
The Importance of Process in Ethical Decision Making

by Barbara C. Thornton

The field of bioethics is not only a normative field, but an applied one: one does ethics. Thus, committee members need to be familiar with two overlapping areas of bioethics: content and process, and learn how to incorporate both in doing ethics effectively.

The field of bioethics is a normative one; that is, it deals with developing sets of principles that tell us what acts are right or wrong, or what we ought or ought not to do. To have a normative ethical stance is to be prepared to do something. However, bioethics also claims to be an applied field; that is, applied ethics takes normative ethics one step further: from preparation to action. If you believe in taking action, it is not enough to talk ethics, but incumbent to *do* ethics. As David Thomasma has said, "Persons implementing bioethics cannot be bystanders. In our civilization it is evil to play chess while the world crumbles" (Thomasma 1990).

Ethics committee members ought to be experts in two major and somewhat overlapping areas if they are to act effectively. These two areas are *content* and *process*. The content segment is the normative component in which persons doing bioethics evaluate theories and principles in search of useful philosophical or legal underpinnings. Content issues are learned primarily through disciplines such as philosophy and the law. The field of bioethics, particularly in the last twenty-five years, has focused mainly on content and on philosophy. Ethics committees are focusing on content, for example, when they consider the theories or principles to be applied in an ethics consultation.

The *process* issues of bioethics focus on the manner in which content is applied. Process concerns focus on the relationships between the health provider and the patient, as well as the manner in which decisions are made and enacted. Process variables are often unconscious or nonverbal. The disciplines which study process concerns are generally the behavioral and social

sciences. Telling a patient or the patient's family that there is no longer any hope of curing his or her disease is an example of content and process in bioethics. Struggling about *why* we are to do this involves content learning from such fields as moral philosophy and health care law. Knowing *how* to tell a person that he is dying and thus applying ethical knowledge involves process skills such as empathy, diplomacy and listening. It is important to hear how the patient and family are responding to the information. Ethics involves learning to listen objectively and to tell bad news humanely. The confidence to deal with the uncertainty that almost always arises in difficult bioethics situations is an important part of process education. As ethics committees become more confident with their decision-making abilities and their role in society, it is important that they discuss and understand processual variables and how to utilize them.

I am suggesting in this article that process variables consist of six components: cultural introspection, psychology, effective communication, knowledge of the humanities, small group dynamics and leadership and facilitation. I will explain the relevance of each of these six components as well as the difficulties involved in convincing ethics committee chairpersons, the administration and sometimes the committee members or consultants themselves of the importance of process. Lastly, I will suggest some ways in which committees can implement this kind of education.

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Cultural Introspection

The behavioral and social sciences provide an understanding of the cultural processes involved in the early establishment of our beliefs and values. Culture is a vague and misunderstood term based on such factors as communication habits, social stereotyping, language and child-raising patterns. It is through an understanding of culture that we grasp the world and agree on what is real (Kreps and Thornton 1992, 160). The term *culture* refers not only to people of different ethnic origins, but to men and women, people of different ages and different geographic regions. Culture influences one's views on health as well as on culturally-related values. People are socialized through the beliefs and values evolving from their national origin, ethnic background, race, religion, regional affiliation, gender, age, socio-economic status and particularly by the profession in which they are engaged. Cultural socialization processes are very powerful and often nonverbal. Violations of the cultural norms the individual believes are important are not tolerated easily and such violations lead to distrust, frustration and hostility. Often it is the most culturally powerful group that controls the norms of a society.

An understanding of the processes by which people are acculturated often brings a realization that the concerns of cultural sub-groups, such as women and minorities, have been neglected in both health care and bioethics. For example, recent information on the lack of funding for research for women's health concerns provided a cultural realization that women's health needs were not being met. Ethicists saw this as an ethical issue: the lack of justice. Eventually, Congress was persuaded to increase funding for research. The needs and inequities of a cultural sub-group (women) were recognized, discussed and solutions explored and implemented.

Ethics committees need to address such cultural needs in the broadest sense. Men, women, doctors and nurses all come from different sub-cultures. Pretending that differences in socialization do not exist can only lead to difficulties as committee members attempt to

work together. Acknowledging and learning about these differences both among members of the committee and between patients and health care providers is an important part of doing ethics.

