Lesson title/subject: <u>Climate Change: Science an Ethics</u>

Purpose/goal: Expose students to the idea that tackling climate change involves considering a multifaceted ethical framework.

Objectives	- Present objective statistics about climate change and the extent to which different groups contribute - Develop context by explaining important terms (climate justice, energy poverty, adaptation, mitigation) - Discuss various ethical frameworks/lenses that have been considered with regards to climate change (listed below) - Check students' understanding of principles covered in the lesson - Conclude by encouraging students to think about climate change through all these perspectives and determine what they think is the most just way to approach the issue
Information	- Some of the heaviest climate burdens will fall upon the world's poorest and most vulnerable (statistics) - However, worldwide, it is the affluent who have the largest carbon footprint (statistics) - <u>Climate Justice</u> involves moral concerns about fairness and the distribution of benefits and burdens in climate change (based on the two points above, among others) - <u>Energy Poverty</u> is when a group/area lacks reliable sources of energy sufficient to secure clean water and adequate sanitation services, run schools and hospitals, and develop the industrial capacity needed to lift people out of poverty. - <u>Adaptation</u> involves strategies for coping with the effects of climate change - <u>Mitigation</u> involves strategies to slow and reverse the accumulation of greenhouse gases in the atmosphere - Explain general relevant ethical frameworks: principle of global reciprocity (and expand on which human rights are put at risk by climate change) - Explain ethical frameworks related specifically to climate change: polluter pays principle (which the UN Framework Convention did not use, notably); comparative ability to pay; pessimist premise and its opposite

Verification/check students understanding	A Kahoot about the different ethical approaches to climate change that have been applied or proposed in the past - Example question: Would a nation be obligated to mitigate a threat to a population's right to security under the principle of climate justice or global reciprocity?

Activities planned (include videos, discussion topics, etc.)	Before the lesson
	    - Ask students what they think the responsibility of each individual is regarding combatting climate change. Is the responsibility of each individual the same as that of every other?
	Mid-lesson
	    - Show 1-2 minute NASA video about a climate change issue that has particularly strong implications for day-to-day life for humans (sea level rise video, first link) OR shocking video of a glacier calving/breaking off (second link)
	    -
	https://climate.nasa.gov/climate_resource_center/earthminute
	    -
	https://climate.nasa.gov/interactives/global-ice-viewer/#/2/19
	After the lesson
	    - Do Kahoot quiz (above) and wrap up

Summary/notes (post-lesson)	- Went over all the the terms and went over questions, had discussion about how to approach international climate change; did not do video/kahoot (computer didn't connect to projector + didn't have time)

Lesson title/subject: **Bioethics: Patient and Provider Autonomy in the Medical World**

Objectives	- Introduce patient and provider autonomy as central topics in bioethics - Develop context by explaining important terms, which are <u>underlined</u> below (autonomy, paternalism, informed consent; negative + positive rights, 4 factors, complicity) - Discuss real-world examples of exercising patient and provider autonomy, and when conflicts in society might arise - Check students' understanding of principles covered in the lesson - Conclude by reminding students of the complexities that this philosophy produces in the world of clinical medicine and research (and **ask about any questions** b/c that was a lot of information)
Information	- <u>Autonomy</u>: self-governance - <u>Paternalism</u>: attitude or actions which an authority figures makes decisions for another in "best interest" [weak + strong] - <u>Informed consent</u>: *Necessary meaningfully exercise autonomy - --- - <u>Positive</u>: rights you have to have others assist you (are people entitled to help?) - <u>Negative</u>: rights against others interfering - <u>4 factors</u>: role-specific duties, ability to help, importance of the help, importance of the help, violation of other duties - Ex: pharmacist "conscientious objection" - <u>Complicity</u>: formal and material cooperation
Verification/check students understanding	- If time, Kahoot on the terms above
Activities planned (include videos, discussion topics, etc)	- Discuss nuances of "paternal" mindset, the benefits, the negative aspects, its context in history - Discuss the pharmacist example

