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# What Is Everyday Ethics? A Review and a Proposal for an Integrative Concept

*Natalie Zizzo, Emily Bell, and Eric Racine*

## ABSTRACT

"Everyday ethics" is a term that has been used in the clinical and ethics literature for decades to designate normatively important and pervasive issues in healthcare. In spite of its importance, the term has not been reviewed and analyzed carefully. We undertook a literature review to understand how the term has been employed and defined, finding that it is often contrasted to "dramatic ethics." We identified the core attributes most commonly associated with everyday ethics. We then propose an integrative model of everyday ethics that builds on the contribution of different ethical theories. This model proposes that the function of everyday ethics is to serve as an integrative concept that (1) helps to detect current blind spots in bioethics (that is, shifts the focus from dramatic ethics) and (2) mobilizes moral agents to address these shortcomings of ethical insight. This novel integrative model has theoretical, methodological, practical, and pedagogical implications, which we explore. Because of the pivotal role that moral experience plays in this integrative model, the model could help to bridge empirical ethics research with more conceptual and normative work.

## INTRODUCTION

The emergence of bioethics is often tied to various scandals and challenges in biomedicine, including those related to research (for example, experiments on institutionalized children), and those related to tough dilemmas in clinical practice (for example, determination of brain death and withdrawal of life support). These were, for the most part, issues that had a dramatic public profile. It is also true that bioethics was triggered by non-dramatic, everyday ethics issues, such as a culture of increasingly impersonal care (for example, large hospitals, specialization of medicine) and the need to recognize and respect individuals' rights in daily care. As a result of these events, many changes have been brought to healthcare and biomedicine over the past 50 years. At the same time, there is a sense that bioethics has focused on the more dramatic ethical issues, while the issues faced in daily life by health-

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care practitioners, patients, and caregivers—“everyday ethics”—are not well considered and reflected in the agenda of bioethics. For the purpose of this article we consider everyday ethics to encompass issues that occur regularly within healthcare, but that are perhaps under-discussed in light of their regularity or overlooked because they are perceived as ordinary and unimportant from an ethical standpoint. A failure to recognize the important ethical dimension of these everyday issues, however, ignores ethical theories that can aid in the consideration of these issues, and may have lasting effects (for example, influence how individuals interact in the healthcare system).

The call for greater attention to everyday ethics has profound philosophical roots, notably in philosophical pragmatism, which called for more attention to everyday moral experience, starting in the early twentieth century, and later in feminist philosophy.<sup>1</sup> Dewey, for example, repeatedly stressed the need to capture everyday moral experience and bring back philosophy (and philosophical ethics) to the study of real-world problems.<sup>2</sup> Accordingly, he repeatedly critiqued essentialism and what he described as the “philosophical fallacy,” that is, the fallacy of neglecting context in philosophical thinking to the profit of unbounded universalism.<sup>3</sup> In the last decades, numerous critiques of bioethics stemming from different theoretical perspectives have pointed to bioethics’ lack of connection with everyday ethics. Contemporary scholarship stemming from the tradition of clinical ethics,<sup>4</sup> feminist ethics,<sup>5</sup> pragmatism,<sup>6</sup> and narrative ethics<sup>7</sup> have all, in different ways, called for greater attention to everyday ethics, a term that has been in use explicitly in bioethics since at least the 1980s. Perhaps most notably, in 1990, Kane and Caplan published a landmark anthology, titled *Everyday Ethics: Resolving Ethical Dilemmas in Nursing Home Life*, that considered ethical dilemmas in nursing home care.<sup>8</sup> Since Kane and Caplan’s book, the application of the term has since expanded and been applied in many other contexts, and it is important to recognize that the call for a return to everyday concerns in medical ethics has a long<sup>9</sup> and rich history.<sup>10</sup> Nonetheless, the concept of everyday ethics remains, to our knowledge, somewhat undefined, is often left unnamed by authors, and is missing integration with normative theoretical frameworks.

In this article, we examine more in depth the concept of everyday ethics. To accomplish this, we review the current literature that references everyday ethics and identify the core features and functions of this concept. We then reflect on the norma-

tive function of everyday ethics. We propose an integrative model of everyday ethics, which serves the purpose of drawing attention to a particular set of issues that are understudied in academic research and remain overlooked or unrecognized as ethical issues. We examine how different normative theories account for aspects of everyday ethics that, when viewed through an integrated lens, draw the eye to important but under-appreciated issues in bioethics. The implications (theoretical, methodological, practical, and pedagogical) of this integrative concept are illustrated and discussed.

### WHAT IS EVERYDAY ETHICS?

In order to better understand how everyday ethics has been characterized in the academic literature, we performed a literature review using PubMed and ProQuest MEDLINE, using the terms “everyday ethic\*”. This search yielded a total of 88 results (excluding duplicates); 27 of these were excluded because they had no abstract and were inaccessible, while 61 results were included and analyzed. (Two had abstracts, but full versions were inaccessible; 59 results were fully accessible.) We reviewed the abstracts of all included results, as well as the abstracts of articles that were relevant to the bioethics/clinical context (for example, articles that discussed everyday ethics in the context of delivery of care were carefully examined, while articles that discussed everyday ethics in the context of information technology were not fully read).

### Defining Everyday Ethics

To operationalize a term, it is important that it has a coherent and consistent definition. When it comes to describing what is meant by everyday ethics, only one-third (33 percent) of the articles gave a description or definition of the term. Nearly half of the articles (41 percent) used the term only in the title or abstract. This scarcity of definitions seems to indicate that everyday ethics is thought to be an implicitly understood concept. When descriptions of everyday ethics were given, however, they were inconsistent and varied depending on the context. For example, in the nursing literature, many of the definitions were, not surprisingly, focused on the experience of the nurse: “ ‘Everyday ethics’ involves those usual encounters that nurses have with patients, their families, and other health providers, [...] [it] centers on who the professional nurse is and how the nurse interacts with and relates to others in the health care environment.”<sup>11</sup> Comparatively, other descriptions highlighted everyday ethics as charac-

**TABLE 1.** Illustrative published descriptions and definitions of everyday ethics

- “Everyday conflicts that have ethical implications—what we call ‘situated ethics.’”<sup>1</sup>
- “Ethical questions that arise on a day-to-day basis.”<sup>2</sup>
- “Situations involving values, virtues, obligations, ethical principles (such as respect for persons) or manifestations of these principles (such as truth-telling and confidentiality), as well as conflicts between any of these, although conflict [is] not required. In addition, [ . . . ] matters relating to professionalism and associated responsibilities [are included].”<sup>3</sup>
- “The day-to-day clinical activities that constitute a moral territory lying outside of formal ethics guidelines.”<sup>4</sup>
- “The small decisions about the content and order of daily life in nursing homes<sup>5</sup> and other health and social service settings.”<sup>6</sup>
- “‘Ordinary’ issues of daily living.”<sup>7</sup>
- “Ethics with a small e, ‘the moral what-to-do questions [ . . . ] that require [ . . . ] to evaluate and choose between alternatives’<sup>8</sup> on an everyday basis, while in the field. [ . . . ] it is not the Ethics with a capital E of Ethics Committees or Ethics Councils.”<sup>9</sup>
- “‘Housekeeping issues,’ [ . . . ] the everyday routine issues that constitutes a major part of the health care work performed by nurses and often ignored and invisible in ethical dogma.”<sup>10</sup>
- “Everyday ethics involves human values and beliefs about how we should live and interact with one another on a daily basis.”<sup>11</sup>

