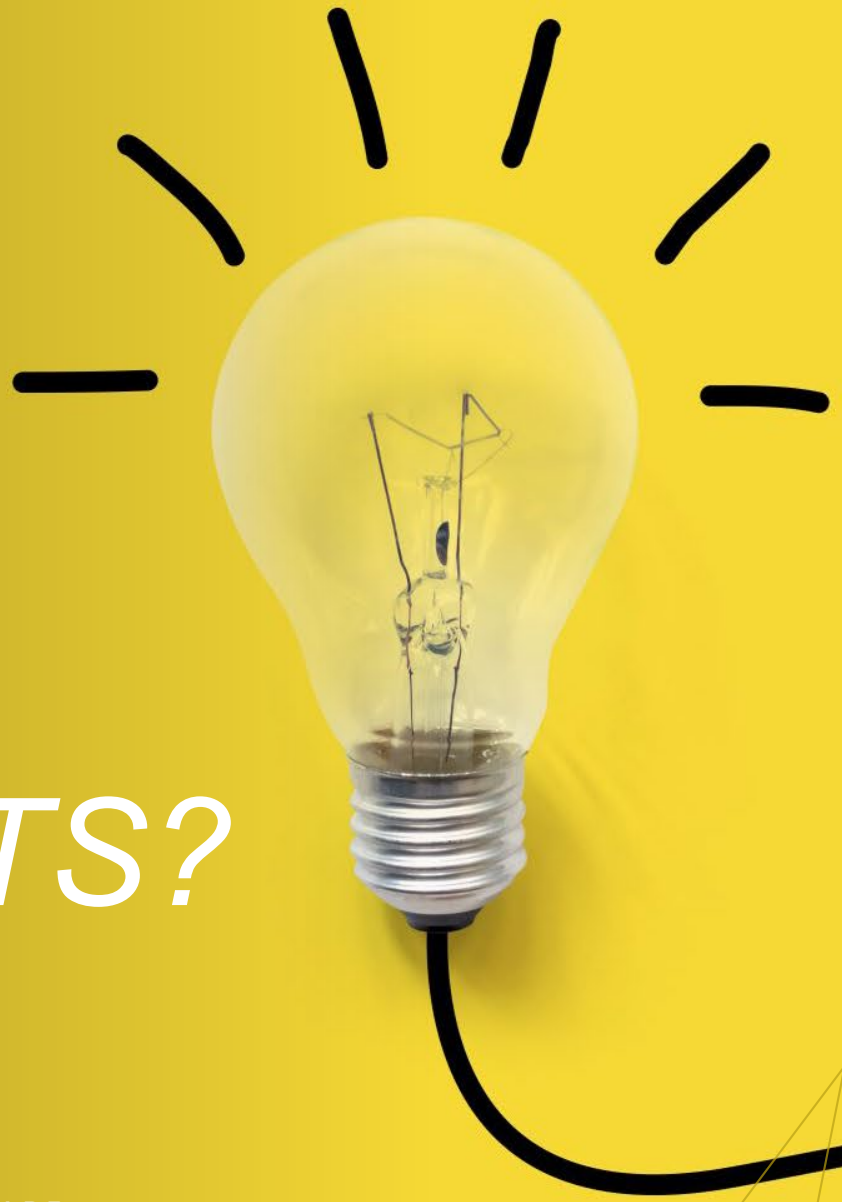
ARE THERE REALLY ANY ETHICS EXPERTS?



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DISCLOSURES

- Nothing to disclose

HOW THIS BEGAN

- “Ethics is a social technology, one for which there are no experts.
- There is only the possibility of conversation, ideally free of factual mistakes and imbued with mutual sympathy."

-Philip Kitcher, *Science in a Democratic Society,* p. 12

UH-OH

- If there are no ethics experts, then what about...
  - Work we do on the ethics consult service?
  - Role of clinical ethics consultant?
  - Clinical ethics a profession?
  - Bioethics?

DID SOME READING

Are there ethics experts?

- **YES**
  - Moral philosophers & ethics consultants = experts
    - Specialized knowledge & skills
    - Promote ethical reasoning & judgement
    - Can & should contribute to healthcare, policy, research etc
- **NO**
  - Moral philosophers, ethics consultants ≠ experts
  - Can tell you about...
    - History of moral philosophy, medical ethics
    - Concepts, terms, arguments
  - *Don't* have special knowledge about what ought to be done
    - Not ethics experts in a way that *matters*
    - Recommendations do not carry weight
    - Contributions to healthcare, policy etc should be *limited*

DIRECTION FOR TODAY

- Focus on clinical ethics
  - Clinical ethics consultation & consultants
- What is expertise?
- Why do we care?
- Ethics consultants are ethics experts
  - Yes
  - No
- Are we doing this wrong?
- What do we need?
- Who do we need?

WHAT IS EXPERTISE?

