

Were the “Pioneer” Clinical Ethics Consultants “Outsiders”? For Them, Was “Critical Distance” That Critical?

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“After over half a century of work, and as ASBH celebrates its coming-of-age, we have chosen to focus on ‘critical distance’ and our ‘insider-outsider’ status at our 18th annual meeting.”

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The Good Doctor. A Humanist?



W. Eugene Smith, "Country Doctor" [photo essay featuring Ernest G. Ceriani, MD]. Life. 1948; Oct 11:115-126.

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In the 1960s-1970s: Can We Recapture "Humanism"?

- Thought-leaders asked: "Are physicians losing their moral compass?"
- The concern grew from a realistic appraisal.
 - Emphasis on technology and increasing specialization
 - Reimbursement linked to procedures
 - Scandals

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“This combination of scandals in research [1966-1973] and uncertainty about managing new and expensive therapies combined to set the stage for the birth of [American] bioethics.”

– Caplan AL. The birth and evolution of bioethics. In Ravitsky V, Fiester A, Caplan AL. The Penn Center Guide to Bioethics. New York: Springer Publishing Co., 2009, p. 5.

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Can We Recapture “Humanism”?

- Again, the concern grew from a realistic appraisal.
 - Public hearings, commissions, and reports
 - Institutes and societies
- Something might help: Teach or discuss moral philosophy and ethics in the classroom or at the bedside? Recall Leake and Romanell at UTMB (1951).

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Physician Thought-Leaders Championed the Pioneers

- They were there to help instill or promote human values in medicine and health care delivery. Any outcomes from their presence was unclear.
- Without question, they had “expertise,” but they lacked experience at the bedside.
- Many were “activists.”
- Some recognized and admitted their limitations.

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From Humanists to Consultants?



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Who Were the Pioneer Clinical Ethics Consultants?

Zaner*, 1971, 1981

Macklin*, 1978

Jonsen*, 1972, 1987

Dubler§, 1978

Siegler†, 1972

Kanoti‡, 1979

Thomasma‡, 1973, 1983

Morreim*, 1980, 1983

Fletcher‡, 1975, 1987

Rothenberg§, 1980

Agich*, 1976, 1997

Purtilo‡, 1982

*Philosophy; †Medicine; ‡Theology or religious studies; §Law

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“It proved very difficult to do bioethics in public in anything approximating a religious voice. ... [I]t quickly became clear that to command the attention of scientists and physicians, as well as policy-makers, a more secular voice was required. Philosophy, emerging out of decades of mainly futile wrangling about meta-ethical issues, was more than happy to oblige”

– Caplan AL. The birth and evolution of bioethics. In Ravitsky V, Fiester A, Caplan AL. The Penn Center Guide to Bioethics. New York: Springer Publishing Co., 2009, p. 5.

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Toulmin S. How Medicine Saved the
Life of Ethics. Perspectives in
Biology and Medicine.
1982;25(4):736-750.

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“‘Perhaps,’ William Ruddick advised ...
‘philosophers are well advised to limit their
role as classroom or clinic casuists.’ [Citation
omitted.] If they concerned for actual cases
... and especially if they attempt to influence
the management of cases within the hospital,
‘philosophers can lose the critical distance
they have assumed since Socrates drew off
the Sophists.’”

– Zaner RM. Ethics and the Clinical Encounter.
Englewood Cliffs, New Jersey: Prentice Hall,
1988, p. 8.

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Did Philosophers Bring Critical Distance? - 1

- In early days, did philosophers equate theoretical ethics with critical distance?
- Their status as “outsiders” or “strangers” often implied critical distance. But did it?

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“As bioethics began to grow, it was philosophical analysis and language that became the primary spoken language of the field. This period lasted about 10 years. At that time, in the 1980s, both lawyers and physicians began to assert more authority over bioethical discourse. [continued]

– Caplan AL. The birth and evolution of bioethics. In Ravitsky V, Fiester A, Caplan AL. The Penn Center Guide to Bioethics. New York: Springer Publishing Co., 2009, p. 5.

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[continued] As bioethics began to move away from its peripheral status outside American universities to centers and programs within them, academic medical centers became the home of choice. The culture of academic medicine –grant driven, pragmatic, publication-oriented, and clinically focused – came to reshape bioethics from a field where people talked philosophy into a discipline where communicating with physicians was essential.”

– Caplan AL. The birth and evolution of bioethics. In Ravitsky V, Fiester A, Caplan AL. The Penn Center Guide to Bioethics. New York: Springer Publishing Co., 2009, p. 5

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Did Philosophers Bring Critical Distance? - 2

- It took years for philosophers, theologians, and lawyers to more fully understand clinical approaches.

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Was (or is) “critical distance” a term used primarily by clinical ethicists who are philosophers defensively to counter concerns by their academic peers who “[believe] that all serious questions should be solved only if we understand how to state them precisely” and discount involvement in applied and medical ethics? Morison RS. Bioethics after two decades. Hastings Center Report. 1981;11(2):8-12.