#### NOTES

1. S. Van der Dam et al., “Here’s My Dilemma: Moral Case Deliberation as a Platform for Discussing Everyday Ethics in Elderly Care,” *Health Care Analysis* 20, no. 3 (2012): 250-67.
2. J.A. Carrese et al., “Everyday ethics in internal medicine resident clinic: An opportunity to teach,” *Medical Education* 45, no. 7 (2011): 712-21.
3. V. Loblay, “Everyday ethics: Ultrasound and Sex-Determination in Australia,” *Indian Journal of Medical Ethics* 6, no. 4 (2007): 188-93.
4. A.L. Caplan, “The Morality of the Mundane: Ethical Issues Arising in the Daily Lives of Nursing Home Residents,” in *Everyday Ethics: Resolving Dilemmas in Nursing Home Life*, ed. R.A. Kane and A.L. Caplan (New York: Springer, 1990).
5. C.M. Messikomer, and C.C. Cirka, “Managing Everyday Ethics in Assisted Living: A Research-Based Case Analysis for the Classroom,” *Gerontology and Geriatrics Education* 28, no. 4 (2008): 71-93.
6. B.A. Powers, “Ethnographic Analysis of Everyday Ethics in the Care of Nursing Home Residents with Dementia: A Taxonomy,” *Nursing Research* 50, no. 6 (2001): 332-9.
7. Nuffield Council on Bioethics, *Medical Profiling and Online Medicine: The Ethics of ‘Personalised Healthcare’ in a Consumer Age* (London: Nuffield Council on Bioethics, 2010).
8. V. Lichtner, “The Everyday Ethics of Field Work Research with Vulnerable Patients,” *Studies in Health Technology and Informatics* 205 (2013): 813-7.
9. S. Öresland et al., “Home-Based Nursing: An Endless Journey,” *Nursing Ethics* 18, no. 3 (2011): 408-17.
10. B.A. Powers, “Everyday Ethics of Dementia Care in Nursing Homes: A Definition and Taxonomy,” *American Journal of Alzheimer’s Disease and Other Dementias* 15, no. 3 (2000): 143-51.
11. E. Balka, and M. Tolar, “Everyday Ethical Dilemmas Arising with Electronic Record Use in Primary Care,” *Studies in Health Technology and Informatics* 169 (2010): 285-9.

terized by “multi-perspectiveness.”<sup>12</sup> There was recognition of the importance of different views in identifying and resolving everyday ethical issues.<sup>13</sup> The importance placed on multiple perspectives is perhaps best exemplified by the various studies that investigated not only the views on everyday ethics of healthcare practitioners, including physicians, nurses, and other allied healthcare professionals, but of patients, family members, and caregivers.<sup>14</sup>

Some authors characterized everyday ethics based on its frequency, and others emphasized its ordinariness (for example, “ordinary ethics-related issues commonly faced”).<sup>15</sup> An emphasis on the ordinary likely stems from Caplan’s original conception of everyday ethics, wherein he states, “Ethics concerns not only questions of life and death but how one ought to live with and interact with others on a daily basis. The ethics of the ordinary is just as much part of health care ethics as the ethics of the extraordinary.”<sup>16</sup> Although some descriptions overlapped, there was no single, consistent definition of everyday ethics (see table 1). Despite these inconsistencies and variable definitions, everyday ethics seems to be operationalized as a set of ethical issues that occur regularly, arise often in healthcare interactions, and are frequently overlooked.

#### Defining Everyday Ethics by Comparisons

In many of the retrieved articles, everyday ethics was more often described in terms of what it is not. For example, everyday ethical issues were often contrasted to ethical issues that are viewed or analyzed as dilemmas.<sup>17</sup> Some authors regarded everyday ethics as overlooked by principle-based or procedural theories,<sup>18</sup> and viewed everyday ethical issues as better analyzed using contextual forms of ethics.<sup>19</sup> Perhaps most commonly, everyday ethics was contrasted to what has been alternately termed “dramatic,”<sup>20</sup> “high-intensity,”<sup>21</sup> “sensational,”<sup>22</sup> or “tragic”<sup>23</sup> ethics. In this article, we adopt the term “dramatic ethics” to refer to this type of ethics, although we do not mean to imply any normative judgments in our distinction of these two sets of ethical issues.<sup>24</sup>

Within the retrieved literature, dramatic ethics was often described as rendering everyday ethics invisible,<sup>25</sup> causing it to be overlooked<sup>26</sup> and overshadowed.<sup>27</sup> Dramatic ethics is seen as having a higher media and public

profile, and correspondingly as retaining the focus of bioethics.<sup>28</sup> Despite the multiple comparisons of everyday ethics to dramatic ethics, the term dramatic ethics itself was poorly characterized. Our review suggests that dramatic ethics is often associated with acute care, and tends to focus on high-technology, often invasive or life-threatening interventions, and advances in research. Comparatively, everyday ethics is seen as aligning more closely with regular, practical clinical ethical issues, reflecting “real-life” problems faced by patients or careproviders. Notably, dramatic ethical issues were perceived as challenging and important, but also as less common and as not reflecting the actual experience of most patients and healthcare providers.<sup>29</sup> In contrast, everyday ethics was described as “subtle and pervasive,”<sup>30</sup> and was seen as a feature in the experiences of the many.<sup>31</sup> We highlight the differences between everyday and dramatic ethics, derived from the literature and our own reflections, in table 2.

**Common Contexts of Everyday Ethics Discussions**

Interestingly, everyday ethics seemed to be widely discussed in two contexts. The first is nursing (47 percent of included sample), for whom issues such as those related to consent for minor procedures<sup>32</sup> and dealing with problematic patients<sup>33</sup> were discussed. The second most highly discussed context was the ethics training of healthcare professionals (25 percent). Many articles in this context discussed similar issues (for example, issues related to consent, confidentiality, and managing therapeutic relationships,<sup>34</sup>) as they relate to the experience and education of trainees, as well as challenges that relate specifically to being a trainee (for example, balancing obligations as a learner and as a healthcare provider,<sup>35</sup> managing the limits of one’s compe-

tence<sup>36</sup>). Meanwhile, a smaller subset of the literature focused on the experiences of patients and their families (13 percent; for example, issues related to navigating the healthcare system, asserting one’s autonomy and being sufficiently informed, and issues with access to care<sup>37</sup>). An even smaller subset looked at everyday ethical issues for health researchers (4 percent; for example, issues related to collecting data from participants in developing countries).<sup>38</sup>

Many authors called for the use of everyday ethical issues in the ethics training of clinicians.<sup>39</sup> The focus on everyday ethics in ethics education may be a result of efforts to utilize the ethical issues that practitioners are most likely to encounter in the provision of care as teaching tools (that is, those that are frequent and familiar).<sup>40</sup> In this case, everyday ethics is described as more reflective of the actual experiences of careproviders<sup>41</sup> and may serve as a bridge between bioethics and clinical practice.

