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Professionalization of Clinical Bioethics: *This is the Way*

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Article abstract

Professionalization across the field of bioethics is valuable and should be invested in by future generations of ethicists. To support this, standardization should expand beyond clinical ethics, ensuring considerations for organizational and research ethics, and encouraging membership that includes those with diverse backgrounds of education, lived experiences, and employment.

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RÉPONSE À – TÉMOIGNAGE / RESPONSE TO - PERSPECTIVE

Professionalization of Clinical Bioethics: *This is the Way*

Daniel Wyzynski[a,b]

Texte discuté/Text discussed: J Potter. Professional clinical bioethics: the next generation. Can J Bioeth/Rev Can Bioeth. 2024;7(1):16-18

Résumé
La professionnalisation dans le domaine de la bioéthique est précieuse et devrait être investie par les futures générations d'éthiciens. Pour ce faire, la normalisation devrait s'étendre au-delà de l'éthique clinique, en tenant compte de l'éthique organisationnelle et de l'éthique de la recherche, et en encourageant l'adhésion de personnes ayant des antécédents divers en matière d'éducation, d'expériences vécues et d'emploi.

Abstract
Professionalization across the field of bioethics is valuable and should be invested in by future generations of ethicists. To support this, standardization should expand beyond clinical ethics, ensuring considerations for organizational and research ethics, and encouraging membership that includes those with diverse backgrounds of education, lived experiences, and employment.

Mots-clés
professionnalisation, éthicien praticien des soins de santé, certification en éthique

Keywords
professionalization, practicing healthcare ethicist, ethics certification

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The author of this article, Jordan Potter (1), and I share many sentiments regarding the professionalization of Clinical Ethicists. I wholeheartedly agree with his argument that "hospitals and healthcare institutions should strive to augment their current ethics programs and HECs with the addition of professional clinical bioethicists".

As was referenced by Potter, there is a significant value in an ethicist's ability to foster time to create an open space for dialogue. Taking the time to informally round with front line clinicians allows for the navigation of moral distress and fosters an environment where everyone can participate in the discussion of ethical concerns. This highlights how ethical choices are scattered throughout all elements of clinical practice and are a shared responsibility of all parties. Ensuring that all providers have access to ethics support means that health institutions must invest in ethics programs, ensuring that trained bioethicists are readily available to support all degrees of ethical need.

This cannot be done from the corner of a desk by a person who is otherwise committed to a different set of responsibilities. Ethics is not just about the biggest, most complicated and challenging cases that require a group deliberation. Instead, ethical decision making, values tensions, conflict navigation, and moral distress are consistently unravelling within healthcare environments and thus require continuous, ongoing attention.

While I recognize that the ASBH's core competencies and Healthcare Ethics Consultant – Certification (HEC-C) has gained the most traction for ethics consultants in North America, I also recognize that the field of bioethics is still in the infancy of reaching professionalization across North America. In Canada, The Canadian Association of Practicing Healthcare Ethicists (2) (CAPHE-ACESS) is the most prominent entity working to promote excellence in healthcare ethics practice. This organization operates as a voluntary professional association which practicing ethicists can choose to join. CAPHE-ACESS leverages the work done by Christy Simpson, defining a practicing healthcare ethicist (PHE) as someone who:

> Has dedicated work responsibilities within a healthcare organization to provide a variety of ethics-related services which include more than one of the following: clinical and/or organizational ethics consultation; policy development and/or review; ethics education for staff; management of ethics programs (including clinical ethics committees); mentoring of staff/learners; and conducting research ethics consultations. (3)

This definition, however, elicits similar concerns raised by Potter in his paper; what qualifies a person as an ethicist is their responsibilities without consideration to training, competency, or quantity of time committed to the profession. Members of Healthcare Ethics Committees (HEC) described by Potter would likely 'fit' Simpson's definition of what constitutes a PHE.

We see that CAPHE-ACESS, similar to ASBH, has taken a broad and inclusive approach to healthcare ethics professionalization, which despite concerns of limited rigour, I support as an effective approach to the long road of professionalization. An inclusive approach allows for membership by those who have been leading the field for years, despite having highly variable backgrounds and practices. Dudzinski (4) outlines that, as certification and association membership increases in quantity, the bar of quality will also be raised by slowly encouraging additional education and mentorship, leading

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to improvements in the skills and competency of those facilitating ethics consultation. With that in mind, it is important to recognize that these are only the first few steps in working towards professionalization (4,5).

Continuing the work of professionalization is important, but it also runs the risk of reducing diversity in our field. The development of professional standards establishes expectations to then uphold and teach defined standards, leading to the standardization of graduate programs and fellowship training opportunities to ensure that the standards are captured in the curriculum. This creates the risk of reducing the variability of available pathways that someone can take to become a professional ethicist. Yet, one of the key elements that makes a bioethics team valuable is the diversity of opinions and perspectives it can hold. Our ability to challenge each other and strengthen our arguments is enriched by differing perspectives and a variety of interdisciplinary backgrounds. An anecdotal example of this exists in my own team, where we are privileged to have staff with formal training and backgrounds in nursing, social work, and philosophy. Each team member is able to voice concerns from a unique perspective, complimenting the knowledge and skills they learned from a formalized graduate program in bioethics. Diversity of experience and opinion will continue to be a key element of ethical consultation and should be preserved through any process of standardization.

Additionally, professionalization is not only applicable to clinical settings, but extends to organizational considerations, and research ethics board oversight. A clear example for future work includes developing further specificity in Canadian research ethics guidelines for what constitutes a board member knowledgeable in ethics. Current national guidelines vaguely suggest that a “balance of ethics theory, practice and experience” (6) makes one a member knowledgeable in ethics with sufficient ability to guide an REB in identifying and addressing ethical concerns. Further guidance suggests that “the kind and level of knowledge or expertise needed on the REB will be commensurate with the types and complexities of research the REB reviews” (6). Simply put, this is one example of many where a vague definition of ethics knowledge and skills could lead to ill-equipped individuals speaking (to the best of their ability) on a topic for which they have little to no formal training. A lack of formal training for those conducting ethics consultation has been identified by Fox and colleagues, who found that only 8% of ethics consultants had formal graduate or fellowship training (7). I agree that variability in professional backgrounds can be beneficial for the field, however, REB’s are responsible for reviewing high-risk medical research proposals to ensure appropriate protections are in place for participants. Failing to require any formalized training creates dangerous space for individual interpretation, and the influence of personal values.

I agree with Potter that, overall, these changes will be difficult and take time; however, I would argue that as a service available in the healthcare setting, we are morally obligated to pursue continuous improvement. There is a decision that our field has to make – whether or not to work towards and establish a professionalized practice. In response to this query, and Potter’s Star Trek riff, I would look to the wise words of Yoda, “Do or do not, there is no try”.

Professionalization is valuable; we must commit to a future where Practicing Healthcare Ethicists and Ethics Consultation services are professionalized. My hope is that professionalization will be continuously pursued by the current and next generations of ethicists. We must continue to strive for improvements and growth within our discipline. We must continue to hold ourselves and each other to ever higher standards to ensure that the highest quality of ethics consultation services is provided. To not do so would be to risk the integrity of the entire field, as well as contribute to harming our patients, communities, and healthcare institutions.

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