

Abstract Submission Form - Panels

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Primary contact: Mark Aulisio

Additional panelists, if any (up to three):

Name: Bert (A.C.) Molewijk,

Title/Degree: Program Director Moral Deliberation Group; RN/MA/PhD

Institution: The EMGO Institute of Health Care Research, Dept of Medical Humanities, VU

University Medical Center (VUMC)

Country: NL

Name: ____
Title/Degree: ____
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Country: _____

Proposed Session Title: <u>Expertise in Ethics Consultation & Moral Deliberation: Two Disparate</u> Approaches?

Describe topic or case to be discussed up to 300 words:

The goal of this session is to identify the nature of ethical expertise operative in two distinct approaches

to clinical ethics support, "Moral Deliberation," employed in the Netherlands and other parts of Europe (Molewijk et al, JME 2008; Molewijk et al. MHCP 2008; Abma et al. HCA 2009) and "Ethics Facilitation," developed in the U.S. and endorsed in the American Society for Bioethics and Humanities report Core Competencies for Health Care Ethics Consultation (ASBH 1998; Aulisio, Arnold, and Youngner 2000). Based partly on the type of expertise required, (1) goals and core features of each approach, 2) the strengths and weaknesses, (3) theoretical background and knowledge sources, 4) relevant societal differences, and (5) potential mutual benefit (i.e., what each approach might learn from the other) will be considered. Ultimately, it will be suggested that the types of ethical expertise required for moral deliberation, on the one hand, and ethics facilitation, on the other, while importantly different may be compatible and even mutually beneficial in a comprehensive program of 'clinical ethics support' aimed at both education and response to crisis cases.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

Dr. Molewijk will characterize the nature of ethical expertise required for "moral deliberation," contrasting it with that required for "ethics facilitation." "Moral Deliberation" consists of a meeting with health caregivers who reflect on one of their moral questions within a clinical case from their practice. Typical questions include "What is the morally right thing to do in this situation and how should we do it?" "What is respect?" or "What does understanding mean?" Three goals of moral deliberation are to reflect on: 1) the case and to improve the quality of care within that case; 2) what it means to be a good professional and to enhance professional's moral competencies, 3) institutional issues to improve the moral quality of care. "Moral Deliberation" takes from 45 minutes to a full day, is led by a trained facilitator, and, ideally, implemented over a 4 yr. period in which facilitators from a university setting transport expertise to a health care setting (Molewijk et al., JME 2008)).

In response, Professor Aulisio will characterize the nature of ethical expertise required for "ethics facilitation," contrasting it with that required for "moral deliberation." "Ethics Facilitation" emphasizes key features of healthcare settings in the U.S. including the value laden nature of decision-making, a pluralistic societal context, and the rights of individuals to live by their own values. Because of these features, value conflicts and uncertainties will inevitably arise in contemporary health care settings (Aulisio, 2003). "Ethics Facilitation" attempts to address value conflicts or uncertainties in particular clinical cases by helping to identify and analyze the nature of the value uncertainty and facilitating the building of consensus among involved parties. Ethics facilitation is a general approach and, as such, compatible with different models for case consultation including consultations led by an individual, a small team, or a full committee.

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Are you planning to or will you be willing to submit a poster along with your pane Yes No	∍l?