Summary/notes (post-lesson)	*to be completed after the class*

Lesson title/subject: **Defining Disability: A Medical and an Anthropological Approach**
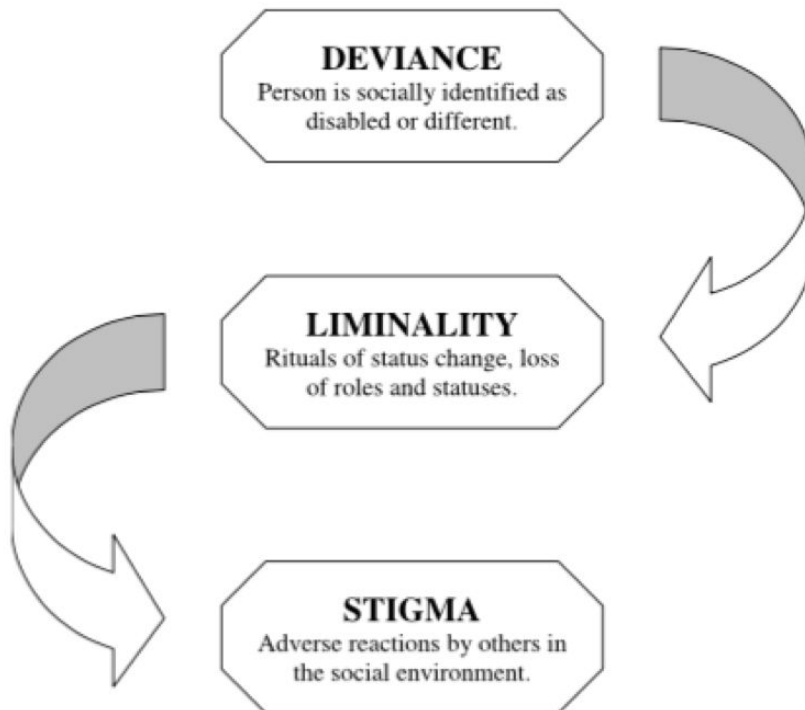
Purpose/goal: Have students question and think for themselves about how we define disability, how it affects disabled people, and perhaps if that definition should be altered (or not).

Objectives	- Present what "disability" encompasses (physical, mental, from partial blindness to Tay Sachs) o Talk about how defining disability requires we define "normalcy"; disability is non-marginal - Develop context by explaining important terms, which are <u>underlined</u> below (medical model, social model, paradox of harm) - Discuss various examples of how viewing disability as a sociocultural phenomenon might alter our actions and treatment plans - Check students' understanding of principles covered in the lesson - Conclude by encouraging students to think about the definitions of disability in current society and determine for themselves what they think the benefits are to the different definitions/which one they think is more ideal.

Information	- <u>Medical model</u>: impairment inherent in a particular kind of body. Best managed by medical intervention. - <u>Social model</u>: function of the poor fit b/w a body and its social, material, and technological surroundings. Managed by changing body or env, or combination. - (ex. myopia now vs myopia in a hunter-gatherer society) - Downs syndrome: environmental treatment can be better than medical treatment - <u>Paradox of harm</u>: is it just to bring a child into the world that we know will have a disability? Is existing inherently better than not existing?
Verification/check students understanding	- Ask students if they can think of any examples of something that used to be considered a serious disability, but is now (based on the social model), much less of a disability (ex: partial deafness) - End discussion will function as a sort of check, I want to have enough time to discuss
Activities planned (include videos, discussion topics, etc)	- Towards the beginning of class: show clip from "what is disability" video - Discussion at the end: what kinds of disability do we see in our own communities, and can we view those disabilities any differently than we do currently, and should we? Do you think it leads (or could lead) to an unfair stigma?
Summary/notes (post-lesson)	- Teamed up w/ Pacific Project - Talked about terms above + included stuff about mental aspects of physical disability/physical aspect of mental disability - Had discussion about "normalcy", eventually got into a discussion about happiness

((edited lesson plan after collaborating with Pacific Project)

- Trigger warnings and safe space norms
- How do we define disability?
    - Partial blindness to Tay Sachs to bipolar disorder
- Normalcy
- SOCIAL STIGMA:

DEVIANCE
Person is socially identified as disabled or different.

LIMINALITY
Rituals of status change, loss of roles and statuses.

STIGMA
Adverse reactions by others in the social environment.

- - <u>Medical model</u>: impairment inherent in a particular kind of body. Best managed by medical intervention.
- - <u>Social model</u>: function of the poor fit b/w a body and its social, material, and technological surroundings. Managed by changing body or environment, or combination.
- MENTAL ASPECTS OF PHYSICAL DISABILITY:
    - Emotional impact of social stigma
    - Some chronic illnesses can cause people to develop mental illness (e.g. common symptoms of Cushing's disease are depression and anxiety)
- PHYSICAL ASPECTS OF MENTAL DISABILITY:
    - Manifest through (for example) compulsive disorders, OCD compulsions, ticks, nervous system issues (e.g. with anxiety), *FATIGUE*, weight loss/gain
    - Social stigma can increase emotional distress (e.g. anxiety of not being accepted, internalized ableism, etc.)
- End on a note of awareness
    - Think about situations in which having disability makes it harder for an individual, or the whole group

- Best way to help is usually, at least in our experiences, is to ask the person with the disability their preference