Psychology

The best intellectual knowledge about bioethical concerns is meaningless unless an individual is psychologically willing to take ethical action. In an important book, Sydney Callahan talks about the work of conscience in moral decision-making. It is her contention that good decision making engages reason and emotion in a creative and balanced blend. "Psychology and philosophy must complement each other in the study of morality, for it is the whole person who reasons and accepts or rejects moral arguments. . . ." (Callahan 1991, 6-11). In order to avoid moral failure, Callahan argues that emotions such as guilt and shame are important to understand, and that we must take into account the full range of human capacities in order to adequately understand and map moral functioning.

The field of psychology can also assist us in discussions of such subjects as empathy (certainly part of caring), emotional integrity, therapeutic relationships, in addition to dealing with fear, distrust, uncertainty and death. For example, when a committee is attempting to advise on whether to continue treatment for patients who have attempted or are threatening suicide, understanding their psychological motivation is important. The teachings of psychology are helpful in tackling bioethical problems such as suicide.

Effective Communication

Caring is a significant issue in bioethics. However we haven't adequately explored the manner in which health care professionals learn caring behaviors (the province of communication as well as psychology). The behavioral sciences contain a great deal of effective research on listening skills and nonverbal communication, two prime areas of caring behavior. Mediation and negotiation as well as conflict resolution are skills also taught by communication specialists.

Communication is the singularly most important tool health professionals have to provide health care to their clients; the clarity, timeliness and sensitivity of human communication in health care is often critical to the physical and emotional well-being of all concerned. A few years ago twelve-year-old Karen Ziegler was found to have Hodgkin's disease. When her parents sought unorthodox treatment rather than submit to traditional chemotherapy, the physician reported them to San Diego social workers, claiming Karen was a victim of medical neglect. Karen's parents fled with their family to Reno, Nevada. On her first day of school

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in Reno, the police (having been notified by the San Diego authorities), took Karen from school to a foster home with no parental notification. Ten days later a judge returned Karen to her family, explaining her parents had a right to choose the treatment for Karen although he urged them to consult with their family doctor. Karen went to Mexico for herbal treatments as the family and officials continued to argue over her welfare. She consequently died. At no time did the involved social or health professionals or legal authorities take time to communicate with each other or, in a non-threatening manner, with the patient and her family. This is a prime illustration of a serious bioethical issue that might have been resolved with communication and negotiation. Moreover, when communication occurs early in the process of doing bioethics, ethical distress can sometimes be resolved before it turns into an ethical dilemma.

Knowledge of the Humanities

The humanities, particularly literature and poetry, are the bridge between content and process. The dramatic impact of the personal stories of physicians, nurses and patients frequently encourages and inspires caring

among health care providers. These personal or fictional stories or poems often trigger something in us that scientific knowledge does not. A recent focus on narrative theory in fields involving human behavior stresses the importance of listening to the stories of others in order to understand their problems. Using the humanities to focus on ethical issues removes the stigma from the personal arena where health care professionals often become defensive about their conduct in a particular setting. Encouraging patients to tell their personal stories is also an important way to determine and diagnose their problems.

The power of poetry and literature was illustrated recently in a health and humanities class in which the students were discussing a fictional story about rape. One of the medical students abruptly left the classroom. Later she reported to the professor that she had recently been raped. The discussion of the fictional account released her buried emotions surrounding the incident, and she was then able to seek and respond to counseling.

Group Dynamics

Seasoned and effective ethics committee members and chairs also speak of the importance of small group techniques such as conflict negotiation and mediation and decision-making skills. Corrine Bailey, a long-time leader in the ethics committee field, has said that the life and effectiveness of a committee depend on its mastery of small group dynamics as well as the content of bioethics. Learning the importance of time and space for effective ethics committee deliberations or realizing the right forums for individual or small group decision making, are important parts of the committee process.

Mastery of small groups also includes setting aside individual agendas in order to foster common understanding of problems and to comprehend how that understanding can be translated into action. This includes the ability to coordinate people and their efforts, and to develop trust and sharing of information that leads to the best small group decisions. An understand-

ing of roles in the group, the group climate as well as decision-making techniques are all part of small group dynamics.

An ethics committee, unable to agree on policies or decisions, can often resolve the situation by using different strategies such as brainstorming where ideas are randomly generated but not initially evaluated. However, in order for techniques such as this to be effective, group members and leaders need to be familiar with the strategies and uses of such techniques.

