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## The Development and Rationale for CECA's Case-Based *Study Guide*

George J. Agich

### ABSTRACT

This article discusses the approach of the Clinical Ethics Consultation Advisory Committee (CECA) in developing *A Case-Based Study Guide for Addressing Patient-Centered Ethical Issues in Health Care*. This article addresses the processes used by the CECA, its use of pivot questions intended to encourage critical reflection, and the target audience of this work. It first considers the salience of case studies in general education and their relevance for training ethics consultants. Second, it discusses the enfolding approach used in presenting the case material designed to engage the trainee in the details of the case while stimulating critical reflection. And, third, this article briefly comments on the target audience with the caveat that even superbly developed cases are prone to misuse, although that prospect should not deter their development.

Writing cases for use in any educational context is challenging. For the education of ethics consultants this is particularly so, because ethics consultation is such a complex and dynamic practice. It is quite easy and common to say that "x" should

have been included in a case, where the sense of *should* reflects a unique interest or concern. The reality is that no single case can include every relevant concern. Judgments about the adequacy of a case are thus often dependent upon the complex ways that teachers and students utilize the material. Thus, it is worth noting that a wide array of nuanced cases for teaching ethics consultants is sorely needed, so *A Case-Based Study Guide for Addressing Patient-Centered Ethical Issues in Health Care*, produced by the Clinical Ethics Consultation Affairs Committee (CECA) of the American Society for Bioethics and Humanities (ASBH) is welcome for that reason alone. In any event, assessing the individual cases or the *Study Guide* is beyond the scope of this brief commentary, which will focus on an article written by the authors of the *Study Guide*, Courtenay R. Bruce, Jane Jankowski, Barbara L. Chanko, Anne Cordes, Barrie J. Huberman, Lisa-Marie Johnson, Deborah L. Kasman, Aviva Katz, Ellen M. Robinson, Katherine Wasson, and George E. Hardart, published in this issue of *The Journal of Clinical Ethics*.<sup>1</sup>

This article by Bruce and colleagues provides a forthright account of the developmental process behind the creation of *A Case-Based Study Guide for Addressing Patient-Centered Ethical Issues in Health Care*.<sup>2</sup> This account will be helpful to users

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**George J. Agich, PhD**, is Professor of Philosophy (Emeritus) at Bowling Green State University, in Bowling Green, Ohio, and is Co-Director of the International Conferences on Clinical Ethics & Consultation. [agichg@bgsu.edu](mailto:agichg@bgsu.edu)  
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of the *Study Guide* not only to understand and appreciate the challenges that the CECA faced, but also the care with which they approached their task. In addition, the article is of interest as a contribution to the literature on the pedagogy of case-based teaching. In my commentary, I offer a reflection on these processes and comment on the approach taken. There are three aspects of this article by Bruce and colleagues that are worth considering. First, the processes that the CECA followed in developing the cases, second, the questions embedded in the text and, third, the intended audience.

### DEVELOPMENTAL PROCESSES

The processes followed in developing the *Study Guide* are fully described in the article. It is especially noteworthy that the CECA started this project with a thorough investigation of the literature on case-based learning. Rather than undertaking the writing of cases with a blind enthusiasm, the CECA adopted a more critical and, indeed, responsible approach. This resulted in a nuanced understanding and statement of some of the main challenges associated with writing and using cases. Combined with the CECA's appreciation of the complexity of clinical ethics consultation, there is much to laud about the approach taken.

The article by Bruce and colleagues includes a summary and a very competent characterization of some of the pitfalls associated with case-based teaching that are drawn from the criticisms of such teaching in higher education. The article is by no means a literature review. Anyone interested in such will need to look elsewhere, but the summary statement of this literature shows that the CECA approached their task with a serious intent. The five points that the article summarizes about the pitfalls of case-based learning, it should be stressed, were made primarily for classroom education, and they are certainly relevant in a general way, but Bruce and colleagues do not discuss to what extent the criticisms of case-based learning in higher education apply to the clinical settings that are unique to ethics consultation or to the skills that clinical ethics consultants need to develop. Nonetheless, they report that they took the criticisms to heart and regarded them as signposts, warning about dangers and weaknesses that needed to be accommodated in how they went about writing cases. The cases that were produced were developed with multiple points of input, including at least six rounds of revision, which shows that the CECA was sensitive to and willing to accommodate criticisms and suggestions.

### QUESTIONS EMBEDDED IN THE CASES

Bruce and colleagues characterize the cases that comprise the *Study Guide* as exhibiting an approach they call "unfolding." This characterization is not intuitively obvious from their description, since the key element in this approach seems to be the use of what they call "pivots," that is, points at which a case narrative is interrupted and questions are posed to the reader. Whether another term would have been more intuitive to characterize the approach, however, is a minor point. The use of pivots to interrupt a case is framed theoretically in terms of a vision of cognitive performance that was articulated in the well-known work of Amos Tversky and David Kahneman, but was specifically summarized in Kahneman's book *Thinking, Fast and Slow*.<sup>3</sup> In brief, this view is that our cognitive processes are the result of two systems: "System 1" uses association and metaphor to produce a quick and dirty draft of reality that "System 2" draws on to arrive at explicit beliefs and reasoned choices.

The research begun by Tversky and Kahneman, which led to what has been called behavioral economics, is focused on choice. A hallmark set of findings is how bias ineluctably creeps into our judgments. This occurs because our deliberative system is lazy, and we suffer from what has been called "ego depletion," which results in biased and erroneous judgments about a range of phenomena that have been studied by cognitive scientists. These processes seem to be the nature of human cognition and cognitive judgment. So, it is surprising to hear that the CECA took the position that their strategy of "unfolding" could remedy or, perhaps more modestly, directly address this weakness. As I understand the thrust of the research, the tendency to error is hardwired and not something that can be readily corrected. Nevertheless, Bruce and colleagues say, "We believed that an unfolding approach could help cultivate critical thinking in a way that could balance both systems." That is a lot to expect from a set of case studies, no matter how well wrought.

