

Wk5 CER: Bioethics: performance enhancement

Your goal: Debate whether muscle-enhancing drugs should be allowed in sports, then post a CER.

One product: One-paragraph CER taking a position on whether performance-enhancing drugs should be permitted in competitive sport.

Question: Should competitive sport permit nonmedical muscle enhancement when health risk and pressure on rivals may conflict with individual choice?

Start the work

The prior bone work distinguished a mechanism or source fact from a claim about an individual. All hormone background needed today is supplied.

1. Explain hormone and testosterone using E1.
2. Read E2 and S1; list two arguments for permission and two for a ban.
3. Choose a position with a health harm, a fairness harm and reasoning.
4. Answer an actual group point or a clearly marked C1 solo point.
5. Write the CER, post to the teacher's board and save a screenshot of your own post. If access fails, keep the CER and tell the teacher.

If the board or assignment is unavailable, save the paragraph and tell the teacher. Use the solo counterpoint to develop your argument. When access works, post your work, capture your own screenshot and check that Schoology shows Submitted.

Words you will use

hormone

A chemical signal carried to cells or organs.

testosterone

A hormone with roles in muscle and bone growth and reproduction.

anabolic

Related to building larger molecules and body tissues.

anabolic steroid

A manufactured substance related to testosterone; see E2 for its uses and risks.

misuse

Using a medicine in a way that differs from the prescribed medical use.

enhancement

An attempt to improve performance beyond treating a medical need.

doping

Use of a prohibited substance or method under the applicable sport rules; this lesson focuses on nonmedical enhancement.

health harm

An adverse effect on the body or health.

fairness harm

An unfair disadvantage or pressure affecting people's opportunities or choices.

autonomy

A person's ability to make choices about their own life and body.

coercive pressure

Pressure that makes refusing a choice harder, even without direct physical force.

therapeutic-use exemption (TUE)

An approved exception under applicable anti-doping rules for a medical need.

cardiovascular

Related to the heart and blood vessels.

CER

A claim supported by evidence and reasoning.

counterpoint

A serious reason that challenges or qualifies a claim.

E1: hormones and normal testosterone

Hormones carry chemical signals through blood to cells or organs. Testosterone normally helps muscle and bone growth in both sexes. It also has reproductive roles. A normal body signal is not a promise that adding more is safe. These MedlinePlus facts explain why a drug acting like testosterone can affect more than competition.

E2: anabolic steroids and health harm

MedlinePlus describes anabolic steroids as manufactured versions of testosterone. They have medical uses, but misuse differs from prescribed treatment. The overview links misuse to problems including high blood pressure, heart attack and liver disease. It also describes effects on normal reproductive function. Use at least one of these facts in your CER. The source does not predict an individual athlete's outcome or quantify a safe enhancement plan.

E3: therapeutic-use exemption

USADA describes a review process for athletes who need a prohibited treatment for a medical condition. Independent medical experts assess applications under the applicable standard. Considerations include medical need, suitable permitted alternatives and avoiding enhancement beyond a return to normal health. Approval is not automatic. This source describes the USADA process checked in September 2026; it does not establish a rule for every league or replace medical care.

S1: fictional enhancement-policy proposal

A fictional adult competitive league is debating whether its sport rules should permit nonmedical anabolic-steroid enhancement. A supporter values adults choosing how to train. Another argues that an openly stated permission rule is more transparent than secret rule-breaking. An opponent points to health risk. Another worries that athletes who prefer not to use drugs could feel pressured to accept that risk to remain competitive. These are proposed arguments, not survey results. No actual athlete, dose, supply method, medical history or measured performance result is given. Debate the sport rule; a league rule does not itself grant legal or medical permission.

R1: fairness-pressure reasoning

In a hypothetical race, one athlete uses a prohibited drug and wins. Another athlete believes using it is necessary to keep up. That belief could create pressure to take an unwanted health risk. Winning alone does not prove the drug caused the win, and pressure does not mean every athlete will use. Decide whether this possible pressure is a reason to ban nonmedical enhancement. Explain each step rather than calling both harms “cheating.”

C1: independent counterpoints

If you favor a ban, consider this challenge: adults already choose some sporting risks, so why deny this choice? If you favor permission, consider this challenge: one athlete's choice can pressure rivals to accept a risk they do not want. If your rule makes an exception, ask how it would protect access to

treatment without becoming an unchecked performance exception. Use the strongest actual group point when available; otherwise label one of these as a solo counterpoint.

Optional extension: treatment and recreational doping

Compare two hypothetical situations. Athlete T seeks review for a medically needed prohibited treatment. Athlete R seeks nonmedical enhancement for competition. E3 supplies the review distinction; neither person is a real case or approved applicant. Where should the ethical line sit, and who should judge it? Explain a role for medical review and sport governance. Do not fill in missing diagnoses or declare a TUE approved.

Official work and posting checks

Ask the teacher for the official Activity 1.2.1 introductory task and its required muscle-building or repair fact; keep that work separate. This original CER does not complete that task. Post the CER to the teacher-confirmed class board and retain a screenshot of your own post for the evidence packet. If access is unavailable, save your work and tell the teacher. Capture your own post after the board opens.

Worked argument: private coaching during a debate

Parallel policy example: a fictional debate tournament considers allowing private real-time coaching through an earpiece. Its prompt states that some teams cannot afford a coach. No health effect is claimed.

Claim: prohibit private coaching during a round. Evidence: the supplied case says some teams lack that resource. Reasoning: equal access during the round matters more to this rule than the freedom to buy help. Counterpoint: teams already have unequal preparation. Response: that objection matters, but limiting one added in-round advantage can still be defended without claiming to remove every inequality.

