**Canadian Journal of Bioethics**
**Revue canadienne de bioéthique**

# Missing the Forest for the Trees

Jordan Potter

Volume 7, Number 1, 2024

Dialogue with Future Bioethicists
Dialogue avec la prochaine génération en bioéthique

URI: https://id.erudit.org/iderudit/1110332ar
DOI: https://doi.org/10.7202/1110332ar

See table of contents

Publisher(s)

Programmes de bioéthique, École de santé publique de l'Université de Montréal

ISSN

2561-4665 (digital)

Explore this journal

Cite this document

Potter, J. (2024). Missing the Forest for the Trees. *Canadian Journal of Bioethics / Revue canadienne de bioéthique*, *7*(1), 52–53. https://doi.org/10.7202/1110332ar

Article abstract

This response expands on Wyzynski's focus of the importance of fostering elementary ethics deliberation and education within hospitals. In particular, it highlights that most of the clinical ethicist's work revolves around basic, fundamental ethical dilemmas, as well as the importance of ethics education being within the clinical ethicist's scope of practice and responsibility.

Canadian Journal of Bioethics
Revue Canadienne de Bioéthique

J Potter. *Can J Bioeth / Rev Can Bioeth.* 2024;7(1):52-53

RÉPONSE À – TÉMOIGNAGE / RESPONSE TO - PERSPECTIVE

# Missing the Forest for the Trees

Jordan Potter[a]

**Texte discuté/Text discussed:** D Wyzynski. Back to basics: re-embracing the foundations of clinical ethics in healthcare. Can J Bioeth/Rev Can Bioeth. 2024;7(1):26-28.

**Résumé**
Cette réponse développe l'accent mis par Wyzynski sur l'importance de favoriser la délibération et l'éducation à l'éthique élémentaire dans les hôpitaux. Elle souligne en particulier que la majeure partie du travail de l'éthicien clinique tourne autour de dilemmes éthiques élémentaires et fondamentaux, ainsi que l'importance de l'éducation à l'éthique dans le cadre de la pratique et de la responsabilité de l'éthicien clinique.

**Abstract**
This response expands on Wyzynski's focus of the importance of fostering elementary ethics deliberation and education within hospitals. In particular, it highlights that most of the clinical ethicist's work revolves around basic, fundamental ethical dilemmas, as well as the importance of ethics education being within the clinical ethicist's scope of practice and responsibility.

**Mots-clés**
de base, bioéthique, clinique, éducation, éthique, fondamental

**Keywords**
basic, bioethics, clinical, education, ethics, fundamental

**Affiliations**
[a] Community Health Network, Indianapolis, Indiana, USA
**Correspondance / Correspondence:** Jordan Potter, jpotter3@ecommunity.com

This insightful piece by Daniel Wyzynski (1) elegantly describes some of the challenges that early career clinical bioethicists experience as they transition into the clinical realm. While much bioethics discourse, research, and education focus on more complex or "sexy" ethical issues and dilemmas in healthcare – such as triage of healthcare resources during periods of scarcity, medical aid-in-dying, conflicts in determinations of death by neurological criteria, medical futility, etc. – basic ethical concepts and principles are still areas where clinical bioethicists can bring much benefit to quality patient care via consultation, education, or other means. Fundamental concepts like privacy, truth-telling, harm, etc. are all ethically rich concepts and principles that are relevant and crucial to medical practice, and they should not be overlooked when assessing the clinical bioethicist's role and impact on patient care. Two unspoken but important insights that I take from this piece, and that are supported by my own experiences, are important to flesh out.

First, most of the clinical bioethicist's work and impact revolve around addressing basic ethical dilemmas and integrating fundamental ethical concepts and principles into patient care. While the more complex and "sexy" healthcare ethics issues and dilemmas are still encountered by many clinical bioethicists, in my experience I am most often addressing basic ethical dilemmas that occur frequently in patient care. One good example is the fundamental healthcare ethics concept of surrogate decision-making, which engenders multiple variations of common ethics consult questions, including: Who is the appropriate surrogate decision-maker for an incapacitated patient? How do we provide care for an incapacitated patient with no identifiable surrogate decision-maker? What do we do if two equal priority surrogate decision-makers disagree on a medical decision? Are we obligated to honor a surrogate decision-maker's decision that contrasts with a patient's advance directive or previous stated wishes?