The multiple contexts in which everyday ethics was discussed illuminate an important point: many individual stakeholders are touched by everyday ethics. As a result, a consideration of *whose* everyday experience it is that is examined factors into descriptions of everyday ethics. Everyday ethical issues can involve any of the above parties, but the particular ethical challenge or concern may vary, depending on whose perspective is taken. At the same time, it is important to note that different stakeholders may experience the same everyday ethical issues (for example, issues related to access to care), but in different ways.

**Professionalism, Relationships, and Everyday Ethics**

Finally, the importance of everyday ethics to professionalism and the common obligations of cli-

**TABLE 2.** Commonly described differences between everyday ethical issues and dramatic ethical issues

Dramatic ethical issues	Everyday ethical issues
<p>Focused on “extraordinary” high-technology and life-threatening interventions</p> <p>Often in acute care/high-risk settings</p> <p>Less common (affects few)</p> <p>Salient/high media and public profile</p> <p>Associated with high-technology research, innovative care</p> <p>Perceived higher ethical stakes; high attention in bioethics</p> <p>Often described/set up as an ethical dilemma</p> <p>Of high interest for analyses based on ethical principles (for example, principlism, casuistry)</p>	<p>Focused on daily life, “ordinary” healthcare and services</p> <p>Often in non-acute care/low-risk settings</p> <p>More common (affects many)</p> <p>Less salient/low media and public profile</p> <p>Associated with everyday healthcare encounters, routine care</p> <p>Perceived lower ethical stakes; limited attention in bioethics</p> <p>Often described in nondilemmatic forms such as angst, moral distress, tensions</p> <p>Of high interest to contextual forms of ethics (for example, feminist ethics, pragmatism, and narrative ethics)</p>

nicians to patients were commonly cited in the literature.<sup>42</sup> Everyday ethics was seen as being an integral part of the professional practice, perhaps because it is reflective of the everyday experience of healthcare practitioners. Correspondingly, it was observed that everyday ethics is often captured in the ethics language of non-experts, or a folk taxonomy.<sup>43</sup> Indeed, everyday ethics is part of the ordinary experience of individuals, and the issues that individuals deal with daily are not always classified or described as ethical in nature. When an issue is examined more in depth and unpacked, its ethical dimensions can become clearer. Everyday ethical issues may arise from relational or contextual factors that are intrinsic to everyday encounters (for example, issues of communication),<sup>44</sup> or as the result of systemic or organizational issues (for example, challenges in the adequate provision of healthcare in light of limited resources).<sup>45</sup>

### Core Features of Everyday Ethics

Upon this review of the literature, we observe that the following attributes have been used to characterize everyday ethical issues:

- First, everyday ethics encompasses real-life issues; everyday ethics is not hypothetical, it includes events that occur often and affect the many.
- Second, everyday ethics is situated in common interactions between people; issues may be especially tied to relational and contextual factors, but also systemic and organizational factors.
- Third, everyday ethics varies depending on the agent or stakeholder, including clinicians (nurses, physicians, *et cetera*), patients, and their relatives and caregivers. Notably, while everyday ethics affects more than just clinicians, it is often associated with professionalism.
- Fourth, everyday ethics is often captured in a folk taxonomy, or non-expert ethics language, and its ethical dimension may not always be apparent to stakeholders.

Note that not all of these attributes are necessary for an issue to be considered an everyday ethical issue, but these attributes can enable us to recognize these issues.

### What is the Normative Importance of Everyday Ethics?

Despite the likelihood that patients and healthcare providers encounter everyday ethical issues, these issues are described in the literature as under-recognized, under-discussed,<sup>46</sup> and as attracting little

attention.<sup>47</sup> For example, research in the context of Parkinson's disease suggests that everyday ethics (for example, issues encountered in communication or related to common aspects of clinical relationships) is overlooked in favor of ethical challenges associated with invasive interventions such as stem cells and deep-brain stimulation.<sup>48</sup> Several studies have also reported that, even in clinical ethics, there is a tendency to perceive the need for clinical ethics services only in what might be described as dramatic ("crisis") cases.<sup>49</sup> This points to a propensity for bioethics discussions to be held foremost when an issue is unusual or raises attention.

A focus on dramatic ethical issues can eclipse pertinent ethics discussions, and high-profile type concerns risk becoming, as Powers noted, the "[lens] through which the topic of ethics in health care is viewed."<sup>50</sup> This failure to recognize and discuss the importance of everyday ethics may be related to its "ordinariness."<sup>51</sup> Comparisons of everyday ethics to "tragic" ethical issues<sup>52</sup> perpetuate a problematic idea that everyday ethics cannot have important consequences. Perhaps most notably, everyday ethical issues have been described as having "seemingly small stakes."<sup>53</sup> Previous descriptions of them as mundane<sup>54</sup> likely do not help in illustrating their importance. This may explain why the bioethics literature has had little focus on these issues. The stakes of everyday ethics may only be perceived as small because the consequences of ignoring these issues may not be immediately apparent. In fact, unaddressed everyday ethical issues can have significant lasting effects (for example, may influence how individuals interact with and within the healthcare system). For example, in a qualitative study on the perspectives of young adults with cerebral palsy, the conduct of clinicians in everyday encounters (for example, belittlement) had a significant impact on the young adults' future trust in and use of healthcare services. Accordingly, suboptimal handling of everyday ethics led, in some cases, to significant negative outcomes for youth who disengaged with healthcare and lost trust in their clinicians. Furthermore, regardless of the size of the stakes of everyday ethics, if these issues occur regularly (that is, "everyday"), and affect a large number of people, then, as Smith noted, "the enormity of these ethical problems becomes staggering."<sup>55</sup> Accordingly, and in spite of its name, the concept should be recognized for its importance and implications.

At the same time, it may be challenging to recognize everyday ethics in practice. Stakeholders may overlook the ethical dimensions and the moral significance of everyday ethical issues. As a result,

these issues may be misclassified as purely logistical or as clinical “problems” to be solved.<sup>56</sup> It is also possible that a failure to recognize some everyday issues as ethical ones may be a result of their description within a folk taxonomy (that is, they are rarely captured in the “ethics language”). By ignoring the ethical components of these issues, approaches to resolve them may overlook important values, principles, and theories that are necessary in the consideration of ethical issues. In the next section, we make a proposal for a more explicit use of the concept of everyday ethics to seize ordinary moral experience.

