BOOK REVIEW


In this book, researchers from various European countries discuss many important questions within the field of clinical ethics consultation (CEC). CEC-services have been established in many countries during the last two decades, in particular in hospitals in North-America and Europe; through clinical ethics committees, smaller interdisciplinary groups, single ethics consultants, and moral deliberation groups. The main tasks for CEC-services are: fostering systematic discussions of the ethical dilemmas that face health care providers; ethics education; and developing policies and guidelines.

CEC is a growing, diverse, and interdisciplinary practice which share a common interest in the ethical challenges that permeate modern health care services: when to stop life prolonging treatment, when to override the patient’s wishes, how to allocate limited resources, how to inform the patient in a good way, or how to adjust to various cultural or religious beliefs.

These kinds of questions are still mostly handled without any CEC-services. However, with increased complexity, possibilities, and costs, with stronger patients’ rights, and with multicultural societies, many healthcare professionals, leaders, politicians, patients, and relatives feel there is a need for specialized competence, evaluation and targeted research within the field of clinical ethics. The tasks and challenges that face CEC-services are thus extremely varied and complex. Not surprisingly, there are multiple ways to justify, perform, implement and evaluate CEC. The book edited by Schildman, Gordon and Vollmann succeeds very well in illustrating and exploring this diverse character of CEC.

The book has three sections. The first section focuses on theories and methods within CEC – for example the role of ethical theory in CEC, the relations between various ethical theories and empirical research and clinical facts, and possible philosophical foundations of CEC.

The next section discusses how to implement CEC, based on experiences from various countries in Europe, for example, Germany, Italy, Georgia, the Netherlands and Croatia. The discussions and recommendations are varied, insightful, and practical. Some of the countries represented are so-called transitional countries. However, many of the challenges described from these countries are probably relevant for any country or institution that wants to implement CEC, including the most industrialized countries and also developing countries. This section also includes a chapter on CEC and bedside rationing and a chapter on ethical expertise and CEC. Both these topics are complex, but highly relevant for those who do CEC.

The last section presents and discusses various ways to evaluate the need for CEC, structural and procedural aspects of CEC, and possible outcomes of CEC. Although the last chapter also presents important insights, results, and reflection, this is the least developed section of the book. This reflects an important message in these chapters – that is, there is still a lot work to do when it comes to CEC-evaluation and research – for example on the possible effects of CEC and the best ways to do CEC.

What I liked most about this book is that I found interesting and important elements in all the chapters – for example well-formulated questions or distinctions, clear expositions of complex issues, and insightful and practical recommendations. Although I really enjoyed reading the book and many of the chapters are very well written, I also have some critical remarks.

As indicated, the book touches upon many important questions and issues. There are also, however, some important questions that receive less attention. For example, philosophical hermeneutics (my own personal favourite) is described relatively extensively in chapter 4. However, is philosophical hermeneutics a perspective or a foundation when it comes to CEC and moral deliberation? Furthermore, what are the limits or possible negative consequences if we found moral deliberation or CEC on philosophical hermeneutics? Also, some of the authors seem very optimistic and sometimes a bit uncritical when it comes to describing the possibilities and limits of ethical theories in CEC (see e.g. pp. 125–126 and p. 32). On the other side, the role of other important competencies and theories in CEC, such as communication skills and clinical competencies, are given less attention. For instance, what is the role of medical knowledge in CEC? Interestingly, in chapter 15, clinical competence and communication skills are reported as the most important qualities of the ethics consultant, and relational and communicative challenges are described as the most frequent ethical dilemmas (according to the physicians asked).

Another aspect that is important for doing CEC in a good way is to explore further the relationship between facts and norms – and is and ought – both in clinical work
and in CEC. For example, facts seem to motivate healthcare providers to act in certain ways, and their values and interests sometimes seem to influence how they interpret facts. These kinds of influences sometimes motivate good actions and sometimes bad actions. Is this an indication that the so-called ‘is-ought fallacy’ is not just a fallacy?

After reading the book I still wonder what moral expertise really is. Is everyone or every health professional a moral expert if they participate in moral deliberation or CEC (see p. 150)? If yes, why do we need external moral experts or to develop our moral competence further? And what does ‘moral expertise’ mean when adhering to the ideals of Socratic dialogue, Aristotelian ethics, or a philosophical hermeneutic perspective? And does the meaning of ‘moral expertise’ change if other ethical approaches or theories are used?

Although there are many very good recommendations in the book, some of the recommendations seem unrealistic, and may even conceal important moral challenges, for example when it is asserted that: ‘The physicians has to take all possible treatments into account and he or she has to inform the patient and the family about the pros and cons, irrespective of his or her normative judgment on what is medically indicated’ (p. 16). A theme that has caused continuous debate among clinical ethicists is the role of the patient in CEC. The role of the patient and relatives is relatively peripheral in most of the book. In chapter 10, a ‘Person-Centred Ethical Theory’ is presented. An important aspect of this theory, however, is that in the evaluation of the patient’s preferences ‘the autonomy of the patient cannot supersede the autonomy of the doctor’ (p. 123).

Finally, as a researcher interested in doing literature reviews, I think the search strategies in the literature searches used in some of the chapters are not very well described.

Considering the complexity of the field of CEC, one cannot expect one book to answer or discuss all the questions that the reader may have. In fact, since most of the chapters include clear discussions of very complex issues it is relatively easy for the reader to agree or disagree with what is presented, and to identify other important questions, perspectives, and answers. Thus, for many readers I assume that the book can serve as a good example of what can be achieved through CEC.

The book clearly deserves to be read by most people interested in doing or setting up CEC. Furthermore, I believe that researchers and teachers within this field will find the book very interesting and stimulating. The middle section (part II on implementation) may be the best place to start for the more practically oriented readers.

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Reidar Pedersen was trained as a physician (M.D.) and philosopher (B.A., M.A.) and has been doing research and teaching in ethics and communication in health care since 2003 at the Centre for Medical Ethics, University of Oslo. His work has included evaluation, research, teaching, supervision and development of ethical reflection in hospitals and within community health care.