

Chapter 2

Framing Interprofessional Ethics Cases

Introduction

Casebooks have long been a staple in programs of professional education that place a high value on the development of critical thinking and clinical judgment in practical decision making. They appear in curricula in a variety of forms, typically involving the common elements of a narrative: a brief description of context, several characters with complex motives, and a problem or obstacle that is open to multiple interpretations. The characters have assigned professional roles and expectations. The problems they face are intended to represent the normal range of challenges in professional life. And resolutions are judged by whether learned skills and principles have been applied appropriately and are consistent with the norms of sound practice.

This case method is well established in business, public administration, law, and throughout the health professions. Its strength, in socializing students to the ways of each particular profession, however, turns out to be its major weakness. Cases are written to apply to one profession at a time. Most are specialized in terminology and context. All invoke certain elements of a particular profession's point of view. Given that each student is entering only their own chosen profession, and the cases are written by a faculty member who belongs to that profession, the end result is almost too obvious to point out.

What has gone unnoticed until now, however, is that this makes the case method and casebooks irrelevant to the modern context of professional practice, where no one profession can assert complete control or confidence in mastery of all crucial features. Nowhere is this more apparent than in the health professions. Technology and increasing specialization have made health care into a team effort. The world of professional health care practice is increasingly an interprofessional place. Casebooks should follow suit.

Another development of note in professional education is the ascendancy of responsible practice as a central theme. For some professions, this entails a code of

ethical conduct to be incorporated in everyday decision making. Ethics becomes a repository of tools and concepts that are useful in reading the signs of, and heading off, potential wrongdoing. In many of the health professions, the conduct of research has also been a prominent focus for ethics casebooks. Both case law and government regulations play large roles in setting expectations for biomedical research. Accordingly, much of the available case material supports efforts to ensure legal and regulatory compliance. Common to the other professions, these often organize case material by degree program. Again, the ethical issues faced by the interprofessional team receive no attention, despite the team's central role in professional practice: grant writing involves teams, as does the research conducted, and the authorship of the results. We intend to offer a casebook that focuses on problems at the intersection of professional practices, where teams and multiple codes of conduct meet.

Having multiple professions and their distinctive modes of practice represented in a single set of cases also adds the pragmatic advantage of versatility in adoption and use. As health curricula diversify to include a broader range of supporting specialties, cases with interprofessional issues are likely to be more relevant than those directed at a single profession. Including interprofessional cases is truer to today's practices, a recognition of the pluralism of perspectives across the professions. As each person learns ethics from our cases, he or she also learns about the other professions, their responsibilities, and their ethics. An interprofessional ethics, then, teaches a balanced representation of views.

Rather than assuming a single, underlying set of core principles from which all professions deduce their particular ethical variations, we embrace differences among the professions and assume that each adds a missing piece to a larger puzzle or enriches our understanding of the concepts represented by the core principles. There are clearly common elements to be found: some ethical claims and justifications shared across the professions and some facts that shape the contours of practice in shared domains. Still, there are advantages to apprehending the full range of ethical views across professions, especially in cases where mutual understanding is essential to any viable ethical resolution.

Interprofessionalism

With a commitment to pluralism, or at least to openness to the possibility of important contributions (either by adding principles or deepening our understanding of the potential meaning of principles) across professions, future or current health care professionals can avoid the mistake of treating any single ethical framework as sufficiently comprehensive to meet all of our needs. This commitment entails welcoming the opportunity to enter into discussions of normative ethics with members of other professions, to learn alternative approaches to justification for a choice of course of action, and to open each of the professions to new ideas and, potentially, new ways of thinking. We expect that this movement across each

profession's ethical stands will have pedagogical value, exposing students to extramural ethical claims. More importantly, we believe that it is a necessary step in building a distinctive interprofessional approach to ethical issues.

The question is, what might an interprofessional approach to ethics look like? In simple terms, we can identify three ways to attempt to frame an answer. A consolidational frame would attempt to integrate or to bind separate professional views together into a unified whole, in some sense greater than the sum of its constituent parts. Interprofessional health care ethics, then, is understood as an amalgamation of medical, nursing, dental, and public health ethics, presumably with some safeguards for consistency. This type of unification serves as an antidote to the risk of conflicting values arising from the pluralism of health professions. Of course, it assumes a high degree of commensurability across professions.

A second frame is more essentialist than the logic of the consolidational view. It assumes that surface differences will give way to a small, shared set of basic principles held in common. This notion of an overlapping consensus has the effect of allowing us to reach a single core set that may or may not belong to any one of the given professions, but more closely resembles a unitary point of view. This strategy differs from the first as it would end up eventually converting ethical problems from interprofessional to intra-professional ones. While this may be desirable, it actually sidesteps the question of what an interprofessional ethics might look like by assuming there will only be one ultimate set of values for all professions.

A third frame, rather than falling between these two opposites, suggests a change in analytical focus. Attention shifts away from viewing the professions from an external vantage point in order to consolidate into a larger mixture, or to condense or reduce to an essence. In the third frame, interprofessional ethics emerges from the efforts of professionals to work out conciliatory resolutions in the face of disagreements and conflict. The tools and skills needed to affect these resolutions may characterize a distinctly interprofessional approach to ethical judgment that begins with accepting pluralism but then focuses on finding grounds (or a process) for collective agreement.

We do not choose from these three interpretations of interprofessional ethics. We offer tools that would allow any of them to blossom, beginning with general ethical *theories* that purport to be universally applicable (more like the second frame) and then present ethical *principles* that are more amenable to a pluralistic understanding of interprofessional ethics (more like the first frame). If, in the dialogue these tools foster, professions realize there are important ethical lessons they ought to adopt from other professions, that their own internal ethics were deficient, then perhaps the third frame will have been empirically vindicated.

