

#### **KEEPING THINGS REAL IN BIOETHICS EDUCATION – BENEFITS AND HAZARDS OF INTERPROFESSIONAL COLLABORATION IN TEACHING**

#### A/Prof Dominique E. Martin, MBBS, BA, PhD Dominique.martin@Deakin.edu.au

21 May 2022



### **Acknowledgement of country**

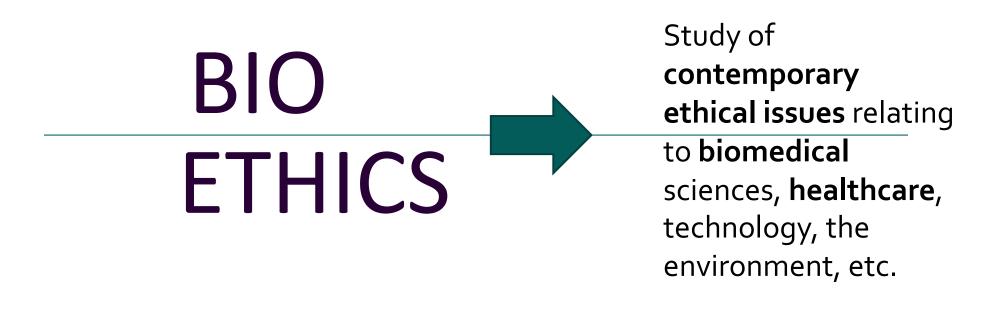


I am presenting today from the lands of the Wurundjeri people of the Kulin Nation, the Traditional Custodians of these unceded lands. I pay my respects to their Elders past and present, and I extend that respect to Aboriginal and Torres Strait Islander peoples and all other First Nations peoples participating in today's meeting.



#### To understand the role of interprofessional collaboration in bioethics education, we need to understand bioethics...



