athletes"

³ Haugen KK. "The performance-enhancing drug game." Journal of Sports Economics 2004;5:67-87.

⁴ Ulrich, R., Pope, H.G., Cléret, L. et al. Doping in Two Elite Athletics Competitions Assessed by RandomizedResponse Surveys. Sports Med 48, 211–219 (2018).

⁵ Brandon Specktor "Why Is It So Easy to Cheat at the Olympics?" LiveScience February 13

^{6.} Joe Lancaster "Olympic Athletes Can Take Drugs so Long as They Also Get an Unfair Advantage" Reason February 15, 2022

Case 4. Freedom of Tweets

As Twitter sues Elon Musk to force his purchase of the company or pay a reported one billion dollars in compensation, the character of Twitter today and under Musk's proposed leadership has become contentious. In March 2022, when Musk began his acquisition bid, he polled users on the platform asking, "Free speech is essential to a functioning democracy. Do you believe Twitter rigorously adheres to this principle?" Musk's offer letter contained his response, "I now realize the company will neither thrive nor serve this societal imperative in its current form. Twitter needs to be transformed as a private company."(1) Twitter's content moderation policies have developed over the last ten years to prohibit the glorification of violence, incitement of violence, harassment, hateful conduct, graphic content and much more. These policies themselves have clarifying policies, but still require judgment calls. The judgment of the content moderation team has come under criticism in the past for being too aggressive, too lenient, and too inconsistent. For instance, when Twitter permanently suspended former President Donald Trump's account over tweets relating to the January 6th riots many viewed the decision as censorship of valid political beliefs and while others lamented the decision as too late.(2) Musk's perspective is that content moderation should mirror local laws regarding speech and thus be as lenient as legally permissible and has vowed to reinstate the former President's account. Critics wonder, "[i]f Twitter wants to pull back from moderating speech on its site, will people be less willing to hang out where they might be harassed by those who disagree with them and swamped by pitches for cryptocurrency, fake Gucci handbags or pornography?"(3) Beyond the user experience, others express concern that the rampant spread of misinformation on platforms like Twitter leads to a degradation of democracy and acts of violence like those of January 6th. However, the proposed sale of Twitter resolves the digital public square will continue to be controlled by a handful leading voices at places like Twitter, Facebook, and Tik Tok. These leaders are controlled by market forces and their own moral compasses but are not themselves beholden to a democratic electorate. Some states have taken decisions about content moderation away from unelected leaders by implementing laws restricting the content on digital platforms. These new laws include both the Digital Services Act in the European Union, which requires Twitter to scrub its platform of misinformation and abuse, and Vietnam's policy of holding companies accountable for government criticism on their platforms.

- 1. Jennifer Korn, "Elon Musk's bumpy road to possibly owning Twitter: A timeline" CNN Business, August 19, 2022
- 2. Bobby Allyn and Tamara Keith, "Twitter Permanently Suspends Trump, Citing 'Risk Of Further Incitement Of Violence'" NPR January 8, 2021
- 3. Shira Ovide, "Buying Twitter, Elon Musk Will Face Reality of His Free-Speech Talk" New York Times April 26, 2022

Case 5. A Minor Problem

Joseph Campbell famously discussed the process of "coming of age," and the need for rites of passage to help youths transition from childhood into adulthood in "The Power of Myth," a transcribed interview between Campbell and Bill Moyers of PBS.(1) Campbell talked about how myths, be they religious (as with Jewish bar and bat mitzvahs at 12 to 13, and Christian confirmation from about 12 to 15) or secular rites (quinceañera at 15, sweet 16 and drivers' licenses at 16, and even gang membership from around 12 to 18 years of age), all aim to give the young person a sense of transition into the world of adult responsibilities and independence. But notably, the timetable for the transition into adulthood is neither concrete nor consistent for all groups or individuals. For instance, the religious coming of age celebrations are usually around 12 to 13, but the secular rites are often a little later, around 15 to 16. States also have myriad laws when it comes to age of consent (2), marriage (3), and legal capacity to enter into contracts (4). These laws provide a slow evolution to legal adulthood, granting partial rights that will become full (or at least fuller) once the youth turns 18 (a few minor rights are still withheld until 21, such as the age to buy alcohol or to consume marijuana in states where it has been legalized). Given that there are different approaches to a minor's ability to consent to participate in significant, potentially life-altering behaviors, some ask whether these pre-adulthood rights should necessarily be tied to other legal rights that a minor may need to exercise, particularly as relate to medical treatment. In many states, minors may visit a gynecologist or family physician to obtain birth control, abortion care, or to treat sexually transmitted diseases without a parent consenting or being present. However, in other states, despite youths being allowed to marry under the age of 18, they nevertheless cannot see a gynecologist or other sexual healthcare provider without the consent of a parent or guardian. Similarly, many states have allowed minors to obtain vaccines against deadly diseases without parental consent, particularly in light of the public health needs of society, as well as the potential for serious, even debilitating diseases if vaccines are not administered. As vaccines and abortions become increasingly controversial, many minors are seeking medical care without the permission or even expressly against the wishes of their parents. In many states, minors can obtain birth control without parental consent, and a recent piece of legislation in California may allow children to be vaccinated against COVID-19 without needing their parents' permission.(5) With the proliferation of antivaccination movement, critics of these new vaccine rights laws worry that the legislation may allow children to make decisions they do not fully understand.(6) For instance, many in the antivaccination movement hold serious concerns about the potential long-term impacts of new vaccines, which have yet to be tested for long-term impacts to health that may not be known for years or even decades.