The Leadership and Facilitation Component

The success or failure of ethics committees can rise or fall depending on their leadership process. It is important to recognize and understand the type of leadership model that is guiding the committee. Is it authoritarian (run by one person using his or her own ideas)? Is it democratic or interactive (using people effectively and often sharing the leadership task)? Or is it laissez-faire, whereby ideas flow freely and everyone chimes in? Leadership is more than chairing a committee; it is inspiring, guiding, cajoling and working with others outside the committee to gain respect and recognition for the committee's work.

Often committee chairs are chosen because of their political position within the health care setting. This can be an important way to gain respect for the committee, but it can also be a way to doom effective committee functioning. Some committees have chosen leadership models where steering committees assist the chair in planning agendas so leadership becomes a shared model. Other committees have both a chairperson and a facilitator, and others have a chairperson who is also a facilitator.

Note the difference in the roles. Leaders have the task of transforming and energizing. Facilitators have the responsibility of moving an agenda through a committee meeting by enabling the members to focus their energies on the task. By assuming the responsibility for guiding the group, other group members are then af-

forded the opportunity to achieve synergy; that is, the group becomes more than the sum of its members. The facilitator aids the group in dealing with the agenda (the content) by establishing an effective process. Some well-trained leaders can assume both these roles, depending on the task; however, it is often effective to have the leadership and facilitation roles separated (Doyle and Strauss 1976, 90).

Whatever the leadership model, it is important that meetings are planned which are satisfying and productive. Such satisfaction correlates with whether members seem empowered to influence the manner and content of the meetings. Additionally, when others help in the planning efforts there is less risk that the committee's success will rise or fall on the efforts of one person (Ross et al. 1993, 30).

The Political Problems with Process Learning

The antagonism between those who favor learning by content and learning by process is an interesting one, particularly because one without the other is ineffective. Unfortunately, much professional education, particularly in medicine, ignores the process component. This bias is only confirmed when those attempting to use processual techniques such as games and simulations or process learning are met with rebuffs by those who say such learning techniques are soft, common sense and unnecessary.

The only answer to those who scoff at process is to show, by example, the effectiveness of ethics committees that have adopted process learning to enhance content effectiveness, both of their inner workings and their decision-making processes (Ross et al. 1993). In addition, there are many books written on businesses that use processual learning (Katzenbach and Smith 1993). These successful businesses report an increasing use of small group dynamics and leadership techniques as they grow and innovate.

Suggestions for Process Education

The following are suggestions to assist in designing an authentic interdisciplinary bioethics model, incorporating both content and process to assist individuals in implementing ethics:

- Ask faculty from the social and behavioral sciences as well as the humanities to work with the committee on both the process and content components of committee education.
- Seek consultants from the community who have demonstrated their knowledge in the process areas. For example, a cognitive psychologist can suggest effective ways to discuss ethical issues or a communication specialist can review listening skills. A business consultant can offer advice on the importance of leadership and small group skills in decision making.
- Use resources such as movies, poetry, and literature to stimulate discussion about emotional issues such as death and dying or cultural and psychological issues.
- Take time at the end of meetings to discuss the content and process of the day.
- Periodically evaluate in writing committee members' reactions to the group so the leadership will know if its goals have been accomplished and the membership is satisfied.
- Utilize new words and jargon that will not trigger prejudice regarding process. Recognize it as a legitimate way to empower an individual or committee to do ethics.
- Choose leaders and facilitators for ethics committees who will enhance the life and goals of the group.

The road to effective ethics committee functioning is not an easy one, but successful committees indicate it is worth the time and effort. Concentrating on both content and process can assist committee members to meet their goals.

References

- Callahan, Sidney. 1991. *In Good Conscience*. San Francisco: Harper.
- Doyle, Michael, and David Straus. 1976. *How to Make Meetings Work*. New York: Jove Books.
- Katzenbach, John P, and Douglas K. Smith. 1993. *The Wisdom of Teams: Creating a High-Performance Organization*. New York: Harper and Row.
- Kreps, Gary, and Barbara C. Thornton. 1992. *Health Communication, Theory and Practice*. Prospect Heights: Waveland Press.
- Ross, Judith W., John W. Glaser, Dorothy Rasinski-Gregory, Joan McIver Gibson and Corrine Bayley. 1993. *Health Care Ethics Committees: The Next Generation*. Chicago: American Hospital Association.
- Thomasma, David. 1990. *Bioethics Education Project*. National Research Meeting (October). San Francisco.

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