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A Special Note About Siegler

- Recall Siegler M. Cautionary advice for humanists. Hastings Center Report. 1981;11(2):19-20. He asserted the priority of clinicians and a clinical approach in dealing with clinical ethics issues.
- “Since [1976? or] 1981, The MacLean Center has offered clinical ethics consultations”
- Jonsen AR, Siegler M, Winslade WJ. Clinical Ethics. New York: Macmillan Publishing Company, 1982. Theologians, philosophers, lawyers, and others, and clinicians have become colleagues as clinical ethics and clinical ethics consultation emerged.

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Pioneering Approaches?

- Clear role? They were feeling their way.
- Was “ethical advice” their individual opinion or a consensus? Were they just elucidating issues or trying to convince others of a moral view? Did they wait to be asked or volunteer an opinion? Did they speak to the issues of the case or broader or tangential issues too?

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“Critical Distance” and Objectivity

- Were pioneers searching for a philosophical view from nowhere, a purely philosophical perspective to get the right theoretical answer?
- Or, were they (and we now) seeking to be as unbiased as possible in shedding light on problems and build consensus in particular cases?



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“Outsiders” or “Insiders”?



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Pioneers Were Nascent Insiders - 1

- They were linked with the ultimate insiders; they were clothed and bracketed with organizational legitimacy.
- They built relationships with insiders.
- They were invited into difficult cases.
- They followed the advice of physician mentors.

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Pioneers Were Nascent Insiders - 2

- They adopted a medical consultation approach in dealing with patients and teams. Some wore a white coat.
- They helped shape institutional policies.
- They were teachers and scholars who reported openly and transparently about their activities.
- They saw themselves as a “new breed” of professionals in an emerging field.

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“An ethically good decision appeared to be, not one that somehow conformed to a substantive body of ‘knowledge,’ but rather a decision that emerged from a process of diving into the facts well below the surface, ferreting out assumptions that needed reexamination, seeking out all the relevant stakeholders, identifying the issues, and collaborating in creative problem-solving.”

– Morreim EH. Reflections of a “Pioneer”: A Somewhat Different Path. AJOB. 2018 [in press].

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Clinical Ethics Consultation As a Professional Service

- If we aspire to professional status, doesn't that imply insider orientation by definition?
- So whatever challenges we have, can't the same be asked of all healthcare professionals?
 - Are you sure you are being objective?
 - Are you sure your thinking isn't unwittingly shaped by systematic forces that are part of the problem you need to analyze?

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"Professional" Critical Distance

- Clinical ethics consultation is now grounded in the professional standards of quality patient care and the well-established ethical and legal principles that govern the physician-patient relationship.
- Our professional obligations require us to maintain the critical distance to follow those standards (that is, be objective) as we consult on cases and make any recommendations.

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Concluding Observations and Comments

- The time has come to set aside the “outsider-insider” characterization.
- We are now professionals – today clinical ethics consultants have no special sense of outsider status or of critical distance, that is, no distinctive ethics derived outside of clinical medicine.
- We do have an important perspective on the nature of value laden conflicts and issues in the physician-patient relationship and improved care.

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Concluding Observations and Comments

- Our challenges are the same as all health care professionals: to use our perspective with competence to serve patients.
- All professionals require critical distance (objectivity) based on a keen self-awareness of one’s institutional work environment.

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Open Peer Commentaries

- Themes?
 - From the pioneers directly: Agich, Morreim
 - From the pioneers indirectly: Bliton and Bartlett (for Zaner)
 - From near-pioneers: Baker, Paris
 - From nurses who came early to the field: Grady, Haddad, and Rushton; Payne

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Open Peer Commentaries

- Themes?
 - From one interested in the historical “narrative”: Chambers (“The image of the bioethicist as outsider, I contend, is part of a larger mythic narrative found throughout American society. This larger myth concerns a belief that the moral reform of any community necessitates the intervention of an outsider.”) Hmmm. Reform?
 - From one concerned about “getting the story straight”: Orfali (“clinical ethics is a distinctive field”). Really? In the beginning?

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Open Peer Commentaries

- Themes?
 - From two wondering where “all the theologians have gone” from the field?
Geppert and Schonfeld
 - From Canadian and Italian bioethics centers:
Alvarez (asking “Does Professional Objectivity Require Clinical Ethicists to be Neutral?”);
Gasparetto (asking “How Does the Clinic Redefine Philosophical ‘Critical Distance’?”)

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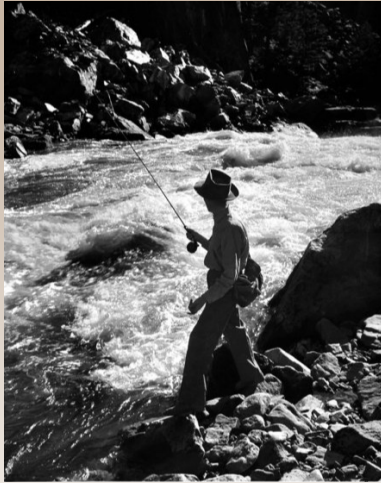
Anderson R. Country Doctor.
University of Colorado Department
of Medical Humanities Grand
Rounds. September 25, 2015.

Available at:

<https://www.youtube.com/watch?v=slKACBnRskU>

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Thank you.

Questions?
Comments?

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