

Ethics Consulting Work: Skills, Narratives, and the Importance of Humility

Larry R. Churchill

Ann Geddes Stahlman Professor of Medical
Ethics, Emeritus

Vanderbilt University

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The Territory Ahead

- No prodigies in ethics
 - Ethics is not so much decision-making as discernment--finding/creating moral meaning
 - 5 essential skills, personal and interactive capacities
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1. Relinquishing Skill

Giving up the comforts of moral certainty

- A grain of agnosticism (not knowing)
 - Tolerance for ambiguity and uncertainty
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2. Emotional Skill

Learning from our feelings

- Traditions of seeing emotions as suspect
 - Emotional responses as instructive
 - Assessing “the yuck factor”
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3. Cognitive Skill

Thinking slowly

- Achieving a deliberate pacing, resisting snap judgments
 - Thinking statistically & empirically as well as metaphorically
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4. Imaginative Skill

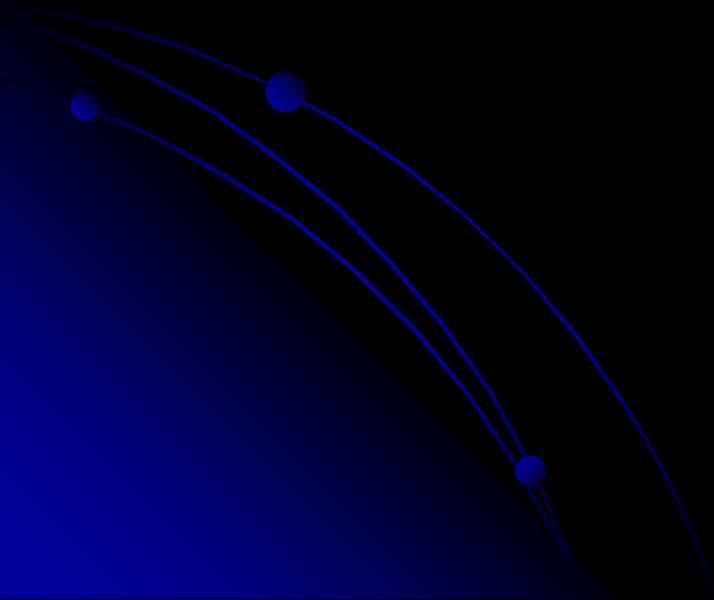
Expanding the Reach of our Empathy

- Empathy, not sympathy
 - Requires efforts of imagination, makes others “real”
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5. Narrative Skill

The requirement to make stories. . .
at intersecting life trajectories

- The Case of Mr. Henry Bush



- *A resident physician in the surgical ICU called at 8:00 a.m. requesting an ethics consult. The patient, Mr. Henry Bush (pseudonym), 78 years old with a 10-year history of Alzheimer's dementia, was admitted a week ago following an unimpeded fall on his face from a standing position. He was at home at the time, cared for by his daughter, Sara Bush. The patient was taking Plavix at the time of the accident.*

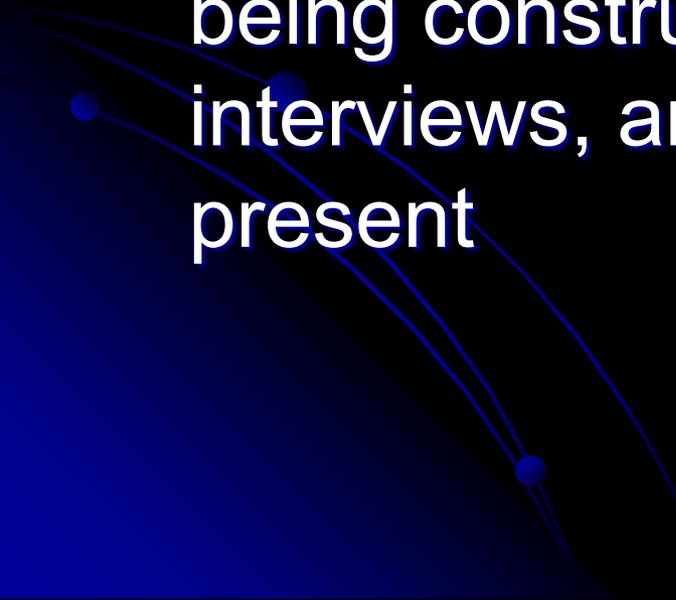
- *Surgical intervention following hospital admission was unsuccessful, and Mr. Bush remains intubated and unresponsive following the surgery. In the judgment of the attending surgeon and the consulting neurologist further intervention will not repair his brain injuries or restore Mr. Bush to consciousness. An aggressive course of care may soon require a PEG, and the medical team is reluctant to place it, given the very poor prognosis.*

- *Discussion with the spouse and the daughter are going nowhere. The spouse also suffers from dementia, of less severity than the patient's, but she is clearly unable to act as Mr. Bush's surrogate. Sara, the daughter, is in her mid-fifties, and the appropriate surrogate for Mr. Bush, but she refuses to discuss comfort-only measures as an option. The difficulty of communicating effectively with the daughter and disagreement about the goals of care are reasons for the consult request.*

Consultant Activities

- Reading the EMR
- Discussion with resident and bedside nurse
- Overhearing a conversation between daughter and attending physician
(a repeatedly interrupted exchange)
- Conversation with attending
“I never say “Never”, but this is about as clear as it gets.”

3 Narratives in Play

- EMR
 - Story of the team that resulted in the consult
 - My narrative of people and events, as it is being constructed by data gathering, interviews, and my experiences past and present
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Humility

- Consultants inevitably need to create a moral narrative, with partial information, ambiguity and uncertainty, and from a limited perspective
- Realization that my tale of moral sense-making intersects with others, each within his/her own life trajectories

Further Reading

- Coulehan, Jack. “On Humility” *Annals of Internal Medicine*. 2010;153:200-201.
- Churchill, L.R. “Narrative Awareness in Ethics Consultations: The Ethics Consultant as Story-Maker,” *Hastings Center Report*, 44 (S1) January-February, 2014, pp. S36-S39.