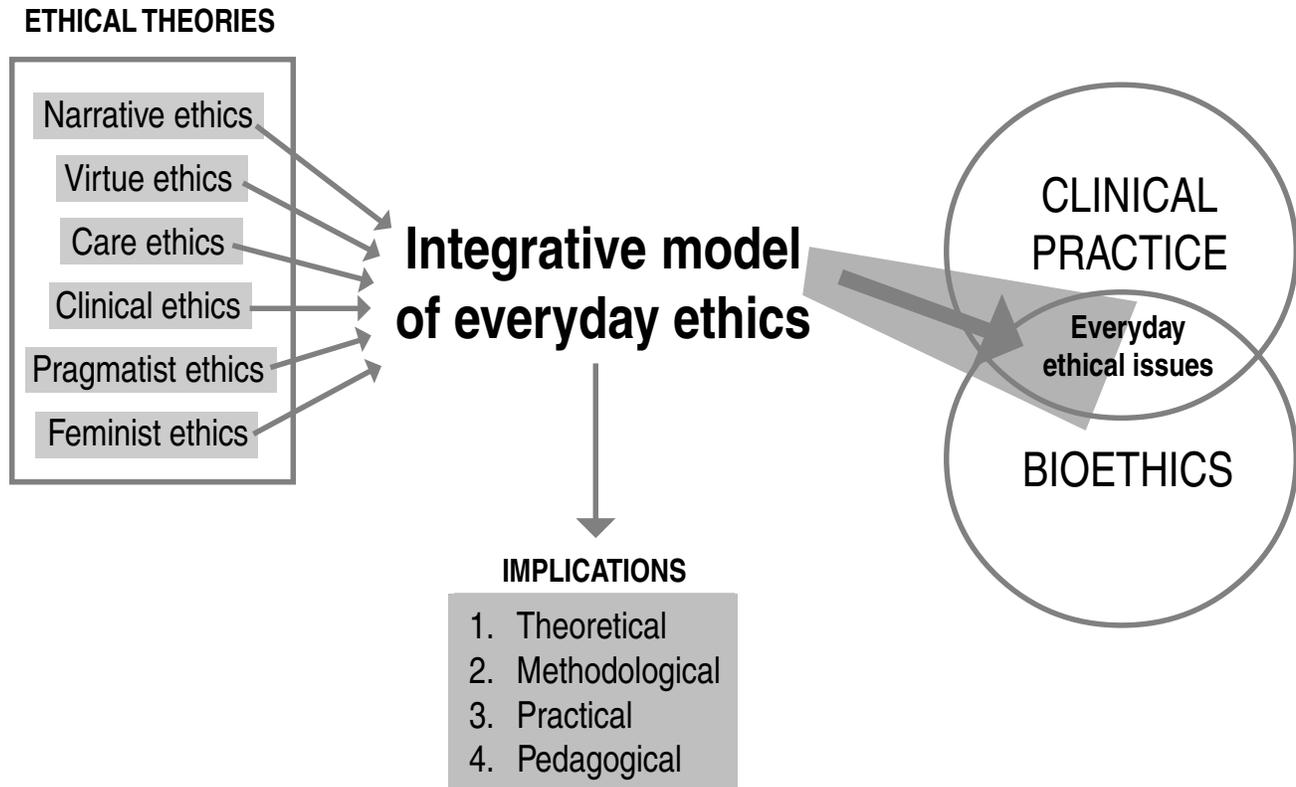
### PROPOSAL: AN INTEGRATIVE MODEL OF EVERYDAY ETHICS

Based on the normative importance of everyday ethics and our review of the relevant literature, we propose that everyday ethics, from a functional (pragmatist) perspective,<sup>57</sup> should be utilized as an integrative concept that (1) helps to detect current blind spots in bioethics (that is, shifts focus from dramatic ethics) and (2) mobilizes moral agents to

address these shortcomings of ethical insight. This integrative model draws from multiple ethical theories and has important methodological, practical, and pedagogical implications (see figure 1).

### What Is an Integrated Everyday Ethics?

We propose that the concept of everyday ethics can be enriched with open-ended descriptions that tap into the resources of diverse normative theories. Various ethical theories can be used as “lenses,” an approach originally suggested by the feminist scholar Sherwin,<sup>58</sup> through which we see everyday ethics. The metaphor of lenses that was proposed by Sherwin is opposed to a more common metaphor of “foundations,” which suggests that theories offer fundamental grounding principles and arguments. In contrast, the metaphor of a lens suggests that different theories may yield different perspectives on—and solutions to—ethical problems.<sup>59</sup> Moreover, the lens metaphor explicitly states that the employment of several standpoints can lead to a more comprehensive perspective, whereas the metaphor of foundations hints at the idea that one theory is likely to be stronger and better than another. The idea of



**FIGURE 1.** The integrative model of everyday ethics. Diverse ethical theories contribute to an integrative model of everyday ethics. The integrative model can shed light on everyday ethical issues in clinical practice and in bioethics. This model has theoretical, methodological, practical, and pedagogical implications.

lenses also enables us to address an issue with the normative theory or theories that are the most appropriate to the issue at hand.

Thus far, many different ethical theories have endeavored to attend to clinical and daily ethical issues; they have explored issues related to everyday ethics, but have not always identified them as such. The proposed integrative model brings together the contributions that these different ethical theories make to a concept of everyday ethics (see table 3). For example, narrative ethics has stressed the importance of listening to a patient and understanding how personal histories and different aspects of the clinical encounter, which may seem minor, can have major impact within the broader perspective of the person.<sup>60</sup> Indeed, there have been specific writings exploring the role of narrative in everyday ethical expertise and socially embedded caring practices.<sup>61</sup> We can also draw from pragmatism, which has stressed historically and in its contemporary rendition in bioethics the importance of understanding daily and ordinary challenges in ethics, as well as the importance of context in shaping our understanding of moral agents.<sup>62</sup> A role for clinical ethics is evident; it was actually first described by Jonsen and colleagues as a field that is “both about the ethical features that are present in every clinical encounter and about the ethical problems that occasionally arise in those encounters.”<sup>63</sup> Levine considered the role of virtue ethics: “Ethical behavior is not the display of one’s moral rectitude in times of crises. It is the day-by-day expression of one’s commitment to other persons and the ways in which human beings relate to one another in their daily interactions.”<sup>64</sup> Even the *Principles of Biomedical Ethics*, despite often being considered inadequate for the analysis of everyday ethical issues,<sup>65</sup> may illuminate everyday ethics. Within principlism there is an acknowledged role for common morality as a starting point for ethics. As a method, it does not preclude the analysis and consideration of everyday ethical issues.<sup>66</sup>

By superimposing different theoretical lenses, an integrative approach supports the richness of the concept of everyday ethics and strengthens its potential to “de-bias” bioethics. And since every lens has its blind spot, only a comprehensive model can help to introduce checks and balances for different perspectives. Table 3 schematically displays the idea that different ethical theories can serve as a lens through which we can view the different attributes of everyday ethics. Based on the domains of ethics identified by Ricoeur, separating everyday ethics into the ethics of (1) self; (2) proximate other; and

(3) distal other, helps to capture the notion that everyday ethics is multi-perspectival and that it should be considered and operationalized as such.<sup>67</sup> We consider each ethical theory’s contribution to the integrative model, its practical contribution to both bioethics and clinical practice, and its operational contribution to the clinical encounter.

