



6th International Conference on Clinical Ethics Consultation

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



Abstract Submission Form – Panels

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

Name: Stuart G. Finder

Title/Degree: Ph.D.

Institution: Cedars-Sinai Medical Center (Los Angeles, CA)

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Primary contact: Stuart G. Finder

Additional panelists, if any (up to three):

Name: Mark J. Bliton

Title/Degree: Ph.D.

Institution: Vanderbilt University Medical Center (Nashville, TN)

Country: USA

Name: James A. Hynds

Title/Degree: LL.B., Ph.D.

Institution: UCLA Health Systems Ethics Center (Los Angeles, CA)

Country: USA

Name: Tarris Rosell

Title/Degree: D.Min, Ph.D.

Institution: Center for Practical Bioethics; Central Baptist Theological Seminary (Kansas City)

Country: USA

Proposed Session Title: "We understand, but request otherwise": Experiencing Ethics, Doing Ethics Consultation

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

There is currently great interest in the US for establishing a code of ethics for ethics consultants and a process for credentialing who can perform ethics consultations. These efforts aim to demonstrate the "professional" nature of clinical ethics consultation. Ironically, there has been a dearth of discussion

over the past decade (as demonstrated by a thorough review of the literature) of the ethical underpinnings associated with practices and methods for actually doing ethics consultation. Thus, at the very moment when clamors for “professionalization” are reaching a fevered pitch, exploration of the ethical bases of actual clinical practices associated with ethics consultation are near absent. The session is explicitly aimed toward a critical (in the philosophical sense of the word) exploration of issues of practice in clinical ethics consultation. It sets out to do so, however, not from a theoretical stance but from within the perspective of actual clinical ethics engagement.

The substantive frame for this session is the notion that the clinical role of ethics consultants is to initiate conversations and direct deliberations about what is most worthwhile to the primary decision-makers in a particular situation in order to help identify and clarify what needs specific notice and attention within the moral perspectives associated with decision-making. As such, ethics consultants attempt to pick out key decision-points and options and subsequently help others envision options and outcomes in light of those others' own concerns and values so as to find which seem most reasonable for them.

However, as a responsible participant, the ethics consultant must also be able to account for his own substantive commitments. In this way, the practice of ethics consultation entails the necessity and ability to give reflective accounts of the activities of consultation itself, especially with regard to what happens to the consultants as a result of his own participation.

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

Beginning with a general introduction outlining the session’s aim, Finder will present a brief scenario drawn from a consultation in which he was involved. The patient in this situation was an elderly Persian woman whose three children (oldest daughter, youngest daughter, son) were struggling with how best to proceed in light of her metastatic cancer and in the face of what they perceived to be a lack of interest from the nursing and medical staff toward their mother. Finder’s presentation will focus on his interaction with the children, at several different points in time, and it will be much more narrative than “case report” and thus will be clearly couched in the first person, experiential voice.

Next, Hynds and Rosell (in this order) will respond to what Finder has presented. Each will outline what he sees as important/significant/problematic in Finder’s interaction with the patient’s children as it pertains to the practice of clinical ethics consultation. Each will also discuss why what he identifies as important/significant/problematic warrants being explicitly noted and what the ethical significance might be in such noting.

Next, Bliton will respond to the issue presented by Hynds and Rosell, with a critical eye toward what those considerations indicate about the clinical practice of ethics consultation more generally and what they further reflect about the “ethics” of ethics consultation itself.

Finally, the audience will be invited to respond to the consultation scenario which was presented, the responses to that scenario, and the reflection upon those responses. The audience will also be asked to comment on whether (and how) the issues and questions advanced in this kind of critical examination of clinical ethics practice pertain to their own commitments regarding their engagement in clinical ethics consultation.

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

Yes No