^{1.} See Campbell and Moyers, The Power of Myth, Betty Sue Flowers, Editor, Anchor Books, a Division of Random House, Inc., July 1991.

^{2. &}quot;Statutory Rape: A Guide to State Laws and Reporting Requirements," Office of the Assistant Secretary for Planning and Evaluation, U.S. Dept. of Health and Human Services, Dec. 14, 2004,

^{3. &}quot;Marriage Age in the United States," Wikipedia, last accessed September 5, 2022

^{4. &}quot;Legal Ages Laws," law.jrank.org; last accessed Sept. 5, 2022; Stim, Richard, "Who Lacks the Capacity to Contract?" Nolo.com, last accessed Sept. 5, 2022,

^{5.} Klass, Perri, M.D., "When Should Children Take Part in Medical Decisions?" The New York Times, Sept. 20, 2016

^{6.} Abcarian, Robin, Should kids need parental consent for vaccines? Read this before you decide," Los Angeles Times, Jan. 26, 2022.

Case 6: Granola Mum is Nuts

Maria was a loving mother. Because she herself struggled with her health and weight, she decided that she was going to do her best for her child and make best efforts to shield him from artificial colors and sweeteners, focusing her efforts on growing their own food, buying local, and serving her son whole, minimally processed foods. In other words, no eating at McDonalds or drinking Hi-C fruit drinks, but enjoying beef and barley soup and using a juicer to process fresh fruits and veggies into snacks.

Maria's son started daycare when she had to start work, and the daycare in question agreed to make modest accommodations for her son. Maria would regularly bring treats for her child that followed her dietary restrictions to ensure that he could eat with his classmates and not feel excluded. This meant that the daycare would let Maria know what color fruit drinks they served, and Maria would bring in fresh juices in place of the Hi-C of the day. For many months, this went on, and Maria's son flourished, making new friends, enjoying mealtime, and learning social skills.

However, this all changed when one day, the daycare staff made a mistake and inadvertently gave Maria's son the regular, artificially flavored/colored/sweetened drink, and her son had an allergic reaction, requiring an ER visit. Maria's son was in anaphylactic shock, and his throat was closing, resulting in a near fatal incident until an EpiPen was used to administer life-saving medication. Maria was incensed that the daycare had not followed her son's nutritional plan but was ultimately relieved that her son's allergic reaction was resolved so quickly. Unfortunately for Maria, her son's recovery did not end the stress of the day. Once her son appeared ready for discharge from the ER, the treating physician pulled Maria aside and chastised her for choice of diet for her son. He warned her that if she didn't expose her son to the colors and flavors he was almost certainly going to encounter when out, it could lead to serious allergies and that he could end up right back at the hospital; and next time, they might not be so lucky.(1)

Maria was shocked and taken aback by the doctor's response, as she thought she had been helping her child to become the healthiest he could be. She was now faced with the difficult decision about whether to continue on her healthful path with her son, or allow her son to be exposed to the toxins of normal American life in order to ensure he could function in "normal" society. (Based on a true story.)

^{1.} See e.g. Bell, Becky, M.S., R.D. "Food Dyes: Harmless or Harmful?" Healthline.com, Jan. 7, 2017.

Case 7. Learn to live with your demons?

