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?
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
• 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
SELECTED REFERENCES