Enrolment No. _____

AHMEDABAD UNIVERSITY

AMRUT MODY SCHOOL OF MANAGEMENT

UNDERGRADUATE PROGRAMMES

2025-2026 WINTER SEMESTER

MID SEMESTER EXAMINATION

ETH 201 ETHICS

Date: 25th February 2026 Total Marks: 30

Time: 02:00 pm to 03:30 pm No. of printed pages: 04

General Instructions:

1. Students must carry their identity card during the examination.
2. No break is allowed during the examination under any circumstances. In case of an emergency, with the invigilator's prior permission and an escort, a break of up to 5 minutes is allowed.
3. No unauthorised devices, such as mobile phones, any kind of watches, other gadgets, or any material, are allowed on a person.
4. Any violation of examination rules and an intent of malpractice will lead to strict disciplinary action, including a possible expulsion from the university.

Course Specific Instructions:

1. This is a closed-book exam. Students are not allowed to carry or refer to any material during the examination.
2. All working notes should form a part of the answer and must be clearly shown in the answer paper.
3. Kindly note that the quality of answers is more important than the length. Kindly avoid long repetitive paragraphs which do not add any value to your answers.
4. **Answer all questions**

Question 1 (10 marks)

Last year, Internet users have had the opportunity to view deepfake images and videos of celebrities that were distributed widely. They were also able to watch videos on violence, killing on various social media channels. And they watched a woman being rendered unconscious by a punch from a cricket player who was her fiancé at the time; the video of that incident was obtained from a surveillance camera inside a hotel elevator. These cases have been accompanied by heated debates around the issues of social media platforms ethics and their responsibilities. Increasingly, though, a question is arising about the responsibility of the Internet users themselves—the consumers of online content. The question is, should they watch?

"Would You Watch [the beheading videos]?" ask CNN and ABC News. "Should You Watch the Someone's Assault Video?" asks Shape magazine. "Should We Look—Or Look Away?" asks Canada's National Post. And, in a broader article about the "consequences and import of ubiquitous, Internet-connected photography" (and video)".

Many commentators have argued that to watch those videos or look at those pictures is a violation of the privacy of the victims depicted in them; that not watching is a sign of respect; or that the act of watching might cause new harm to the victims or to people associated with them (friends, family members, etc.). Others have argued that watching the violent videos is necessary "if the depravity of situation is to be understood and, hopefully, dealt with," or that watching the videos of the cricket player hitting his fiancé will help change people's attitudes toward domestic violence.

Questions

1) Identify the ethical dilemma social media companies face in the case of news (fake or true). Some argue that allowing AI generated images and videos to spread is less harmful than giving a private company the rights to decide what counts as "truth." Others argue the opposite. Weigh the trade-offs between these two risks. Which one should be prioritized?

2) Imagine three perspectives:
   a) A user who enjoys watching reels online
   b) A social media influencer who is trying to make a living out of social media posts and videos,
   c) Policy maker who is trying to enforce restrictions unethical practices of social media.

   Whose day-to-day experience is most improved or diminished by social media company's handling of misinformation, and what should the company do in light of that? Answer from the rule vs. act based utilitarianism.

Question 2 (10 marks)

Dr. Arin Mehta, a 32-year-old general surgeon, has recently joined a well-established private hospital in a rapidly growing small town named Ambegaon in western India. The town is economically mixed – small business owners, salaried professionals, and families who have lived there for generations. Unlike metropolitan hospitals where patients often arrive alone or with one relative, here medical decision frequently involve multiple family members. Dr, Arin has been advised informally by senior colleagues that "family dynamics matter as much as clinical judgment" in this setting. Within his first three months, two cases begin to trouble Dr. Arin in ways he had not anticipated during his training.

Shanti Patel, a 49-year-old school clerk, comes to the hospital after noticing a lump in her left breast for several months. Investigations confirm Stage II breast cancer. The oncology team recommends a modified radical mastectomy followed by chemotherapy, with a good probability of long-term survival if treatment begins soon.

Before Dr. Arin can explain the findings to her in detail, Shanti's husband and adult son request a private conversation. They ask him not to use the word "cancer" when speaking to her. The husband explains, "Doctor, she is very sensitive. If she hears that word, she will think death is certain. She will lose courage. Please just say there is a lump that needs surgery. We will make sure she gets all treatment."

Dr. Arin asks whether Shanti herself has asked questions. The son replies, "She trusts us completely. In our family we handle difficult matters together. We do not have to tell everything to women. She is very emotional. She has spent her whole life worrying about everyone else. Now it is our turn to protect her mind."

When Dr. Arin later meets Shanti alone, she appears composed and cooperative. She says, "Doctor, my family has spoken to you? They will decide what is best. I just want to recover quickly so I can return to work." Her words do not suggest fear or resistance – rather, a calm delegation of responsibility. Yet Dr. Arin cannot be sure whether this reflects genuine preference, habitual deference, or incomplete understanding informed of patriarchy.