Caroline Mazel-Carlton began hearing voices as a young child.(1) And from a young age, she was put on medications that were supposed to temper and control those voices. But they had severe side effects, such as weight gain, self-harm (such as pulling hair out in patches), and erratic body movements, as well as feelings of isolation and ultimately a suicide attempt. The National Institute of Mental Health found that these antipsychotic drugs have not improved since their inception 70 years ago,(2) and some studies found that that maintenance on the drugs may actually worsen outcomes and even cause brain atrophy, though these findings have been debated.(3) Mazel-Carlton found solace working on a farm where she stopped taking her prescriptions cold turkey. Once she stabilized and learned to process her audial hallucinations with greater skill, she became involved with a growing effort to reform how the field of mental health treats severe psychiatric conditions. She became a peer-support specialist, someone who has lived experience and works alongside medical practitioners, and became involved in the Wildflower Alliance, a peer run organization. "She began leading Hearing Voices Network support groups—which are somewhat akin to Alcoholics Anonymous meetings—for people with auditory and visual hallucinations. The groups, with no clinicians in the room, gathered on secondhand chairs and sofas in humble spaces rented by the Alliance. What psychiatry terms psychosis, the Hearing Voices Movement refers to as nonconsensus realities, and a bedrock faith of the movement is that filling a room with talk of phantasms will not infuse them with more vivid life or grant them more unshakable power. Instead, partly by lifting the pressure of secrecy and diminishing the feeling of deviance, the talk will loosen the hold of hallucinations and, crucially, the grip of isolation." Antithetical to traditional medical views of risk management, Mazel-Carlton's treatment focused instead on acceptance and living with your voices. Medical practitioners claim that drug regimens can reduce violent actions,(4) although most studies reaching such conclusions both presume optimal or near optimal compliance with the patient's prescription regimen (which is not always the case), and further, the odds of violent outbursts are overall very low in any case, with some studies showing that poverty, homelessness, and isolation that often go hand-in-hand with nonconsensus realities are more likely to cause violent outbursts than the hallucinations themselves.5 "Mazel-Carlton takes care not to diminish the suffering of people like herself and speaks of expanding 'the options for healing.' Yet she sees her wish as analogous to not just the mainstreaming of autism but the nascent acceptance of new forms of gender identity. 'Our society needs to expand its view of what it means to be human,' she says. 'To expand what is affirmed and honored." Through their work, the Alliance also works on suicide prevention, although their work is very different than mainstream suicide prevention methods. "A slide within the training protocol Mazel-Carlton has designed teaches that the mission is 'to stay present' and not 'to prevent them from doing that.' 'Stay away from fix-it mode, from savior mode,' Mazel-Carlton tells trainees. 'With our capes on, we can't listen.' A first principle is that people must be allowed to talk freely about all that is preying on them, including the wish to take their own lives, and in the groups, a foundational pact is that no one will be reported, not to any hotline, not to the police or any practitioner, no matter what he or she expresses an intent to do.' To comprehend how thoroughly this defies dominant practice, take the policy of the country's most-called—and heavily federally funded—suicide hotline. It advertises confidentiality but covertly scores risk and, each year, without permission, dispatches police cars and ambulances to the doors of thousands."

^{1.} Bergner, Daniel, "Doctors Gave Her Antipsychotics. She Decided to Live With Her Voices," The New York Times Magazine, May 17, 2022, updated May 22, 2022, ; future discussion of Ms. Mazel-Carlton's experiences are predominantly drawn from the foregoing article, and citation is ongoing throughout this case study unless noted otherwise.

^{2.} See "Questions and Answers About the NIMH Clinical Antipsychotic Trials of Intervention Effectiveness Study (CATIE) – Phase 1 Results," National Institute of Mental Health, (last accessed July 22, 2022).

^{3.} See e.g. David M. Gardner, Ross J. Baldessarini, Paul Waraich, "Modern antipsychotic drugs: a critical overview," Canadian Medical Association Journal, Jun 21, 2005,

^{4.} See "Antipsychotic drugs see drop in violent crime," University of Oxford, May 8, 2014

Case 8. So sue me...

After Gawker Media published a scandalous video of the wrestler Hulk Hogan, Hogan sought revenge. He ultimately decided to sue Gawker for violating his right to privacy. Luckily for Hogan though, he was not the only person out for vengeance against Gawker. Years earlier, Gawker had divulged private and sensitive information about Peter Thiel, one of the wealthy founders of PayPal. Upon hearing of Hogan's situation, Thiel secretly invested around 10 million dollars to help Hogan win his lawsuit against Gawker. Thiel engaged in what is called 'litigation financing.' Litigation financing is the funding of litigation by individuals or groups who are not parties to the litigation. While Thiel may have been motivated to invest for personal reasons, often the payoff for investing in another person's lawsuit is a significant financial gain for the investor. In the case of Miller UK Ltd. v. Caterpillar Inc. (2014), for example, the investors on the side of Miller (a small business litigator) against Caterpillar (a big business defendant) stood to earn millions if they won the case. Many worry that the potential for financial gain in litigation financing could lead to further corruption of the already pricey legal system. With the aim of making a profit from litigation financing, these investment firms are well positioned to perpetuate injustice. Such practices could lead to financiers exploiting potential plaintiffs who are in financial need. Others don't share these worries. In the end, they argue, legal cases will succeed or fail on account of their merits, regardless of the money involved. Moreover, they contend that citizens should be permitted to sell and commodify their own lawsuits because they have a right to do so, especially if it helps them to cover expensive legal processes. Denying citizens this right out of sheer speculation that it could lead to negative consequences overlooks the fact that litigation financing can lead to positive outcomes in the legal system. Several case examples reveal how litigation financing has helped many to achieve justice, who could not otherwise afford to put up a legal fight against their opponents. One example, in NAACP v. Button Supreme (1963), the Court struck down a Virginia law that prevented the NAACP from funding litigation cases for those subject to unjust racial discrimination. The case of NAACP v. Button reveals how litigation financing can be an important means of achieving justice.

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