Session: Clinical Ethics and the Art of Adequacy

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On the adequacy of theoretical foundations of clinical ethics as a practice

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It has been broadly discussed how the method of clinical ethics could be described. While “applied ethics” raises the question how philosophical concepts are involved into actual cases, casuistry has its problems to give a theoretical framework on what it is doing. Principilism tries to break this gap between theory and practice – and brings up its own problems, as it does not reflect on the specific conditions under which clinical ethical problems arise and does not explain in which relation the principles stand. Regarding the description of clinical ethics as a practice we have to ask on what knowledge it refers to if present models of what clinical ethics are insufficient to explain. This contribution gives an overview over the current discussion and an outlook on areas requiring further research.

On the adequacy of communication in clinical ethics consultations

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Clinical ethics consultation at one hand represents a kind of subject centered communication, a mixture of techniques – above all moderation, ethical evaluation and clarification of role specific arguments at the cutting point of life and death, of suffering and dignity and more. At the other hand communication in clinical ethics communication serves as a tool to provide explanatory models for emotionally loaded discourses in a field of fixed hierarchic relationships where the role has the primacy and the person is secondary.

Striving for intercultural adequacy in clinical ethics

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Ethical issues especially at the end of life take on an increasingly complex character in a multicultural society, where different religious convictions and traditional values, a divergent understanding of death, and the importance of family and its influence on the decision-making process cannot be addressed in any simple, one-size-fits-all model of clinical ethics. A further complication arises when linguistic und cultural barriers between healthcare professionals and patients exist, as is the case in the relationship between migrants and healthcare staff in the German health care system. My paper discusses some ethical conflicts at the end of life in medical practice common in multicultural societies, illustrated by real cases from German hospitals. Patient autonomy at the end of life in a multicultural setting is the main concern in these cases. I will discuss whether the current concept of patient autonomy in medical practice is able to solve cultural ethical problems at the end of life. Subsequently, I will discuss whether a culturally sensitive advance directive can improve consideration for and realization of the presumed will of patients in a transcultural setting.

In search for spiritual adequacy at the end of life: A short grammar for caregivers

***Rev. Georg Weiher**, Spiritual Care Johannes Gutenberg University Medical Center*

Spirituality becomes a specific matter of importance at the end of life. Aside from religious denomination and even from an agnostic position the spiritual core of a human life is becoming visible when the meaning of a life and of death is at stake. Medical professionals and caregivers are often poorly equipped to adequately react to the small signs and silent symbols indicating a patient's need for spiritual support and thus tend to shy away from any spiritual dimension of end of life care. However, spiritual adequacy is nothing that comes along only with minister, a pastor, a rabbi or a imam. Spiritual adequacy is a soft-skill that can be taught and learned. This talk provides a short grammar for caregivers as a structured introduction in spiritual adequacy at the end of life.