Check: the conclusion combines a supplied fact with a fairness value. It is not a medical finding. For S1, choose your own policy and include the separate health evidence required by E2.

Try the decision

Which practice claim stays within E2 and S1? This checks evidence boundaries rather than selecting your final ethical opinion.

- A sport rule should consider a documented health risk and possible pressure on rivals; the policy choice also needs values.
- If a league permits enhancement, the drug becomes biologically safe.

- One fictional winner proves the drug caused victory and every rival will use it.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–5 minutes	Explain hormone and normal testosterone function.
5–20 minutes	Read the supplied cards and make a two-for/two-against list.
20–40 minutes	Defend a position and record a real or solo counterpoint.
40–55 minutes	Draft a claim, E2 evidence and reasoning; use R1 for recovery.
55–75 minutes	Write and revise one paragraph; post and capture own-post screenshot if access is available.
75–80 minutes	Check the same paragraph and evidence packet and your own post.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Hormone warmup

Explain what a hormone is and what testosterone normally does, using E1 in your own words.

Use one signal role and one normal function. No personal health information is needed.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Two arguments each way

Record two arguments for allowing nonmedical enhancement and two for banning it. Mark source facts separately from values or possible consequences.

S1 supplies all four starting arguments. Explain them; do not call a proposed benefit a measured result.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

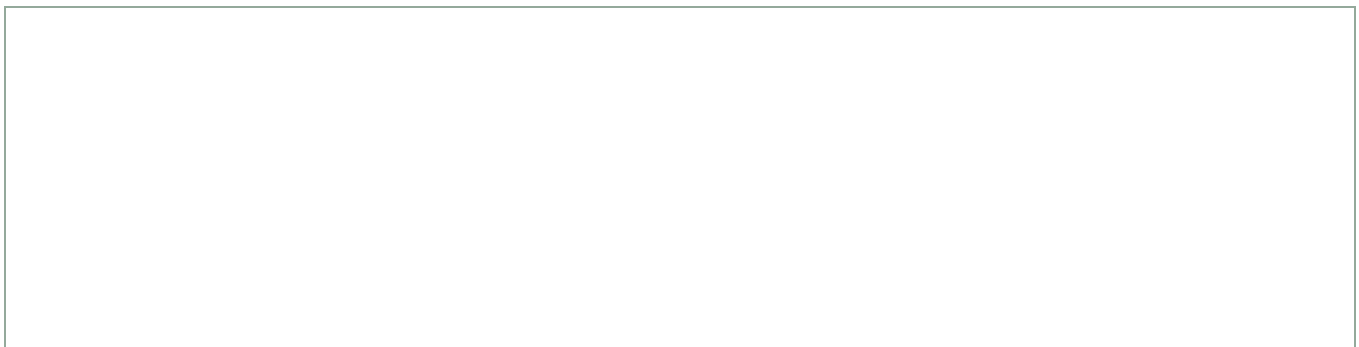


Claim, health and fairness

Take a specific side on the sport rule. Use at least one E2 MedlinePlus fact to name a health harm, then explain a distinct fairness harm using S1 or R1.

Reason through why your rule is justified even though another value loses something. Health harm and “cheating” are different kinds of reasons.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Strongest opposing point

Record and answer the strongest actual group counterpoint, or label a supplied C1 point as solo.

Do not invent John Carroll attendance or a classmate's words. A reply may narrow your claim.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

One-paragraph CER

Combine your policy claim, E2 fact, health harm, fairness harm, reasoning, and counterpoint/reply into one paragraph. Post and screenshot for the evidence packet when the board is available.

Check: if both harms mean only rule-breaking, add a distinct physical harm from E2. If absent or stuck, start with R1's pressure sequence, then finish this same paragraph. Ask the teacher for help opening the required materials.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Check your product

- I explain hormone and normal testosterone function.
- I list two arguments each way and distinguish facts from values.
- My CER takes a specific position, uses E2, and names both a health harm and a fairness harm.
- I answer a serious actual or labeled solo counterpoint.
- Save a screenshot of your own post when it appears, or tell the teacher which page you cannot open.

Keep the limit: Sources support general health effects and a described TUE process. S1 and R1 are fictional ethical reasoning inputs. They cannot establish an individual outcome, guaranteed pressure response, or safe enhancement regimen.

Turn in your work

Post the paragraph to the class board Mr. Mendoza identifies and screenshot your own post for the evidence packet. Use the named HBS section assignment as directed. Do not create a second submission.

If the board or assignment is unavailable, save the paragraph and tell the teacher. Use the solo counterpoint to develop your argument. When access works, post your work, capture your own screenshot and check that Schoology shows Submitted.

[Section 1292: Wk5 CER: Bioethics: performance enhancement](#)

[Section 6792: Wk5 CER: Bioethics: performance enhancement](#)

Carry forward

Distinguish a physical health harm from an unfair pressure on competitors.

Use hormone signals as background for later muscle study; ask for the separate official introductory muscle task. How might a hormone signal influence muscle function without proving a specific outcome?

Sources and resources

[Open today's page](#)

MED-HORMONES · Hormones

MedlinePlus, National Library of Medicine

<https://medlineplus.gov/hormones.html>

MED-TESTOSTERONE · Testosterone Levels Test

MedlinePlus, National Library of Medicine

<https://medlineplus.gov/lab-tests/testosterone-levels-test/>

MED-STERIODS · Anabolic Steroids

MedlinePlus, National Library of Medicine

<https://medlineplus.gov/anabolicsteroids.html>

USADA-TUE · Therapeutic Use Exemptions

US Anti-Doping Agency

<https://www.usada.org/testing/tue/>