### **The Implications of an Integrative Everyday Ethics**

This proposal for an integrative model has several theoretical, methodological, practical, and pedagogical implications.

*Theoretical implications.* From a conceptual standpoint, this integrative model moves us away from defining precisely the boundaries of the concept of everyday ethics, which, after some initial clarification and identification of common characteristics (for example, table 2), is bound to be superfluous. Indeed, a proposal for a precise definition of the domain and application of the concept would risk introducing unwelcomed positional biases. Such a definition would need to reflect a stakeholder’s own everyday experience, which by definition is rooted in a first-person perspective. It also raises fundamental questions about whose everyday ethics is at stake: In which situation is a patient or other moral agent involved? and What is one’s everyday? A rigidly defined concept can only have a limited degree of precision. Furthermore, if the concept is ossified in a precise definition, there is a risk that the normative functions of the concept (that is, its role as a detector of blind spots in bioethics) will be forgotten, and that everyday ethics will be reduced to a descriptive concept. Such an outcome would then defeat its purpose to enhance the moral lens. Any definition or specification of everyday ethics should remain open to enrichment to prevent the possibility that it becomes self-limiting.

*Methodological implications.* From a methodological standpoint, the integrative model of everyday ethics points to a need for bioethics to empirically investigate stakeholders’ perspectives and experiences (a descriptive methodological contribution), and to attend to everyday ethical issues that may not be obvious or salient (a normative methodological contribution). In terms of the descriptive methodological contribution of everyday ethics, there has been qualitative research exploring everyday ethical issues in clinical practice,<sup>68</sup> and other research investigating some of the concept’s descriptive components. An integrative model supports such research on the experience and perspectives of stakeholders and calls for multiple empirical research approaches (including qualitative and quan-

**TABLE 3.** Integrative model of everyday ethics and its applications

Sphere		
Self	Proximate other	Distal other
<p><b>Contributions from narrative ethics:</b></p> <p>Theoretical: Everyday ethical issues are often captured in a personal or folk taxonomy/non-expert ethics language that merits full attention. Narrative ethics brings attention to non-expert formulation of ethical challenges and a comprehensive outlook on the person.</p> <p>Practical: Avoid using prematurely expert concepts in ethics to capture a patient's perspectives.</p> <p>Operational: Questions to keep in mind: How did the patient talk about his or her situation? Is my understanding of ethics overly constrained by assumptions? What is the history behind this problem? Are there ethical issues embedded in narratives that we fail to recognize?</p>	<p><b>Contributions from care ethics:</b></p> <p>Theoretical: Everyday ethical issues may arise as a result of relational and contextual factors. Care ethics brings attention to these factors, as well as to our obligations to particular others in relationships. Emphasizes the caring aspects of relationships.</p> <p>Practical: Avoid making no room or time to integrate the relational dimension of care.</p> <p>Operational: Questions to keep in mind: Does the patient feel comfortable with me? Is the patient censoring her or his own views?</p>	<p><b>Contributions from pragmatist ethics:</b></p> <p>Theoretical: Everyday ethics is embedded in contexts and the importance of context has been vastly neglected in philosophical ethics. Bioethics tends to abstract unduly and "essentialize" everyday ethical issues. Pragmatist ethics brings attention to the need to focus on "real-life" issues, the impact of different (clinical and societal) contexts, and how they are conducive or not to the ability and comfort of patients to voice everyday ethical concerns.</p> <p>Practical: Avoid an individualistic and abstract understanding of moral agency that impedes the ability to understand the broader context underlying everyday experience.</p> <p>Operational: Questions to keep in mind: Is this patient's experience of the situation shaped by his or her socio-economic status? Is my own social position impeding my ability to relate and understand the everyday experience of this patient?</p>
<p><b>Contributions from virtue ethics:</b></p> <p>Theoretical: Brings attention to the fact that an excellent (virtuous) clinician must have sound judgment on what the best interests of a patient are, based on a generous understanding of and significant engagement with the patient's values.</p> <p>Practical: Recognize that the ability to express everyday ethical concerns is contingent on good listening skills on the receiving end.</p> <p>Operational: Questions to keep in mind: Are my interpersonal skills as a clinician sufficiently developed to allow patients to express themselves and feel comfortable with me?</p>	<p><b>Contributions from clinical ethics:</b></p> <p>Theoretical: Brings attention to the fact that every clinical act involves values, and that ethics is an integral part of healthcare encounters.</p> <p>Practical: Avoid viewing ethics as something extrinsic to clinical practice, thereby evacuating ethics from everyday practice.</p> <p>Operational: Questions to keep in mind: Is ethics part of my analysis of the clinical situations I encounter? Does my view of my patients' decisions provide a generous understanding of values in clinical practice?</p>	<p><b>Contributions from feminist ethics:</b></p> <p>Theoretical: Everyday ethical issues can be shaped by asymmetrical relationships based on gender, race, professional hierarchies, and other socially constructed categories. Related biases and influences need to be taken into consideration.</p> <p>Practical: Avoid gender biases and propagation of relational asymmetries that disempower individuals and their ability to speak for themselves.</p> <p>Operational: Questions to keep in mind: Am I treating like cases alike? Are individuals with different social and cultural backgrounds equally able to express themselves?</p>

Note: In this table, we only illustrate examples of contributions of different theoretical perspectives. We are not claiming that any of the cited approaches have relevance to only one sphere (self, proximate other, distal other) or that we have in anyway described their full or most important contributions.

titative, observatory, and participatory approaches) to understanding everyday ethics. That being said, based on its function, everyday ethics may be more legitimate as an initial focus of empirical research, rather than as an overall concept that should be applied deductively to interpret these experiences and perspectives. It is possible that research on the common experience of ethically problematic situations could help generate an ethical taxonomy that better reflects everyday moral experience.

Perhaps more novel is the normative methodological contribution of everyday ethics, which supports an understanding and application of moral theories that align with pragmatism and feminism. Within this understanding, moral theories can be described as “hypotheses” to be tested in real-world settings, as well as lenses or perspectives that can be used to determine the nature of a problematic situation as well as to find a path to its resolution.<sup>69</sup> The integrative model operationalizes this view, which broadens our outlook on the nature of everyday ethics and mobilizes resources from different perspectives to address concerns related to the neglect of everyday ethical issues. In drawing attention to ethical issues that have been ignored, the model points to a need to foster more-comprehensive analyses of the kinds of ethical issues that exist, and the active listening and engagement needed to capture them.

*Practical implications.* The integrative model of everyday ethics not only serves to draw attention to the methodological changes that bioethics can implement, but to the practical changes that can be implemented clinically. The model highlights various important practical contributions from different ethical theories (table 3), such as the need for narratives, attention to relational and contextual factors, and the recognition of the ethics that is inherent in every clinical encounter. These contributions could lead to practical changes that can be implemented clinically, with the goal of enhancing healthcare and addressing everyday ethical issues.

