



6th International Conference on Clinical Ethics Consultation

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Abstract Submission Form – Major Papers

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Proposed title of paper: Saving Face in Intercultural Communicative Contexts

Abstract with 3 clearly stated objectives in 250 words:

While clinical ethics consultation clearly embraces the two mutually interactive domains of ethics and interpersonal communication, a strategy to accommodate cultural variability is less evident. Both domains are culturally driven. The ethics domain pertains to ascertaining morally appropriateness along with its rationale. Yet views of morality, particularly in healthcare, are situated within cultural parameters. The interpersonal communication domain involves a dynamic, often highly-charged, interface among significant parties in order to address and resolve moral tension and distress. However, communicative styles are also culturally contingent. For instance, not all patients and family members are comfortable with face-to-face professional/patient interaction. And features of spatiality and proximity weigh heavily in both the clinical encounter and ethics consult.

This cultural face in interpersonal discourse poses certain challenges in clinical ethics consultation. When patients, their families, providers, and other health professionals not only manifest diverse beliefs and values but also assume different strategies for dealing with conflict, what starts as a natural tension may also erupt into seemingly irresolvable discord.

I will examine this tension and conflict more closely, focusing particularly upon Asian views of interpersonal communication. Moreover, I will illustrate how customary Asian views of personal identity and “self” affect interpersonal discourse in the ethics consult. An important consideration throughout is the emphasis upon “saving face.” Finally, in view of the importance of preserving self/face, I will propose ways to be more appropriately sensitive to different conflict strategies in the context of clinical ethics consultation.

What significant contribution to the field of clinical ethics consultation does this presentation make?
(250 words)

Although Western biomedicine continues to dominate the U.S. health system, the ‘American Mosaic’ of diverse cultures (our nation comprises at least 66 racial and ethnic groupings) reveals a healthcare arena of conflicting principles, values, and beliefs. For many patients and practitioners, cultural worldviews exert a conspicuously powerful influence, and we can no longer assume the universality of some Western medical ethical principles. At the same time, we cannot afford to presume that approaches to communication during the ethics consult are grounded upon universally accepted premises and values. Miscommunication often results in patients from non-mainstream cultures generally encountering an increased risk of poor or ineffective healthcare service due to misinterpretation, stereotyping, and lack of understanding.

The arena of clinical ethics consultation is the most challenging setting in which cross-cultural differences surface, albeit oftentimes in subtle ways. Not only do patients from diverse cultures often maintain distinct beliefs, values, and worldviews, particularly regarding wellbeing and health. They may also tend to approach conflict – the impetus behind ethics consults – in ways that inevitably affect discourse and interpersonal interaction with providers and hospital staff.

The emphasis on cultural sensitivity and so-called “cultural competence” underscores the primacy of understanding cultural differences when it comes to interpersonal communication and conflict strategies. My presentation tackles this issue. For many of us in the field of bioethics, medical education, and clinical ethics, this insufficiently explored territory is one through which we have a moral and practical imperative to journey.

If you have or will publish on this topic, please cite reference:

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

Yes No