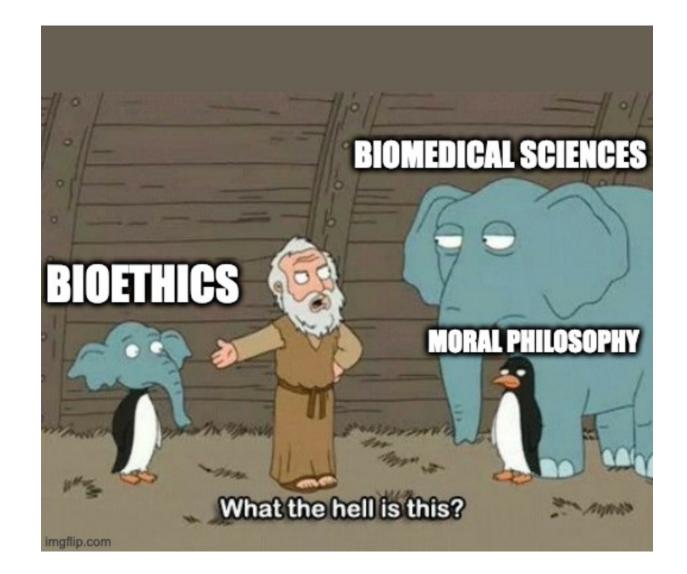






#### **Studying bioethics**

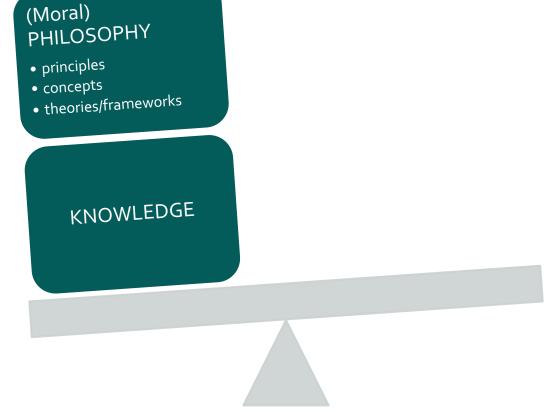




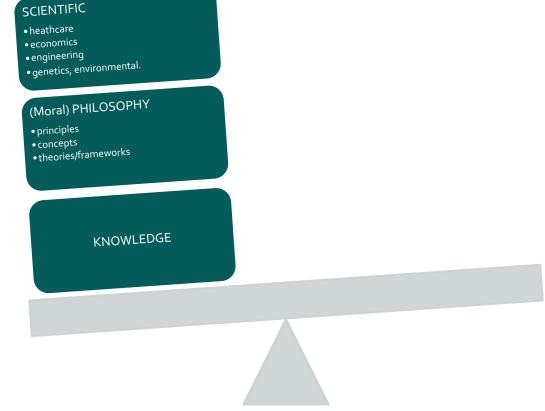




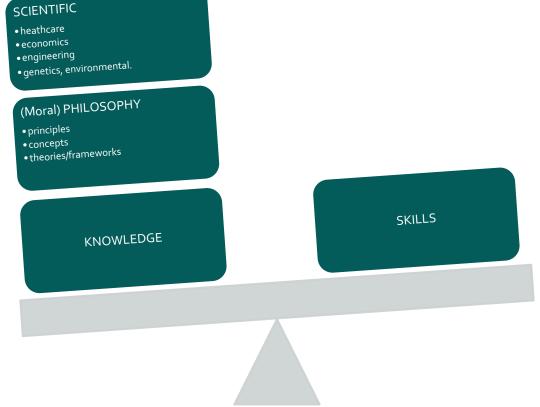




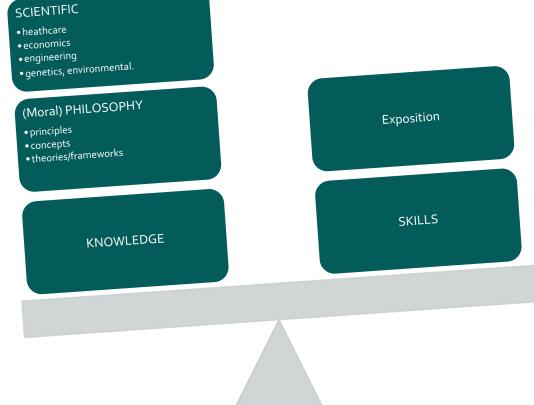




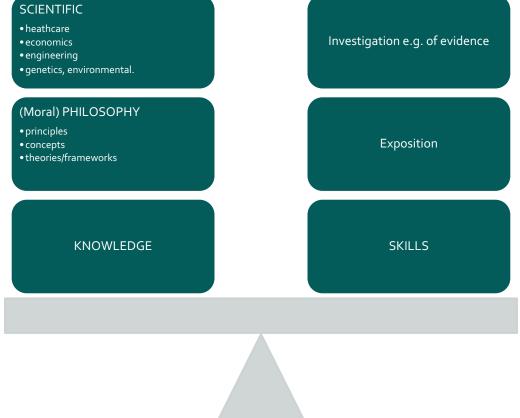




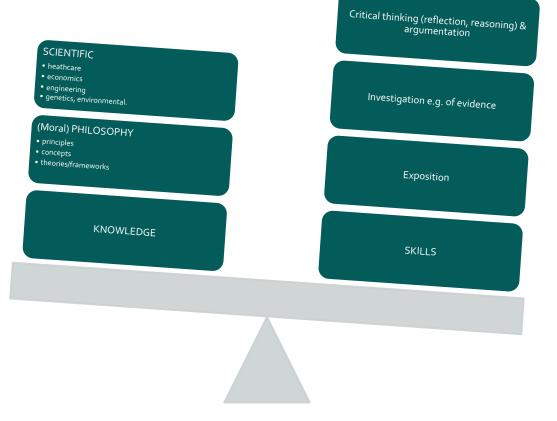












#### **Understanding bioethics (education)**



Bioethics education aims to equip students with the skills to apply ethical theory in the analysis of contemporary issues ... in order to inform and guide ethical decision-making and practice.