Changes can include recognition of the influence of contextual and relational factors on behavior and care (for example, racial, age, or gender-based attitudes and discrimination), with greater self-reflection and awareness of biases. The integrative model promotes a clinical practice model with greater room for patients’ perspectives and calls for dedicated training on the skills required for active listening. It also recognizes the need to tackle systemic biases and impediments that exist for certain groups of patients. Indeed, as Messikomer and Cirka noted, improving an ethical climate and culture re-

quires a focus on “the everyday circumstances and situations in which issues or problems are defined to have ethical content, and how the organization resolves or manages them.”<sup>70</sup>

These practical implications are only a few examples of what everyday ethics might contribute to healthcare. Further consideration may illuminate other important changes to undertake at the individual and organizational levels. By integrating the practical contributions from multiple ethical theories, the integrative model of everyday ethics can be utilized to support change in clinical practice.

*Pedagogical implications.* Finally, an integrative model of everyday ethics underscores the importance of teaching about everyday moral experience in the healthcare sciences. Moral theories have been taught with the assumption that they cultivate moral reasoning skills and provide ways of resolving ethical dilemmas. This understanding of ethics education sets the stage for teaching ethics in a way in which “ethical questions” can find “answers.” Writings on everyday ethics, as well as many other movements in medical pedagogy,<sup>71</sup> have criticized this narrow focus of ethics education and called for a wider array of teaching methods (role playing, patients’ presentations, films, and commentaries<sup>72</sup>), that more fully convey the experiential and personal aspects of ethical situations. In this scheme, a clinician or stakeholder is mobilized to act as a moral agent who must find a “response,” and not simply an answer, to a problematic situation. These pedagogical approaches are also supported by the everyday ethics literature itself.<sup>73</sup>

By bringing attention back to the ethics inherent to the everyday clinical encounter, an integrative concept of everyday ethics provides support for a more comprehensive way of teaching ethics. An integrative model of everyday ethics supports the need to train clinicians in ethics in ways that are more in line with their practice (that is, with the everyday ethical issues they are likely to encounter). It becomes a tool for clinicians to scrutinize their position as moral agents.

## LIMITATIONS

This article reports a first review of the literature on everyday ethics and attempts to define its core features. It also proposes a way forward to mobilize the resources of different moral theories to help operationalize everyday ethics. We acknowledge that, having provided a rather ambitious overview and model, the detailed implications of the integrative model would benefit from individual-

ized, dedicated attention. The aim of our general view is to explain the connections that could be drawn from a better understanding (generated by research) of everyday ethics toward the improvement of clinical and educational practices. By doing so, this model of integrative ethics generates possible pathways to bridge research (empirical or theoretical) and practice, informed by ethical theory. In this sense, moral experience is at the core of the model, as both a starting and ending point, and ethics is construed as a disciplined undertaking to help prevent and resolve ethically problematic situations.

We also note that our discussion of everyday ethics has been largely limited to the clinical context; this is a direct result of the existing everyday ethics literature, which is also focused in this domain. Few articles explored everyday ethics for researchers.<sup>74</sup> We acknowledge that everyday ethics may have its own considerations for research ethics, which is beyond the scope of this article, but which certainly merits investigation.

### CONCLUSION

The concept of everyday ethics has been described and justified from several theoretical bioethics lenses. It has often been pitted against “dramatic ethics.” Our review indicates the divergence in the descriptions and definitions of everyday ethics, but also the richness of theoretical perspectives on the concept. We propose that a broader theoretical perspective can lead to a view of everyday ethics as an integrative concept whose paramount functional roles are to identify blind spots created by dramatic ethics and to redirect attention to everyday ethical issues. Within this account, different theoretical lenses can be mobilized in the service of de-biasing bioethics and enriching the implications of the concept in research, practice, and education.

### NOTES

1. C. Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Mass.: Harvard University Press, 1982).

2. J. Gouintlock, ed., *The Moral Writings of John Dewey, Great Books in Philosophy* (Amherst, N.Y.: Prometheus Books, 2002)

3. The roots and justification for the work undertaken in this article have foundations in philosophical pragmatism, which repeatedly stressed the need to capture everyday moral experience and bring back philosophy (and philosophical ethics) to the study of real-world problems. A similar plea could be consistent with the later work of Wittgenstein (although it is less clearly related to ethics), and obviously with more recent feminist critiques of

accontextual moral theory and abstract individual autonomy (versus relational autonomy). Other clear connections can be made with clinical ethics and narrative ethics. In this article, we decided to describe the problem of everyday ethics based on more-immediate concerns that are more-proximate to clinicians, given the focus of *The Journal of Clinical Ethics*. Moreover, we state that concerns for such everyday ethics problems were already part of the impetus for a “bioethics” in the 1970s, notably in reaction to increasingly specialized (and bureaucratized) healthcare system (that compromised considering the person as a whole). According to some authors, the suggestions made by philosophical pragmatism have already been integrated, to some extent, in bioethics. See, for example, J.D. Moreno, “Bioethics Is a Naturalism,” in *Pragmatic Bioethics*, ed. G. McGee (Nashville, Tenn.: Vanderbilt University Press, 1999), 3-16.

4. M. Siegler, E.D. Pellegrino, and P.A. Singer, “Clinical Medical Ethics,” *The Journal of Clinical Ethics* 1, no. 1 (Spring 1990): 5-9; P.A. Singer, E.D. Pellegrino, and M. Siegler, “Clinical Ethics Revisited,” *BMC Medical Ethics* 2 (April 2001): e1.

5. E.G. DeRenzo and M. Strauss, “A Feminist Model for Clinical Ethics Consultation: Increasing Attention to Context and Narrative,” *HEC Forum* 9, no. 3 (September 1997): 212-27.

6. S.M. Wolf, “Shifting Paradigms in Bioethics and Health Law: The Rise of a New Pragmatism,” *American Journal of Law and Medicine* 20 (1994): 295-415; Moreno, “Bioethics Is a Naturalism,” see note 3 above.

7. H. Brody and M. Clark, “Narrative Ethics: A Narrative,” *Hastings Center Report* 44, s1 (2014): S7-11; P. Benner, “The Role of Experience, Narrative, and Community in Skilled Ethical Comportment,” *Advances in Nursing Science* 14, no. 2 (1991): 1-21.

8. R.A. Kane and A.L. Caplan, *Everyday Ethics: Resolving Dilemmas in Nursing Home Life* (New York: Springer, 1990).

9. S. Toulmin, “How Medicine Saved the Life of Ethics,” *Perspectives in Biology and Medicine* 25, no. 4 (1982): 736-50; D. Callahan, “Bioethics as a Discipline,” *Hastings Center Studies* 1, no. 1 (1973): 66-73.

10. R.D. Truog et al., “Microethics: The Ethics of Everyday Clinical Practice,” *Hastings Center Report* 45, no. 1 (2015): 11-17.