Around the same time, Dr. Arin consults Farzana Sheikh, a 38-year-old tailor with chronic pelvic pain and heavy bleeding due to multiple uterine fibroids. After months of unsuccessful medical management, he recommends a hysterectomy as the most effective treatment. Farzana attends the consultation with her mother-in-law and husband. During the discussion, her husband Shamim frequently answers questions directed to her. The mother- in-law asks detailed questions about recovery time and household work. After the consultation, the husband speaks privately with Dr. Arin, "Doctor, please don't discuss removal of the uterus in front of her too directly. She becomes anxious. She is a weak heart. Just tell her that surgery will solve the problem. We agree with whatever you recommend."

Later, when Dr. Arin tries to clarify Farzana's understanding, she says, "If the doctor and my family think it is needed, then it is fine. I only want this pain to stop." However, in a quieter moment while her relatives step out briefly, she asks Dr. Arin one question in a low voice, "After this surgery, I will still be normal, right?" The question is brief but loaded – suggesting concerns about identity, sexuality, or marital expectations that she does not openly discuss in front of her family.

Neither of the two cases directly points to obvious coercion. Both families appear caring, financially committed to treatment, and emotionally involved. Neither of the patients –Shanti or Farzana explicitly demands independent decision-making. In fact, both seem comfortable allowing relatives – the men – to make the decision.

Yet Dr. Arin feels very uneasy. His medical education emphasized full disclosure of diagnosis, individual informed consent of the patient before any major surgery, respect for patient's autonomy and avoiding paternalism. But his lived experience in the town suggests a more relational understanding of personhood, where individuals see themselves as embedded within family networks. The most important choices or most sensitive decisions about a woman are not hers – are made by men in her family.

Dr. Arin begins to question his assumptions about medical ethics. If he insists on strict disclosure norms, is he protecting patients – or imposing a particular moral framework shaped by urban, professional culture? Conversely, if he complies with family requests, is he silently reinforcing gendered patterns where women's voices become secondary, even when unintentionally?

The legal context complicates matters further: formal consent documents require patient signatures and acknowledgment of procedure details. Yet signatures do not guarantee comprehension, and insisting on exhaustive explanations may disrupt family trust that is crucial for treatment adherence.

A senior colleague Dr. Nair offers pragmatic advice, "In many communities here, families act as decision-makers. If you insist on strict Western-style autonomy, you may cause more harm than good. But legally and ethically, the patient has the right to know, I understand. You must learn to read what patients want. Some want full control. Some want family to lead. Ethics is not one-size-fits-all apron, Arin!"

But Dr. Arin wonders whether adapting to expectations risks moral compromise over time. On the other hand, the immediate decisions are pressing – Shanti's surgery is scheduled for next week, and Farzana must decide within days whether to proceed with hysterectomy before her symptoms worsen.

Questions: (Attempt one detailed note that covers responses to all four questions given below)

1) What is the central ethical conflict in this case? Why is it difficult to categorize as simply right or wrong?

2) How might cultural relativism interpret the family's request? How would a cultural relativist interpret Dr. Arin's dilemma?
3) What course of action should Dr. Arin take in each case? Should his approach differ between the two patients? Why?
4) Do professional ethical standards have universal authority, or should they adapt to cultural contexts? Is there an ethically acceptable middle path? If yes, what might it involve? Discuss with reasons.

Question 3 (10 marks)

Ananya is a mid-level engineer at a fast-growing manufacturing company in Pune. Her team has been working on a new consumer appliance scheduled for launch in three months. During routine internal testing, Ananya discovers a minor design flaw. Under certain rare conditions, the device could overheat. The probability of malfunction is low, and no injuries have occurred in testing. Fixing the flaw would require redesigning a component, delaying the launch by at least four months and costing the company significantly. The company has already invested heavily in marketing and pre-orders are strong.

When Ananya reports her findings, her supervisor responds: "This risk is statistically negligible. Every product carries some risk. If we delay now, we may lose market advantage. Let's monitor complaints after launch and address issues in version 2.0."

Ananya knows that legally the company may be compliant with current safety standards. She also knows that raising the issue further could label her as "difficult" and harm her career progression. She values responsibility, professional excellence, loyalty to her team, and concern for consumer safety. She must decide whether to escalate the issue, accept the supervisor's judgment, or seek a compromise.

Questions:

1. Which virtues are central in evaluating Ananya's situation (e.g., courage, honesty, prudence, loyalty, responsibility)?
2. Does virtue ethics provide clearer guidance than rule-based (deontological) or consequence-based (utilitarian) approaches in this case? Why or why not?

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