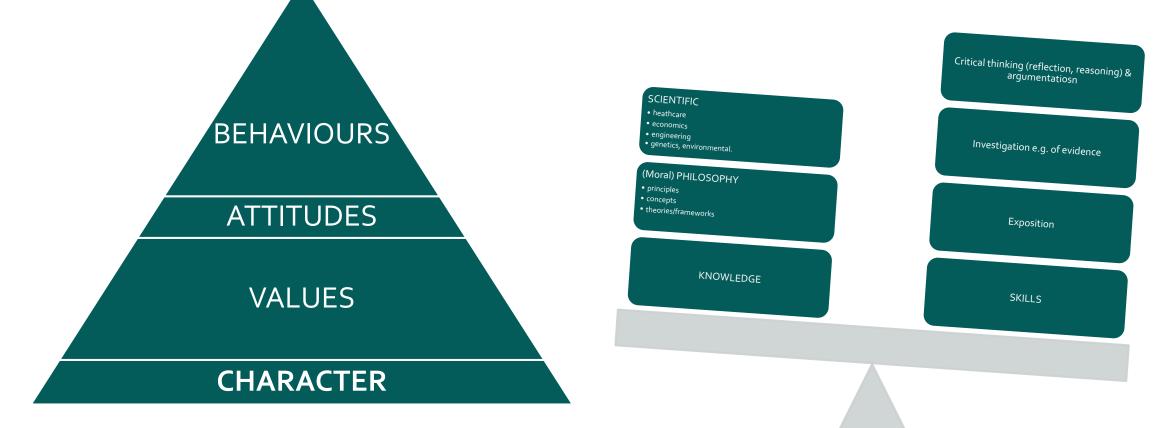


#### "without **doing** these [virtuous acts], no one would have even a prospect of becoming good."

"Nor is practical wisdom concerned with universals only-it must also recognize the particulars; **for it is practical**, and practice is concerned with particulars."

(Aristotle 1954)





## Why consider interprofessional collaboration in bioethics teaching?





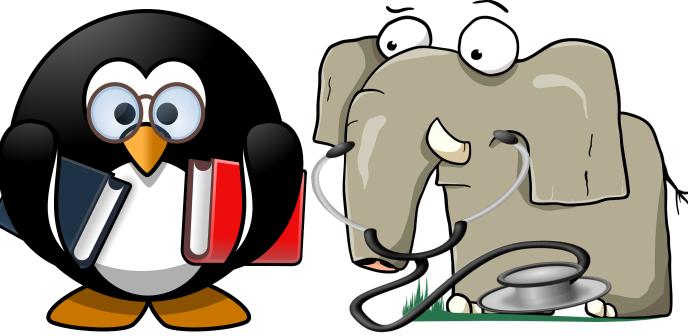
Each professional/scholar typically has → Relevant theoretical/empirical knowledge and perspectives... → Common skills (albeit applied in different contexts) e.g., communication, problem analysis, reasoning, management of decisionmaking in uncertainty



Learning may take place in a range of professional settings: → Practical placements may be required for skills development or character formation

en

# Why consider interprofessional collaboration in bioethics teaching?



Effective collaboration:

 → enriched knowledge, dialogue, perspective, curriculum alignment across different learning environments → better understanding of issues that are value-laden and shaped by empirical facts and possibilities → normative analysis informed by evidence

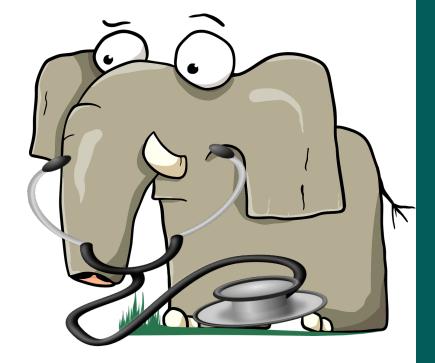








Mutual distrust, antipathy or contempt?



## The clinician "ethics expert"



#### Bioethics = "four simple principles"

- Get consent
- Don't hurt people
- Always give medication
- The fourth principle only matters if you work in public health

What really matters is the law – it tells you clearly what you can and can't do, ethically speaking.

The real dilemma here is clinical rather than ethical in nature – which treatment would be best for this patient?



