



6th International Conference on Clinical Ethics Consultation

May 11-14, 2010 • Portland Art Museum • Portland, Oregon, USA
www.ethics2010.org



Abstract Submission Form – Papers

Please contact John Tuohey at ethics@providence.org with any questions.

Name: Melinda McGarrah Sharp

Title/Degree: PhD Candidate

Institution: Vanderbilt University

Country: United States

Email: mindy.mcgarrah.sharp@vanderbilt.edu

Phone including country code (<http://www.countrycallingcodes.com>): 011 615 430 7997

Proposed title of paper: Clinical Uncertainties and the Art of Moral Imagination

Abstract with 3 clearly stated objectives in 250 words:

When I participated in morning teaching rounds in an adult medical intensive care unit (MICU), I expected to gain understanding about clinical roles and responsibilities; I did not anticipate finding the epistemological and moral uncertainties that became so evident. During these rounds and my subsequent reflections on them, I identified uncertainties regarding clinical interactions and the role of clinical ethics.

Drawing on literature in medical sociology, I assume that medical uncertainty is a fact of clinical practice. Acknowledging that the science of medicine has advanced through research, discoveries of new treatments, and refinements and standardizations of procedures, I argue for continued attention to insights around artistry and clinical uncertainties that Renee Fox first articulated in 1957. I explore the phrase “all we can do” in relation to a particular MICU case that demonstrates clinical uncertainties in responsibilities, decision-making, and practices of patient care.

First, I distinguish epistemological uncertainties associated with an identifiable corpus of medical knowledge from moral uncertainties that arise by asking what is best to do for a specific patient. Then, I identify ways in which clinicians’ orientations toward practices of care involve experiences of vulnerability regarding epistemological uncertainties, moral uncertainties, and complexities differentiating between these kinds of uncertainties. Finally, I argue for practices that cultivate an embodied moral imagination as an essential companion to practices of empirical expertise. Informed by

John Dewey's view, I propose a method utilizing the art of moral imagination to identify doubt, what matters, and experience in the face of clinical uncertainties.

If you have or will publish on this topic, please cite reference:

Not at this time

Are you planning to or will you be willing to submit a poster along with your paper?

Yes No