



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: David M. Adams

Title/Degree: Professor of Philosophy, Ph.D; M.L.S. (Law)

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Primary contact: David M. Adams

Additional panelists, if any (up to three):

Name: William J. Winslade

Title/Degree: James Wade Rockwell Professor of Philosophy of Medicine, J.D., Ph.D.

Institution: Institute for the Medical Humanities, University of Texas Medical Branch

Country: U.S.A.

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: Philosophy, Therapy, and Clinical Ethics

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

People with training in philosophy generally, or philosophical ethics in particular, have been engaged in the practice of clinical ethics consultation (CEC) for several decades. The topic for our proposed point-

counterpoint panel concerns the relevance of philosophical training to the role of the clinical ethics consultant. Given the growth and development of CEC in recent years, can people with such training still make a distinctive contribution to its practice? Specifically, we intend to consider whether proficiency at careful analysis, facility in conceptual clarification, and familiarity with principles and methods of ethical reasoning can, at least in certain cases, be therapeutic, constituting a form of what some would otherwise call “philosophical counseling.”

While focused upon the use of philosophical methods in clinical ethics consultation, we believe our proposed conversation will join larger issues about the training, preparation, and qualifications necessary for the practice of CEC.

The claim has sometimes been made that familiarity with philosophy and philosophical ethics uniquely qualify one to be a clinical ethicist. But the arguments for this are often not persuasive. Periodically, the claim surfaces that philosopher-ethicists can properly lay claim to a kind of expertise that makes them the best persons to provide clinical ethics consultation. But it seems unlikely that persons with philosophical training will be able to convince others in the clinic that they know best what outcome should obtain in a given case.

The current widely-endorsed model of CEC calls for ethicists to be engaged as “facilitators” of deliberative reflection and consensus-building, or as mediators pursuing “assisted negotiation” and conflict resolution. But it is not clear why exposure to philosophy (as opposed, e.g., to medical social worker or psychology) means that one is well positioned, or even adequately qualified by virtue of their training to undertake such tasks.

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

The idea that philosophical training is central to the work of clinical ethics might better secured by the claim that philosophy produces mastery of a necessary skill set, consisting in a combination of conceptual discernment, theoretical knowledge, and logical acumen—the incisive marshalling of arguments, deft wielding of distinctions, and so on. Using such skills, clinical ethicists may invite parties to a consultation to articulate relevant beliefs and value judgments—for example, about dependence and loss of dignity or about living with suffering—and gently encourage joint reflection upon them, thereby clarifying those aspects of the parties’ thinking. In this way, philosophical training is important to CEC because the aim of the “clinical encounter” (to use Richard Zaner’s phrase) is therapeutic—to help the parties resolve conflict and reach decisions about medical treatment by uncovering beliefs or values implicit in their thinking which are leading to disagreement and frustration. Philosopher-ethicists might be thought to be engaged in a process similar to that pursued by “philosophical counselors” or “practitioners” who help their clients with “problems of living” by teasing out and subjecting to scrutiny elements of their system of beliefs which are the source of feelings of dissatisfaction or of a lack of meaning in life.

William Winslade will take issue with the claim that clinical ethics consultation can be or is intended to be therapeutic; David Adams will offer some suggestions to motivate and defend that claim.

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

Yes No