### The philosopher "clinical ethicist"



Bioethics = extensive and substantive philosophical exegesis of hypotheticals...

> What really matters is the theoretical grounding and conceptual clarity; the law is irrelevant and your obsession with "real world" details is an inrritating distraction.

The real dilemma here is whether you've employed and consistently applied a Kantian approach in which the categorical imperative is satisfactorally elaborated to determine whether in principle we might consider possibly giving this patient a kidney under specific conditions that shall subsequently be elaborated.



# Why consider interprofessional collaboration in bioethics teaching?

Ineffective "collaboration":

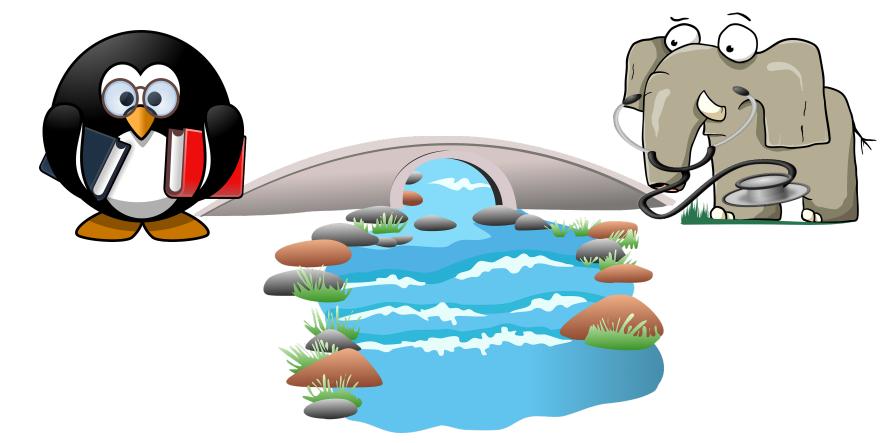
→ Siloing within curricula, duplication of content

→ Learner confusion, conflicts, disparagement of disciplines

→ Wasted resources



#### Potential strategies to support interprofessional collaboration in bioethics teaching







#### Potential strategies to support interprofessional collaboration in bioethics teaching

- Involve a "third party", or, ideally, people with training in more than one discipline
- Be prepared to compromise, e.g., on curriculum priorities → Recognize that something (or someone!) sometimes has "got to give"
- Adjust expectations, few people are intentionally ignorant...
- Foster interdisciplinary understanding, e.g. by providing foundational ethics training for clinical staff, and introducing non-clinical staff to foundational aspects of clinical care;by encouraging collaboration on research
- Pay attention to **practical barriers** to collaboration in teaching, e.g. if clinicians can't come to campus, can philosophys go to the clinic?
- Focus on the **end goals of learners**, e.g., when, where, and how are they likely to apply their bioethics skills and knowledge in future careers?
  - Learning should be designed to best support achievement of these goals.
- Provide high quality bioethics learning experiences for future professionals who will have responsibility for teaching.

## Four easy examples of interprofessional collaboration in bioethics teaching



- Interprofessional panels in case-based discussion
- Co-design and/or delivery of classes
- Interprofessional peer review of curricula, learning resources, assessment tasks etc
  - E.g. clinically authentic case scenarios, clear guidance for assessment of ethical knowledge/skills
- Conversations about teaching and learning



## Conclusion



- Bioethics is fundamentally interdisciplinary this complicates curricula design and delivery
- Professional/disciplinary expertise in teaching is valuable but may require interprofessional collaboration to provide all relevant expertise
- Ineffective interprofessional collaboration can undermine achievement of learning goals
- Approaches to interprofessional collaboration in bioethics should be designed with regard for local professional cultures, available expertise, practical and pedagogical constraints, and always centred on the end goals of students.



#### References



- Aristotle. 1954. *Nichomachean Ethics*. Ross D (translator). Oxford University Press: London.
- Wittgenstein L. 1965. I: A lecture on ethics. *The Philosophical Review*. 74(1), 3-12.

Thank you! Dominique.martin@Deakin.edu.au