Other fundamental concepts and principles like decision-making capacity, privacy and confidentiality, truth-telling, etc. all similarly play central roles in many ethics consults that clinical bioethicists receive. And this disposition towards addressing more basic ethical dilemmas and concepts does not exist just in the practice of clinical bioethics consultation, but also in the other traditional duties for which many clinical bioethicists are responsible, like ethics education and ethics policy development. Ethics policy development and ethics education of caregivers are also areas where significant impact and benefit can be delivered by the clinical bioethicist by focusing on these fundamental, basic concepts and dilemmas in healthcare ethics.

Second, while each clinical bioethicist's scope of practice varies slightly dependent upon their specific resources and job description, ethics education should always be a component of the clinical bioethicist's work in one form or another. Whether done formally in graduate medical education or continuing medical education or informally as *ad hoc* education sessions for specific teams, units, or as a component of a single or recurring ethics consult, ethics education is a vital tool that the clinical bioethicist must employ to generate institutional ethics capacity and literacy.

The reason ethics education is so vital is due to the need for the clinical bioethicist to participate in both "upstream" and "downstream" ethics work. That is, the clinical bioethicist must focus on addressing ethical issues proactively and not solely in a reactive fashion. While much of the clinical bioethicist's bandwidth has traditionally been dedicated to reactively resolving ethical dilemmas via consultations, this is not a sufficient dynamic to generate institutional ethics capacity and literacy. Rather, the clinical bioethicist must also engage in proactive, preventative ethics via education of caregivers to develop institutional ethics capacity and literacy that can prevent some ethical dilemmas from developing. A secondary benefit of this kind of


ISSN 2561-4665

proactive ethics education is that it develops in caregivers a better ethics “fluency” and awareness of healthcare ethics concerns, which can lead to earlier detection of ethical concerns that might require the assistance and expertise of the clinical bioethicist to resolve.

While quality ethics policy development can do some of this work, many times organizational policy itself is still reactive in nature and focused on ensuring consistent procedures and processes to follow once an ethical dilemma has already developed. But ethics education is tailored to do this important proactive, preventative ethics work, as it can equip caregivers with the necessary knowledge and tools to avert ethical dilemmas and/or allow for earlier detection and escalation to the clinical bioethicist for more complex ethical issues. This kind of proactive, preventative ethics work has been a significant focus for many large ethics programs in recent years (2,3).

To conclude, I agree with the author on the importance of clinical bioethicists fostering elementary ethical deliberation and education within the institutions we serve. While the complex and “sexy” ethical issues are always stimulating to work on, we must avoid missing the forest for the trees. And when we fail to adequately address and educate on the everyday ethical issues, concepts, and principles that caregivers regularly experience and practice at the bedside, we are doing just that.

**Reçu/Received:** 17/07/2023

**Publié/Published:** 18/03/2024

**Conflits d’intérêts**
Aucun à déclarer

**Conflicts of Interest**
None to declare

**Édition/Editors:** Aliya Affdal

Les éditeurs suivent les recommandations et les procédures décrites dans le Code of Conduct and Best Practice Guidelines for Journal Editors de COPE. Plus précisément, ils travaillent pour s’assurer des plus hautes normes éthiques de la publication, y compris l’identification et la gestion des conflits d’intérêts (pour les éditeurs et pour les auteurs), la juste évaluation des manuscrits et la publication de manuscrits qui répondent aux normes d’excellence de la revue.

The editors follow the recommendations and procedures outlined in the COPE Code of Conduct and Best Practice Guidelines for Journal Editors. Specifically, the editors will work to ensure the highest ethical standards of publication, including: the identification and management of conflicts of interest (for editors and for authors), the fair evaluation of manuscripts, and the publication of manuscripts that meet the journal’s standards of excellence.

## REFERENCES

1. Wyzynski D. Back to basics: re-embracing the foundations of clinical ethics in healthcare. Canadian Journal of Bioethics/Revue canadienne de bioéthique. 2024;7(1):26-28.
2. Slosar JP. Embedding clinical ethics upstream: what non-ethicists need to know. Health Care Ethics USA. 2016;24(3):3-11.
3. Fox E, Bottrell MM, Berkowitz KA, Chanko BL, Foglia MB, Pearlman RA. IntegratedEthics: an innovative program to improve ethics quality in health care. Innovation Journal. 2010;15(2):1-36.