

Maintaining our Ethical Culture

2 Quality Conversations



ST JOHN OF GOD
Health Care

Rev Kevin McGovern Dip Ap Sc (Opt), STL
Caroline Chisholm Centre for Health Ethics
East Melbourne VIC

Maintaining our Ethical Culture

- ❑ Our role is . . .
 - to 'trouble-shoot' ❌
 - to make the hard ethical decisions ❌
 - to enable good ethical decisions ✅

- ❑ Ethical issues often involve difficult conversations

- ❑ We aim to have 'quality conversations'



Quality Conversations . . .

- between staff, patient, & family
- between staff members
- between you and your employer
- with yourself



Quality Conversations . . . *with yourself*

A terminal patient asks you, 'I'm not dying, am I?'

- What are you trained to do ?
- What is your first inclination ?
- What is your role ?



Quality Conversations . . . *with yourself*

What is my . . .

. . . role ?

. . . training ?

. . . first inclination ?

What are my duties?

 fiduciary

 professional

 personal



Quality Conversations . . . *with yourself*

Fiduciary → duty to employer (*trusted employee*)

Professional → duty to profession (*professional standing*)

Personal → duty to self (*personal integrity*)

In general terms . . .

- ☞ duties (or interests) build from ground up
- ☞ higher duty = more formal
- ☞ conflicting duties shed from the top down



Case Study

- Chaplain M is told in confidence by Dr X of a difficult decision he is making. Mrs S has carcinoma of the womb. He has told her of this and she is deeply depressed. He has not told her that she is also pregnant. She does not suspect the fact since she attributes the cessation of her menstrual periods and her swelling to the tumour. He has decided to go ahead and operate to remove the womb (thus killing the child) without telling her of the pregnancy lest it depress her further. Should Chaplain M keep this information from Mrs S? If not, how should Chaplain M proceed?



Quality Conversations . . . *with others*

- ❑ 'What is happening?' conversation (facts now)
 - ☞ Important information is often hidden by complexity
- ❑ 'What happened?' conversation (facts then)
 - ☞ People often disagree about what actually happened
- ❑ 'Feelings' conversation
 - ☞ Difficult conversations may surface different feelings
- ❑ 'Learning' conversation
 - ☞ Mutually transformational encounters



'What happened?' conversations

- People may disagree about what happened because . . .
 - We possess different information
 - ☞ *We view from different angles and notice different things*
 - We process information differently
 - ☞ *Filtered by past experiences = different lenses*
 - The situation itself is extremely complex!



'Feeling' conversations

- Identify and own your own feelings
- Be open and receptive
- Listen for and affirm feelings of others
- Feed back through reflection
- At this level, there's no 'problem to solve'!



In a 'learning conversation' *each party is open to the perceptions and perspectives of others*

- 👉 Affirm your own perceptions (*"I may be wrong, but..."*)
- 👉 Affirm (\neq confirm) perceptions of others
- 👉 Invite, don't challenge
- 👉 Affirm and appreciate
- 👉 Summarise evenly
- 👉 Be prepared to live with the mess



Possible Issues

- Ethics Violation
- Ethical Dilemma
- Pastoral Issue
- Relationship Challenge
- Emotional Challenge



Scenario One (#1)

- Mr. Brown suffered severe traumatic head injuries in a motor vehicle accident nine days ago. His wife has been in the ICU every day and has been fully informed about her husband's deteriorating condition by both the attending neurosurgeon and neurologist. She is praying for his recovery – a miracle - with members of their religious congregation.



Scenario One (#2)

- Three days ago the neurologist performed the appropriate tests to determine the level of Mr. Brown's brain activity. The results indicated no activity in any portion of the brain and Mrs. Brown was informed that her husband was most likely "brain dead" but that the tests would be repeated by another physician the next day to validate the results. The neurologist has just conferred with the second physician who confirms absence of all neurological activity in the entire brain. Both physicians document these findings, with date and timing, and the neurologist enters the Pronouncement of Death.



Scenario One (#3)

- The neurologist and a hospital chaplain sensitively inform Mrs. Brown that her husband has died. They tell her that the ventilator and other forms of medical intervention will be stopped after she has an opportunity to be with his body. Mrs. Brown restates her belief in a miraculous cure and threatens to “hire a lawyer” to keep the machines going.



Possible Issues

- Ethics Violation
- Ethical Dilemma
- Pastoral Issue
- Relationship Challenge
- Emotional Challenge



Scenario Three (#1)

- In a case before the Magistrate's Court, a man with seven drink-driving convictions has pleaded guilty to two more drink-driving charges and one charge of driving while disqualified. In the past, all sorts of legal sanctions including jail sentences of up to 14 months have not worked to deter him from drinking and driving. To break the cycle, the man proposes that he submit to "drastic drug treatment." This involves an expensive drug called Antabuse.



Scenario Three (#2)

- A psychiatrist who gave evidence in support of the man told the court that the drug has such harsh side effects that it would “take only one drink to end up in an intensive care ward.” Indeed, taking the drug and then drinking “could kill him” as “there had been cases where the reaction had been fatal.”
- The psychiatrist explained that the man needed a “psychological hurdle” to keep him sober. He had responded to treatment in the past but lapsed. He needed the threat of “being hit by a lump of three by two” to keep him off alcohol.



Scenario Three (#3)

- The man's counsel explained that her client was a highly intelligent man with tertiary degrees in politics, law and business. He had seen active service in Vietnam, and was involved in community aid work through Apex and St Vincent de Paul. However, his other side was "a binge drinker under stress."
- She proposes that instead of a jail term the court should impose an "intensive correction order" with strict conditions including "close supervision by a community corrections officer" to ensure that the man continued his Antabuse treatment.



Possible Issues

- Ethics Violation
- Ethical Dilemma
- Pastoral Issue
- Relationship Challenge
- Emotional Challenge



Resource 1 : The Grid

Problem		Ethical Principle	Legal Position
1	What problem do we see ?	What does CHA Code say about this ?	What does the law say ?



Homework

- For Day 2 (27 July 2015)
 - One-page Case Study