- Know a lot of stuff
- Do something really well
- Statements and actions have a strong *justification*
  - Supported by good reasons, not luck
- Not always right, can make mistakes
- Highly reliable, more reliable than non-experts
- We can & should trust them

WHY DO WE CARE?

- Clinical ethics consultants are often involved in high-stakes decision-making
- We need to trust what they say
  - Know a lot of stuff
  - Be good at what they do
  - Make good decisions, most of the time
- Expertise is generally considered essential to a *profession*
  - Helps define the profession
  - Standard for assessing its members

ETHICS EXPERTISE?

- What do clinical ethicists *know?*
- What is it that they do really well?
- Who is good at clinical ethics consultation?
- How are their recommendations justified?
- Should we trust them?

WHAT THEY KNOW

- History of clinical ethics, moral philosophy
- Current debates, common arguments
- Concepts, terminology
- Landmark cases
- Policy, law
- Healthcare system, clinical practice
- Institutional culture, structure, values

WHAT THEY DO

- Gather relevant information
- Identify key stakeholders
- Articulate ethical concerns
- Evaluate evidence
- Analyze arguments
- Identify bias, faulty logic
- Engage in ethical reasoning

WHAT THEY DO

- Knowledge + skills to:
  - Identify ethically best course of action, range of acceptable options
  - ***Make a recommendation***

- How are their recommendations justified?
  - Why should we trust what they say?

JUSTIFICATION

Knowledge of history, concepts, arguments

\+ Skill of analyzing, reasoning, evaluating

= Well-justified recommendation

✓ More likely to offer a good recommendation

✓ More reliable at identifying best option

(Vogelstein, 2015, Rasmussen, 2016)

JUSTIFICATION

- Uh-oh! We live in a pluralist democracy.
  - No objective moral truth
  - No set of moral facts to provide a foundation
  - Widespread disagreement on moral issues
  - No consensus on “good reasons” or “reliable”
- No certainty, at best a well-considered *opinion*
- Statement of *feeling*, rather than fact
- **No reason to trust clinical ethicists**
- **Not experts, anyone could do this**

*THE **ROLE** OF THE CLINICAL ETHICIST*

- Tell people what to do!
- Learn the facts, issue a recommendation
  - "Beeper ethicist" - (Bayles, 1984)
  - "Authoritarian model" - (ASBH, 2011)
- Appealing to busy clinicians
- Expertise:
  - Knowing what ought to be done (usually)
  - Making a correct recommendation (usually)

*THE **ROLE** OF THE CLINICAL ETHICIST*

- **NOT** to issue recommendations
- Mediate conflict
- Facilitate discussion
- Promote ethical reasoning
- Clarify concepts
- Avoid factual error
- Promote mutual sympathy

PROBLEMS

- Refusal to give recommendation = unlikely to be consulted again (Rasmussen, 2016)
- Goal of facilitated discussion is to **identify** *ethically* best / acceptable option(s)
- Ethicist facilitates, but also
  - Provides ethical "guardrails" for discussion
  - Should endorse the group's decision

THIS AGAIN

- Back to the problem of justification
- Recommendations are a part of clinical ethics consultation
- Recommendations = statements of what ought to be done
- Can’t be certain that recommendation is **correct**
  - Justification isn’t grounded in any objective fact
  - No way to say what counts as a “good” reason
- Shouldn’t trust the ethicist
- Not an expert


ARE WE DOING THIS WRONG?

NEW QUESTIONS

- Expertise debate is very philosophical
- Should it be more practical?

- Are clinical ethicists ethics experts?
  - What do we need from clinical ethicists?
  - What expertise do we need them to have?

WHAT DO WE NEED?

- Most clinical ethics consults are extraordinarily **messy**
- Involve conflict or uncertainty about values
- We know what *can* be done, but what *should* be done?
- Often no "good" options
- Expertise?
  - Guide & support staff, patients & families through the mess

WHAT DO WE NEED?

- **Achieve an outcome**
  - Aligns with accepted ethical principles, to the greatest extent possible
  - Important to be explicit about which principles guide us (Itlis & Sheehan, 2016)
  - Autonomy, beneficence, justice, non-maleficence, etc.
- Meets the needs of everyone involved, to the greatest extent possible
- Realistic / practical / workable (Meyers, 2018)
- Certainty? We are not going to get it
- Best we can do in difficult circumstances, with limited time (Rasmussen, 2016)
- Did the recommendations make things better or worse, over all? (Riaz, 2021)

WHO DO WE NEED?

The following things take a lot of time and effort:

- Developing a nuanced understanding of ethical theories, principles, concepts
- Engaging in thoughtful ethical analysis & contemplation
- Becoming familiar with the clinical environment
- Building relationships with staff and colleagues
- Developing skills in meeting facilitation, conflict mediation, careful listening
- Continually seeking out learning opportunities to strengthen skills listed here

We need people who are dedicated to this work

- We need clinical ethics consultants


THANK YOU

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