11. J.A. Erlen, “Everyday Ethics,” *Orthopaedic Nursing* 16, no. 4 (1997): 60-3.

12. S. Van der Dam et al., “‘Here’s my Dilemma.’ Moral Case Deliberation as a Platform for Discussing Everyday Ethics in Elderly Care,” *Health Care Analysis* 20, no. 3 (2012): 250-67.

13. K. Boyd, “Medical Ethics: Principles, Persons, and Perspectives: From Controversy to Conversation,” *Journal of Medical Ethics* 31, no. 8 (2005): 481-6.

14. For example, studies by Moon et al., Quarini, and McDougall and Sokoll focused on investigating everyday ethics from physician perspectives. M. Moon et al., “Everyday Ethics Issues in the Outpatient Clinical Practice of Pediatric Residents,” *Archives of Pediatrics & Adolescent Medicine* 163, no. 9 (2009): 838-43; C.J. Quarini, “A Day in the Life of a Junior Doctor: Everyday Ethical Encoun-

ters," *Postgraduate Medical Journal* 86 (2010): 632-5; R. McDougall and D.K. Sokol, "The Ethical Junior: A Typology of Ethical Problems Faced by House Officers," *Journal of the Royal Society of Medicine* 101, no. 2 (2008): 67-70.

Seaman and Erlen focused on the nursing perspective. J.B. Seaman and J.A. Erlen, "'Everyday Ethics' in the Care of Hospitalized Older Adults," *Orthopaedic Nursing* 32, no. 5 (2013): 286-9.

Van der Dam et al. looked at multiple healthcare providers' perspectives (from nurse assistant to physician). Van der Dam et al., "'Here's my Dilemma,'" see note 12 above.

Smith and Townsend et al. focused on patients' perspectives. K.V. Smith, "Ethical Issues Related to Health Care: The Older Adult's Perspective," *Journal of Gerontological Nursing* 31, no. 2 (2005): 32-9; A. Townsend et al., "Everyday Ethics and Help-Seeking in Early Rheumatoid Arthritis," *Chronic Illness* 6, no. 3 (2010): 171-82.

Powers and Hasselkus looked at multiple perspectives, ranging from nurses to social workers, recreational therapists, elder care residents, and relatives. B.A. Powers, "Everyday Ethics of Dementia Care in Nursing Homes: A Definition and Taxonomy," *American Journal of Alzheimer's Disease and Other Dementias* 15, no. 3 (2000): 143-51; B.A. Powers, "Ethnographic Analysis of Everyday Ethics in the Care of Nursing Home Residents with Dementia: A Taxonomy," *Nursing Research* 50, no. 6 (2001): 332-9; B.R. Hasselkus, "Everyday Ethics in Dementia Day Care: Narratives of Crossing the Line," *Gerontologist* 37, no. 5 (1997): 640-9.

Few articles investigated everyday ethics from the perspective of researchers. P. Kingori, "Experiencing Everyday Ethics in Context: Frontline Data Collectors Perspectives and Practices of Bioethics," *Social Science and Medicine* 98 (2013): 361-70; V. Lichtner, "The Everyday Ethics of Field Work Research with Vulnerable Patients," *Studies in Health Technology and Informatics* 205 (2013): 813-7.

15. J.A. Carrese et al., "Everyday Ethics in Internal Medicine Resident Clinic: An Opportunity to Teach," *Medical Education* 45, no. 7 (2011): 712-21.

16. A.L. Caplan, "The Morality of the Mundane: Ethical Issues Arising in the Daily Lives of Nursing Home Residents," in *Everyday Ethics: Resolving Dilemmas in Nursing Home Life*, ed. R.A. Kane and A.L. Caplan (New York: Springer, 1990).

17. W. Austin, "The Ethics of Everyday Practice: Healthcare Environments as Moral Communities," *Advances in Nursing Science* 30, no. 1 (2007): 81-8; Benner, "The Role of Experience, Narrative, and Community," see note 7 above.

18. Seaman and Erlen, "'Everyday Ethics' in the Care of Hospitalized Adults," see note 14 above.

19. Benner, "The Role of Experience, Narrative, and Community," see note 7 above.

20. Erlen, "Everyday Ethics," see note 11 above; Quarini, "A Day in the Life of a Junior Doctor," see note 14 above.

21. Moon et al., "Everyday Ethics Issues," see note 14 above.

22. S. Scheilling and E. Drury, "Everyday Ethics and Nurse/Midwifery Education," *Nurse Education Today* 14, no. 3 (1994): 203-8.

23. D.J. Opel and M.E. Olson, "Ethics for the Pediatrician: Bioethics Education and Resources," *Pediatrics in Review* 33, no. 8 (2012): 370-3.

24. We also note that we use the terms (1) everyday ethics/dramatic ethics and (2) everyday ethical issues/dramatic ethical issues. The first dichotomy suggests difference forms of ethics, whereas the second designates a type of ethical issue. We use them somewhat interchangeably, since the first set of notions is defined with reference to the second set.

25. S. Öresland et al., "Home-based nursing: An endless journey," *Nursing Ethics* 18, no. 3 (2011): 408-17; L. Frith, A. Jacoby, and M. Gabbay, "Ethical Boundary-Work in the Infertility Clinic," *Sociology of Health and Illness* 33, no. 4 (2011): 570-85; Erlen, "Everyday ethics," see note 11 above.

26. S.L. Scott, P. Marck, and S. Barton, "Exploring Ethics in Practice: Creating Moral Community in Healthcare One Place at a Time," *Nursing Leadership* 24, no. 4 (2011): 78-87; Benner, "The Role of Experience, Narrative, and Community," see note 7 above.

27. Smith, "Ethical Issues Related to Health Care," see note 14 above.

28. Erlen, "Everyday Ethics," see note 11 above; Smith, "Ethical Issues Related to Health Care," see note 14 above.

29. D.P. O'Mathuna, "The Place of Dignity in Everyday Ethics," *Journal of Christian Nursing* 28, no. 1 (2011): 12-20.

30. T.C. Healy, "The Complexity of Everyday Ethics in Home Health Care: An Analysis of Social Workers' Decisions Regarding Frail Elders' Autonomy," *Social Work in Health Care* 27, no. 4 (1998): 19-37.

31. Smith, "Ethical Issues Related to Health Care," see note 14 above.

32. Seaman and Erlen, "'Everyday Ethics' in the Care of Hospitalized Older Adults," see note 14 above.

33. Van der Dam et al., "'Here's my Dilemma,'" see note 12 above.

34. Quarini, "A Day in the Life of a Junior Doctor," see note 14 above; Moon et al., "Everyday Ethics Issues in the Outpatient Clinical Practice of Pediatric Residents," see note 14 above.