No matter which frame seems most accurate, the ethical benefit comes from having students practice modes of judgment that prepare them to reason in deeper ways about bridging the divides that separate the ethical views of the professions. There should be room within the structure of different cases to invite a range of resolutions and to have these resolutions vary somewhat with the mix of students involved.

Different Levels of Ethical Issues in the Cases

Some simple cases are straightforward, where the emphasis is on basic recognition of relevant ethical features and concerns. Others cases are more complex, involving instances of genuine dilemmas, showing two different ethical features in tension. Both of these types of cases can be components of the cases we offer. However, our cases also present potential conflict among the ethical stands of two or more professions. We comment on each of these three levels of complexity in turn.

The straightforward elements in some cases are typically instances where self-interest is impinging on professional responsibility, or there may be some inadequate knowledge base (or self-deception), with excuses offered for avoiding an ethical responsibility. Drawing on a central existentialist term, these might be called cases of bad faith. The student is expected to uncover these in a diagnostic way and point to an appropriate course of action and rationale for it.

Some cases add complexity by bringing conflicting duties or competing values into play. Some will introduce the problem of scale, where conflicts range across levels of responsibility—from the client, to the organization, to the state, for example. These cases represent ethical dilemmas. Students then will be expected to analyze these situations, breaking them down into the components in conflict and justifying an ethical course of action.

The most complex cases build on the skills from the two earlier levels but require a capacity to assume different ethical points of view and to test resolutions across these. Recognizing bad faith and being able to resolve dilemmas prepares the student to address less tractable conflicts between competing ethical traditions and rival approaches to ethical judgment.

Since our intent is to build students' capacity for ethical judgment, we begin with a heuristic framework that represents a starting point for the consideration of each case. Organized as a series of questions, the framework can accommodate a wide range of normative approaches without being dogmatic or prejudicial. The idea is to provide some guidance that opens the student to ethical thinking, without closing off alternative approaches and concepts.

A Framework to Help Formulate Ethical Judgments

The case situations presented here are intended to evoke ethical judgments of different kinds. Before a judgment can be made about what should be done, a few simple questions can clear away features of the situation that are ethically irrelevant and can help focus reflection on what should count. The first question is to help establish the basic parameters of ethical consideration.

1. What are the ethically relevant features of the situation?

An answer will require a thoughtful assessment of *prior commitments*—those agreements that create duties and obligations typically tied to important relationships, including familial ones, professional roles, and group memberships. A special class of obligations arises from *rights* that are typically assigned priority over other commitments. Are there any rights claims being made, or can you identify any? Or is there a common good or greater good that can be identified? This first question is a test of your ability to see the situation from all points of view.

The next question gets to the core issue of ethical claims and regard for others. It is a test of your ethical sensitivity and imagination. To adequately answer these questions, one must be able to use your imagination to develop empathy, kindness, compassion.

2. What is at stake for all of those involved and for those who might be affected?

This question requires an impartial stance so that our own personal interests do not get in the way of making a sound ethical judgment. You must put aside your own potential gains and losses in favor of a sensitive rendering of the possible effects on others—not just the others named in the situation but all others who might be affected by the action taken or avoided. This is known as the *ethical point of view*; it requires empathy to fully understand and appreciate the interests of others, especially of the socially and economically vulnerable, who are often overlooked. Now that you have identified the ethical nature of the problem with these first two questions, it is time to clarify the situation.

There are limitations that can prevent you from being able to choose to act ethically.

3. Are there limits to the ethical responsibilities of those in the situation?

Is there a single best action or stance that can be freely chosen? Or are the available choices constrained by external factors or an inability to see beyond one's own interest? Is the situation itself a product of unjust procedures or rules that fail to treat people with equal concern and respect? Is coercion present? This step is a test of your analytical and problem-solving skills, higher-level skills more like critical thinking than like factual knowledge retrieval. It tests the ability to recognize, confront and resolve subtle background assumptions that can obscure the ethical issues.

At this point, you have made some judgment about what should be done. One last test is in order.

4. If the chosen action were to be generally observed, would the consequences and possible side effects still be reasonably acceptable to all those affected?

This is a final test to ensure that the stakes mentioned in question 3 have been weighed from an ethical point of view. It ensures that the fairness of actions to others is given a central role in ethical judgment. This helps focus on your sense of obligations and responsibilities towards others, your personal attitude and willingness to assume responsibility and take some leadership. Test 4 is a check of your integrity, professionalism, and character.

Finally, attention needs to be given to improving the prospects for ethical action generally by addressing the institutional context and its contribution to unfairness and unjustifiable unequal treatment.

5. What are the implications of this situation for the justness of the institutions involved?

Do commitments and roles or rules and procedures need to be changed to protect the welfare or capacities of others for future ethical action? This is sometimes called organizational ethics, wherein a case brings to our attention a systematic problem with our system, organization, or policies and procedures. If the system somehow inhibits your ability to do what is right, you must then consider addressing those problems, trying to improve the system without endangering your effectiveness to work within it.

Sometimes a professional can pass the first four tests but be stymied (or think they are stymied) by the place where he or she works. This can lead to moral distress, a topic on which there is a large literature, mostly from nursing. Nurses often feel that they do not have the power or authority to change something they consider dangerous to patients or otherwise unethical. However, professionals from any field can feel burnout and moral distress from feeling as if they are being overworked and that their opinions are not respected by the hospital or health care system that employs them. Increasingly, we see the same concerns about moral distress voiced by physicians, as health care systems become larger and more centrally controlled.

To really succeed in any job, you must learn when and how you can contribute to improving the system and how not to be demoralized by moral distress when you can't—a test of your resilience.

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Suggestions for Further Reading

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