This criticism aside, the unfolding approach does seem to bring a useful heuristic approach to case-based education. Even one skeptical of the broader claim that the use of these cases can truly help to develop critical reflective capacity, especially mature consultative capacities that are essential for competent ethics consultants, can appreciate that these cases are intended to be a far more nuanced exercise for learning about ethics consultation than are currently available.

The unfolding approach is also touted not only to develop critical reflective skills, but also interpersonal skills. In their article about the development of the *Study Guide*, Bruce and colleagues write, "The pedagogical benefit of using interruptions at high points is to help elicit and foster HCECs' interpersonal skills, including their overall confidence in their ethical assessments and in their presentations of their assessments." It is even harder to understand why the authors think that this is will occur than it is with respect to critical reflective skills. Surely, anyone familiar with the distinction between *knowing that* and *knowing how* will see that recognizing and cognitively pointing to an appropriate response or way of communicating is hardly the same as acquiring the ability to respond or to communicate appropriately and effectively in actual emotionally stressful situations. That said, there can be no doubt that it can be useful *in a general way* for ethics consultants to recognize the need and the type of actions or behaviors that are most appropriate, although to think that working through paper cases can enable one to acquire the capacities and the propensities to exhibit the communicative skills in emotionally charged circumstances is a very large claim. Recognition of the importance and discussion of strategies for communicating in difficult situations certainly might motivate one to undertake to develop the interpersonal communication skills needed in similar clinical situations, but it would be a mistake to think that paper cases can do the job. Even though the authors do not explicitly claim this, a caveat is in order because there is a real danger that many ethics committees might be prone to adopt quick fixes and utilize the *Study Guide* as a relatively easy way to claim competence without achieving it in practice.

The unfolding approach relies on key "pivot" points around which the heuristic of the cases revolves. Three types of questions are raised at the pivot points: knowledge, reflective, and procedural questions. The meaning of these questions is straightforward, and each is obviously important in the education of ethics consultants. Procedural questions get the most attention in the article, and it is easy to concur with the authors that these questions encourage ethics consultants to reflect on their approaches and the specific steps they should take in each case. Nurturing such self-reflection by ethics consultants about the activities and techniques used in the process of doing an ethics consultation is an important factor in advancing skills and competence. I have little doubt that well-constructed cases can provide useful illustrations of common challenges that clini-

cal ethics consultants face, and that they can be effectively used to learn about and to gain some degree of sophistication in doing ethics consultation. This does not mean that utilizing these cases will, by itself, nurture the skills necessary.

It is well recognized that experience in performing ethics consultations over time is essential for growth in competence. Yet, experience *simpliciter* is not the answer. Repetitively doing ethics consultations badly, or not as well as one might, can simply reinforce biases. That is why the supervision of consultative work and critical review and analysis of actual ethics consultation cases by one's peers is essential. Hopefully, the case-based *Study Guide* might motivate and model these enlarged efforts.

### INTENDED AUDIENCE

It is natural that the CECA envisions a wide audience for the *Study Guide*, namely students as well as new and seasoned HCECs. Surely, in the hands of able instructors, good cases can be effectively used in the education of a broad audience. The worry is that any segment of this broad audience might tend to see these cases as providing a sufficient grounding in ethics consultation or as the primary or only tool for quality improvement in existing consultation services. That is not a weakness in the conception of the *Study Guide* for the construction of the cases, but a concern that other important and useful pedagogies should not be marginalized.

### CONCLUSION

Ethics consultation is a practice that is complex and multifaceted. I have argued that ethics consultation should be regarded as a reflective practice,<sup>4</sup> and certainly that concept welcomes well-structured and well-constructed clinical cases for teaching ethics consultation and for developing skills and essential reflective capacities. As a reflective practice, however, it is important that individual consultants and consultative services develop an openness to critical reflection about cases. Doing so using cases that are specifically designed for educational purposes has the advantage of creating an emotional distance from the case details; from the actual health-care workers, family members, or patients involved; and, more importantly, from the personal attitudes, beliefs, and emotional mechanisms that consultants inevitably bring into the performance of ethics consultations. That is an advantage that paper cases have over the review of actual cases. Although nuanced, constructed cases cannot replace critical review of

actual cases, they can motivate and model how one might openly confront with colleagues the cognitive judgments, communicative actions, and emotional reactions deployed in providing ethics consultations.

#### NOTES

1. C.R. Bruce, J. Jankowski, B.L. Chanko, A. Cordes, B.J. Huberman, L.-M. Johnson, D.L. Kasman, A. Katz, E.M. Robinson, K. Wasson, and G.E. Hardart, "The Work of ASBH's Clinical Ethics Consultation Affairs Committee: Development Processes Behind Our Educational Materials," in this issue of *JCE* 29, no. 2 (Summer 2018).

2. Clinical Ethics Consultation Affairs Committee of the American Society for Bioethics and Humanities, *A Case-Based Study Guide Addressing Patient-Centered Ethical Issues in Healthcare* (Chicago, Ill.: American Society for Bioethics and Humanities, 2017).

3. D. Kahneman, *Thinking, Fast and Slow* (New York: Farrar, Straus and Giroux, 2011).

4. G.J. Agich, "What Kind of Doing is Ethics Consultation?" *Theoretical Medicine and Bioethics* 26, no. 1 (2005): 7-24; G.J. Agich, "Clinical Ethics as Practice," *Journal International de Bioéthique* 20, no. 4 (2009): 15-24.