

Keynote Speakers

It's the Organization! – Clinical Ethics and Consultation
at the Intersection of Institutional Practice

Program

Dignity and Decency: Personal Integrity and Decent Institutions

*Clemens Sedmak, Professor of Social Ethics,
University of Notre Dame (USA)*



The talk outlines (a) a profile of decent institutions with a special emphasis on the clinical context and on hospitals, (b) a nuanced understanding of personal integrity in an institutional context, (c) a number of examples that would shed light on the question of how to conceive of the interaction of person and institution. The main concern of the contribution is a thick and robust understanding of human dignity within a clinical setting; which are the minimum standards that must not be undercut? Which are appropriate guidelines to safeguard human dignity?

- ▶ Plenary Session 1. Thursday, 23 May 2019, 9:30–10:30.

The Pope Francis Formula: For Healthy and Ethical Leadership!

Erny Gillen, Moral Factory S.à.r.l., Grand-Duchy of Luxembourg



Just as an unhealthy lifestyle can lead to disease, so, too, can a poorly managed hospital lead to unhealthy outcomes. Leading a life and leading a hospital both have practical consequences and carry moral weight. Ethics understood as a critical reflection of human and technically prolonged behavior, especially in the age of artificial intelligence, can't be separated from leadership.

Looking for healthy leadership models, Erny Gillen will unfold a specific and comprehensive formula able to create a semantic field of dialogue bringing patients, medical doctors, caregivers, social and pastoral workers together. The elements for the formula derive from Francis Bergoglio's professional life and work as a young Jesuit in sinister contexts and as a pope leading a heavily damaged institution with hope and spiritual uprightness.

The first parts of the handy formula address tensions within people and encourages them to keep going by addressing time and unity as pacemakers in blocked positions and conflict situations. The second parts of the method address the inner tensions within therapeutic or organizational approaches and encourages an honest culture of trial and error by accepting realities and the whole as pacemakers, when ideas or parts prevail.

Systematically implemented, the formula supports people and hospitals crossing long established borders and discovering new land. Connecting our past and our future is an urgent humanitarian challenge in an induced ambience of disruptive technics and of the permanent present tense. The Francis Formula is a great remedy against isolation and faint, as it accepts the open future as a normal challenge for our freedom, responsibility and history. It offers a breakthrough method for healthy and ethical leadership – personally and institutionally! Erny Gillen's unique translation of the Formula into his copyrighted Ethical Leadership Octahedron brings a smart pedagogical tool at the bedside of patients, as well as at the hands of hospital managers and ethicists.

- ▶ Plenary Session 2. Thursday, 23 May 2019, 16:30–17:30.

A Needle in an Ethical Haystack: A Virtue Ethics Analysis

*Ann Gallagher, Professor of Ethics and Care,
International Care Ethics Observatory,
University of Surrey (UK)*



This presentation is based on an anonymised case, discussed at a Clinical Ethics Committee in the UK. The case involved uncertainty following a clinician receiving a needle-stick injury. The patient (“Laura”), who was dying and unresponsive and was known to be HIV+. Her hepatitis status was unknown. One of Laura’s family (Paul) was aware of her HIV status but other family members were not aware. The clinician wanted to know Laura’s hepatitis status and requested that blood was taken from the patient for testing. Legal and professional guidance on this issue pointed in different directions. What should the team do? Should the family be asked to leave the patient so that blood can be taken? Should the situation be explained to Paul? What policies did, and should, the organisation have in place to respond to such an eventuality? The case will be analysed using the ETHICS deliberative framework and a virtue ethics approach.

- ▶ Plenary Session 3. Friday, 24 May 2019, 10:30–11:30.

The Challenges of Educating Healthcare Ethics Consultants: Setting the Bar and Shooting for the Stars

*George E. Hardart, Associate Professor of Pediatrics and Bioethics,
Columbia University Medical Center (CUMC), New York (USA)*



The field of healthcare ethics consultants (HCEC) continues to evolve and mature as a professional discipline, but the road has not always been straight. The driving forces for professionalization have included: to maintain and improve the quality of ethics consultation; to elevate the status of HCEC in the healthcare community and institutions through widely accepted certification standards; and to justify financial support of HCECs. Despite the limitations associated with basing certification on a multiple-choice examination, this is the current path chosen by the American Society for Bioethics and Humanities. Time will tell if this approach to HCEC certification achieves widespread acceptance and utilization, but this approach certainly presents educators with critical challenges.

As academic leaders and organizations strive to establish clear standards for minimum competency, there is also a recognition that we need to continue to support and nurture the rich, multifaceted and nuanced practice skills needed to excel in the field. There have been challenges along the way: how to continue to recognize and honor the diversity of our multidisciplinary field with origins in law, medicine, pastoral care, philosophy and more; how to avoid the pitfalls of “teaching to the test”; how to manage the financial costs of both certification and education in an environment where HCECs are often not paid for their services; and how to truly foster excellence in the field, for new trainees as well as for experienced consultants.

In this address, we will discuss the path that has brought us where we are, the challenges that professionalization poses for educators, and potential strategies for our academic community and organizations to engage in achieving our goals.

- ▶ Plenary Session 4. Friday, 24 May 2019, 16:30–17:30.

Towards a Virtuous Clinic? The Dynamics of Character and Ethical Climate within the Clinical Organization

Jos J. Kole, Assistant Professor, Scientific Center for Quality of Healthcare, Radboud University Medical Center, Nijmegen (The Netherlands).



My hospital wants to express hospitality towards its patients. Hospitality is a virtue. Can a clinic, as organisation, be virtuous? If so, in which (non-trivial) sense? And why does it matter?

The leading interrelated questions of this plenary session are:

- Can virtue ethics contribute to clinical ethics? If so, how?
- How does the cultivation of virtues (character) of diverse members of the clinical community (patients, physicians, nurses, managers) relate to the ethical climate of the clinic as organisation and institution? and
- Can and should an organisation be virtuous in order to create a climate that enables members of the clinical community to flourish? If so, how?

The goal of trying to answer these questions is to explore how virtue ethics can contribute to the *quality of care* within the clinic and the *wellbeing and flourishing* of the diverse members of the clinical community – not only of patients, but also of healthcare professionals who may suffer from moral distress, compassion fatigue, heavy workload, loss of job satisfaction, and risk of burn out.

Quality of care and the wellbeing and flourishing of the members of the clinical community may be either undermined or stimulated by how the clinic is organized. Thus, an organisation that focuses one-sidedly on managing (quality of) care through protocols, evidence-based guidelines, and procedures runs the risk of thwarting patient-centred care while neglecting the practical wisdom of healthcare professionals. An organisation that focuses on commercial cost-effective management through output measures and performance indicators may undermine the intrinsic motivation of its professionals, that enables them to provide compassionate care.

Perhaps a ‘virtuous clinic’ is able to stimulate person-centred, compassionate care for patients, while its professionals stay healthy and ‘happy’? Such a clinic would foster a positive clinical ethical climate and assist its patients and professionals to cultivate virtues and character.

This keynote session will not take the usual form of a lecture. The audience is invited to join in an interactive exploration of this new theme.

- ▶ Plenary Session 5. Saturday, 25 May 2019, 10:30–11:30.