35. Moon et al., "Everyday Ethics Issues in the Outpatient Clinical Practice of Pediatric Residents," see note 14 above.

36. McDougall and Sokol, "The Ethical Junior," see note 14 above.

37. Townsend et al., "Everyday Ethics and Help-Seeking in Early Rheumatoid Arthritis," see note 14 above.

38. Kingori, "Experiencing Everyday Ethics in Context," see note 14 above.

39. Carrese et al., "Everyday Ethics in Internal Medicine Resident Clinic," see note 15 above; E. Fox, R.M. Arnold, and B. Brody, "Medical Ethics Education: Past, Present, and Future," *Academic Medicine* 70, no. 9 (1995): 761-8; Opel and Olson, "Ethics for the Pediatrician," see note 23 above; McDougall and Sokol, "The Ethical Junior," see note 14 above.

40. Opel and Olson, "Ethics for the Pediatrician," see note 23 above.
41. Smith, "Ethical Issues Related to Health Care," see note 14 above.
42. Carrese et al., "Everyday Ethics in Internal Medicine Resident Clinic," see note 15 above; Erlen, "Everyday Ethics," see note 11 above; H.A. Taylor et al., "Teaching Ethics to Paediatrics Residents: The Centrality of the Therapeutic Alliance," *Medical Education* 43, no. 10 (2009): 952-9; B.P. Horowitz, "Ethical Decision-Making Challenges in Clinical Practice," *Occupational Therapy in Health Care* 16, no. 4 (2003): 1-14.
43. Powers, "Ethnographic Analysis," see note 14 above.
44. Öresland et al., "Home-Based Nursing," see note 25 above; Townsend et al., "Everyday Ethics and Help-Seeking in Early Rheumatoid Arthritis," see note 14 above; Carrese et al., "Everyday Ethics in Internal Medicine Resident Clinic," see note 15 above.
45. Van der Dam et al., "'Here's My Dilemma,'" see note 12 above.
46. Carrese et al., "Everyday Ethics in Internal Medicine Resident Clinic," see note 15 above.
47. Determining if this factual claim is true would merit a dedicated investigation. For an example of such epistemological content analysis of "neuroethics," see E. Racine, *Pragmatic Neuroethics: Improving Treatment and Understanding of the Mind-Brain* (Cambridge, Mass.: MIT Press, 2010). See also C.M. Ulrich et al., "Everyday Ethics: Ethical Issues and Stress in Nursing Practice," *Journal of Advanced Nursing* 66, no. 11 (2010): 2510-9.
48. N. Zizzo, E. Bell, and E. Racine, "Exploring Everyday Ethics and Its Applications in Parkinson's Disease," *American Journal of Bioethics Neuroscience* 6, no. 4 (2015): 87-93.
49. E. Racine, "HEC Member Perspectives on the Case Analysis Process: A Qualitative Multi-Site Study," *HEC Forum* 19, no. 3 (2007): 185-206.
50. Powers, "Everyday Ethics," see note 14 above.
51. Powers, "Ethnographic Analysis," see note 14 above; Austin, "The Ethics of Everyday Practice," see note 17 above.
52. Opel and Olson, "Ethics for the Pediatrician," see note 23 above.
53. Caplan, "The Morality of the Mundane," see note 16 above.
54. Ibid.; Smith, "Ethical Issues Related to Health Care," see note 14 above.
55. Smith, "Ethical Issues Related to Health Care," see note 14 above.
56. Powers, "Ethnographic Analysis," see note 14 above.
57. J. Dewey, *Human Nature and Conduct: An Introduction to Social Psychology* (New York: Holt, 1922).
58. S. Sherwin, "Foundations, Frameworks, Lenses: The Role of Theories in Bioethics," *Bioethics* 13, no. 3-4 (1999): 198-205.
59. Ibid.
60. Brody and Clark, "Narrative Ethics," see note 7 above.
61. Benner, "The Role of Experience, Narrative, and Community in Skilled Ethical Comportment," see note 7 above.
62. Wolf, "Shifting Paradigms in Bioethics and Health Law," see note 6 above; Moreno, "Bioethics is a Naturalism," see note 3 above; Racine, *Pragmatic Neuroethics*, see note 47 above.
63. A.R. Jonsen, M. Siegler, and W.J. Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 4th ed. (New York: McGraw Hill, 1998).
64. M.E. Greipp, "Greipp's model of ethical decision making," *Journal of Advanced Nursing* 17, no. 6 (1992): 734-8.
65. Seaman and Erlen, "'Everyday Ethics' in the Care of Hospitalized Older Adults," see note 14 above; Townsend et al., "Everyday Ethics and Help-Seeking in Early Rheumatoid Arthritis," see note 14 above; J.M. Torres, and R.G. De Vries, "Birthing Ethics: What Mothers, Families, Childbirth Educators, Nurses, and Physicians Should Know About the Ethics of Childbirth," *Journal of Perinatal Education* 18, no. 1 (2009): 12-24.
66. T.L. Beauchamp and J.F. Childress, *Principles of Biomedical Ethics*, 7th ed. (New York: Oxford University Press, 2012).
67. P. Ricoeur, "Éthique," *Encyclopædia Universalis*, <http://www.universalis.fr/encyclopedie/ethique>.
68. Moon et al., "Everyday Ethics Issues in the Outpatient Clinical Practice of Pediatric Residents," see note 14 above; Smith, "Ethical Issues Related to Health Care," see note 14 above; Townsend et al., "Everyday Ethics and Help-Seeking in Early Rheumatoid Arthritis," see note 14 above; Powers, "Ethnographic Analysis," see note 14 above; Hasselkus, "Everyday Ethics in Dementia Day Care: Narratives of Crossing the Line," see note 14 above; Carrese et al., "Everyday Ethics in Internal Medicine Resident Clinic," see note 15 above.
69. Sherwin, "Foundations, Frameworks, Lenses," see note 58 above; M.B. Mahowald, "So Many Ways to Think: An Overview of Approaches to Ethical Issues in Geriatrics," *Clinics in Geriatric Medicine* 10, no. 3 (1994): 403-18; Dewey, *Human Nature and Conduct*, see note 57 above.
70. C.M. Messikomer, and C.C. Cirka, "Managing Everyday Ethics in Assisted Living: A Research-Based Case Analysis for the Classroom," *Gerontology and Geriatrics Education* 28, no. 4 (2008): 71-93.
71. M. Siegler, "Lessons from 30 Years of Teaching Clinical Ethics," *Virtual Mentor* 3, no. 10 (October 2001); Opel and Olson, "Ethics for the Pediatrician Bioethics," see note 23 above.
72. D.R. Macer, *Moral Games for Teaching Bioethics* (Bangkok: UNESCO, 2008).
73. Fox, Arnold and Brody, "Medical Ethics Education," see note 39 above; C. Robichaux, "Developing Ethical Skills: From Sensitivity to Action," *Critical Care Nurse* 32, no. 2 (2012): 65-72; G.H. Doane, "In the Spirit of Creativity: The Learning and Teaching of Ethics in Nursing," *Journal of Advanced Nursing* 39, no. 6 (2002): 521-8.
74. Lichtner, "The Everyday Ethics of Field Work Research with Vulnerable Patients," see note 14 above.