

Drug Screening Required For College Admission?

by Myra Christopher

Over a hundred years ago Benjamin Disraeli spoke before the English House of Commons and said that a university should be a "place of light, of liberty, and of learning." Most would agree that these words are as true today as when they were spoken. Yet, due to the increasing concern about the long term effects of drug abuse in our country, there is a growing opinion that colleges ought to screen students for drug use. The untimely deaths this year of Len Bias at the University of Maryland and a young basketball player, Hernel Jackson, at the University of Texas - El Paso have fueled this fire. Many universities, including my own alma mater, have already this year enacted mandatory drug testing for athletes; others have established policies about drug screening which apply for all students but are not yet mandatory. Clearly mandatory drug screening of college students is an infringement upon individual liberty and privacy. Yet, now among some private universities there is discussion about making drug testing a requirement for admission. Soon each spring we may hear anxious high school seniors discussing the results of their urinalysis as well as the results of their ACT and SAT exams. It is my opinion that we ought to reflect on the possible consequences of mandatory drug screening for college admission before, in our panic to protect our children and our society, we charge blindly ahead on this course. We ought not tolerate mandatory drug testing, much less encourage it.

In my opinion, any mandatory drug testing policy is wrong for two fundamental reasons: 1.) because it violates one's right to privacy without cause and 2.) because innocent people will be defamed.

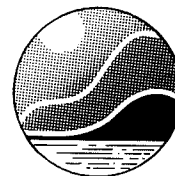
As to the violation of privacy, some feel that it is not beyond the authority of a college to require information about a student which may be private. In fact, some people

point out that already colleges use several assessment tests (e.g., math proficiency tests, entrance exams and even psychological inventories) as a requirement of admission. These are, however, hardly analogous to a medical test such as a urinalysis.

For me to give an answer on a math exam is radically different than for me to surrender a product of my body in a number of ways. From my answer on a math exam, you will learn only one thing — whether or not my skills are sufficient for me to provide a correct answer. Furthermore, I may choose to answer it any way I want, and any error made will be my own. Due to the capacity of medical technology, however, from my urine you can learn **many** things about me — medically, socially, and personally. I believe this sort of probing is normally offensive to our expectation of privacy, however, from a utilitarian point of view (i.e., from a cost benefit analysis) some have argued that the benefits of drug testing (i.e., saving students from the inherent dangers of drug abuse) far outweigh the loss of privacy. I admit this argument is very persuasive psychologically, but there is more at stake in this issue than just the loss of privacy. As a result of false positives from the proposed tests, injustices will occur.

A great deal has been written about the possibility of error in drug testing. I have seen no claim that errors do not occur. There are many scientific reasons for false positives (the most troublesome error in testing.) "Legally obtained and medically indicated drugs may cross-react in some testing protocols so that, for example, an individual taking over-the-counter codeine (in cough syrup) may test positively on EMIT* type urine screen for opiate abuse. There are many similar examples. Alternatively, false positives can arise from a variety of

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Midwest Medical Ethics

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Midwest Medical Ethics is a quarterly publication of the Midwest Bioethics Center.

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Kansas City, Missouri 64131
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responsible for their decisions and actions in providing what they believe to be best for the child.

What we must ensure above all is that we exchange our expert and experiential knowledge about a child's condition and future in a caring and candid manner, and reason together respectfully to arrive at a decision.

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operator errors such as equipment contamination or sample mislabeling. Still another factor leading to false positives is the presence of endogenous substances in the urine or serum that might confound the test (Panner and Christakis, Hastings Center Report, Dec. 1986.) The reported occurrence of false positives varies greatly from one authority to another. However, whether the rate is 5% or 20% makes no difference. It is irrefutable that false positives do occur.

Therefore, some people who have done no wrong are bound to be placed in a position to prove their innocence by being subjected to the humiliation of further testing. Not only is this contrary to our legal notion of just, but it is also a violation of the principle of justice from an ethical point of view. Regardless of the reason why, false positives, even in the most controlled environment, will occur, and in my opinion, because the false accusations stem from a "scientific test", they will be exceptionally dangerous and extremely difficult to disprove for two reasons. First, because we bestow special significance to "scientific" data, once accused false positives will

leave lingering doubts. Second, if we admit some positive results may be inaccurate, do we retest, and if there are contradictory results do we use a best two out of three criteria?

In addition to concerns about the special credence given to science and to scientists (i.e., physicians), we ought to be concerned about asking health care professionals to participate in an activity which I believe is contrary to the role society has prescribed for them. The Hippocratic Oath charges physicians first "to do no harm" which is sometimes called the principle of non-maleficence. Many argue that this principle is even stronger than is the principle of beneficence (i.e., to do good.) It appears to me that the priority of the principle of non-maleficence is especially true for health care providers. To add a policeman-like role to physicians duties is inappropriate.

In this time of cost containment and discussion about rationing of health care, what about the cost of drug testing? In the Midwest the least expensive drug screening I have heard of is \$20, and the average cost appears to be around \$100. To test all entering students would be a significant expenditure for colleges and universities. In times of declining student enrollments and increasing costs for education, is this an appropriate allocation of funds for our universities, or would the financial burden also be placed on the student? Furthermore, is drug screening for college admission an appropriate use of health care resources?

As to what is appropriate, I have one more question about mandatory drug screening for college students — why only students? What is it about this category of people, who are even for the most part legally adults, that would allow us to discriminate against them by singling them out for drug screening? There is a universalizability principle in ethics which asserts that for any act to be ethical we must be able to will it to become a universal maxim (i.e., we would willingly apply it to every person.) I do not believe we

are yet willing to impose mandatory drug screening on our entire society, nor do I believe that administrators of most universities would push for mandatory drug screening of students if it were also required for faculty, staff and administrators.

I am opposed to any mandatory drug screening of college students. I do believe, however, that voluntary drug screening should be made available to students. I agree with the reasoning which supports mandatory drug screening — that we must protect our children and our society from the inherent dangers of illegal drug use. However, I believe we cannot wait until our children have reached college age to try to stop this problem. The money we would spend to screen college students, in my opinion, would be spent better to provide education to students in preschool and elementary school when children are developing values and a self image they will hold to for the rest of their lives. To paraphrase William James, "we ought to teach students to admire what is admirable and to disfavor what is cheap and trashy."

"I won't . . . in a bottle unless Nancy Reagan holds it."
a line from a song by
Mojo Nixon and Skid
Roper, a rock and roll
duo popular with college
students.

*Stands for enzyme multiplied immunoassay technique.

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