# Abstract Submission Form – Panels

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

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Primary contact: Bert Molewijk

Additional panelists, if any (up to three):

> Name: G.A.M. Widdershoven
> Title/Degree: Prof.dr.
> Institution: VUMC
> Country: The Netherlands

> Name: M. Stolper
> Title/Degree: MA, PhD student
> Institution: VUMC
> Country: The Netherlands

> Name: _____
> Title/Degree: _____
> Institution: _____
> Country: _____

Proposed Session Title: _____

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

Topic to be discussed (300)

Making their ethics work. Theory, implementation and training of moral case deliberation

A traditional approach to teaching medical ethics and clinical ethics consultation aims to provide knowledge about ethics; representing an epistemological view in which moral expertise is assumed to be located in theoretical knowledge. The aim of this panel session is to present an alternative, contextual approach to teaching ethics and clinical ethics consultation, which is grounded in a pragmatic-hermeneutical and dialogical ethics.

Objectives: Those attending this panelsession will gain insight in:

- the theoretical background and practical relevance of moral deliberation: pragmatic hermeneutics and dialogical ethics;

- the various phases and results of a long term implementation project (in which moral deliberation is effectively implemented in Dutch health care institutions); and

- the experiences of developing and performing a training for health care professionals in order to make them facilitators of Moral Case Deliberation (MCD)

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

Each proposed panelist's position (300);

Guy Widdershoven: Theoretical background and practical relevance of moral deliberation

Dialogue constitutes the core of the VUMC approach to moral case deliberation (MCD) (i.e. towards MCD itself, MCD projects, MCD trainings, and the social scientific way of monitoring and facilitating MCD projects). One could say that the primacy of practice and especially of radical dialogue is the primary theoretical claim. 'Radical' in the sense of transforming the philosophical roots within 3 central levels of moral deliberation (projects):

• the view on the constitution of (moral) reality (ontology);

• the way how moral questions are phrased/understood, structured and dealt with in MD-meetings and in the context of research (epistemology); and

• the organization and structuring of the projects of moral deliberation in health care organizations and in case deliberation in groups (methodology).

Bert Molewijk: Successes and Pitfalls of Implementation of Moral Case Deliberation

Goals of 4 to 6 year MCD projects are usually a mixture of improving the quality of care, the moral competency of the professional, the decision-making processes, interdisciplinary cooperation, and the ethics policy/climate of the hospital. So far, there exists little scientific empirical research that studies the quality and results of MCD projects. During this part of the panel session, viewpoints and results of MCD implementation will get presented on the basis of social scientific research (based on a dialogical and responsive evaluative design).

Margreet Stolper: Training health care professionals as MCD facilitators

One of the important phases in the implementation process of MCD is: 'transferring the expertise', which aims at a continuation of MCD without bringing external expertise from the university. This implies training health care professionals to become high qualified MCD facilitators. Therefore an in-company training program has been developed. Viewpoints, content and experiences with this training program will get presented.

Are you planning to or will you be willing to submit a poster along with your panel?
☐Yes     ☒No