

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

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Acknowledgement of country

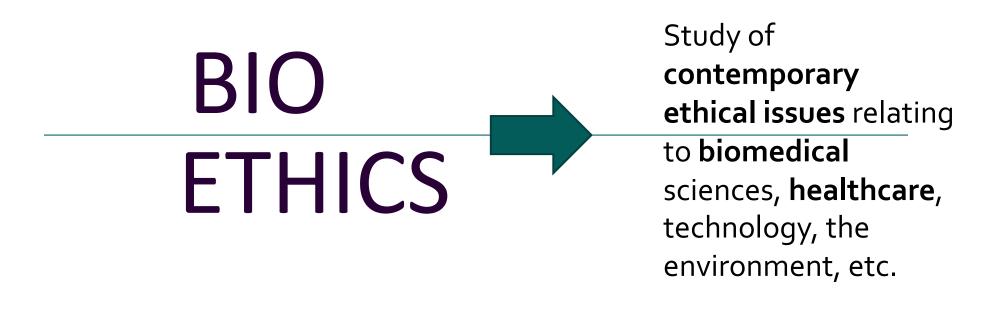


I am presenting today from the lands of the Wurundjeri people of the Kulin Nation, the Traditional Custodians of these unceded lands. I pay my respects to their Elders past and present, and I extend that respect to Aboriginal and Torres Strait Islander peoples and all other First Nations peoples participating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



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



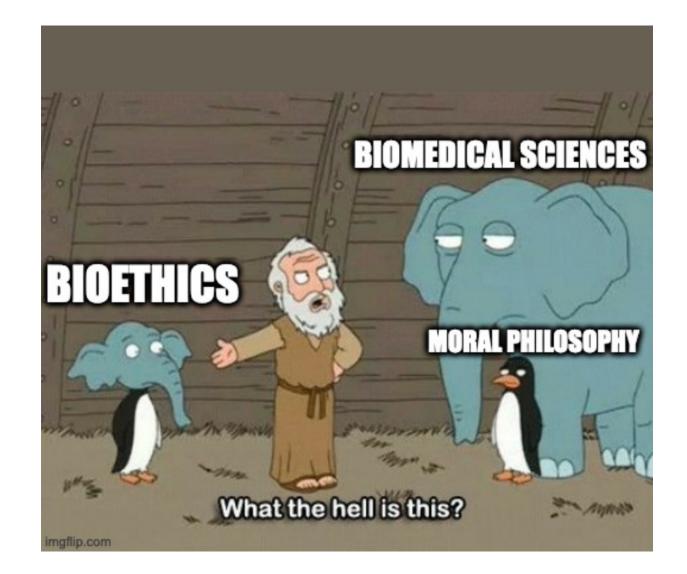






Studying bioethics

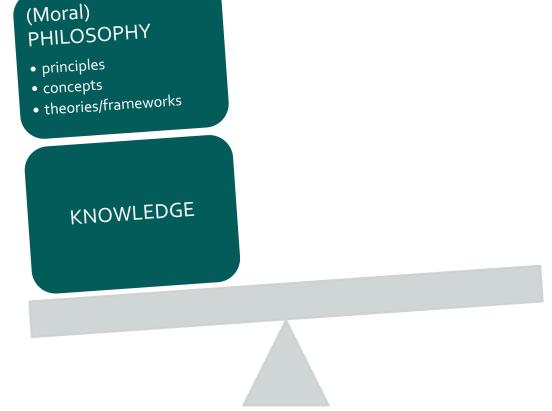




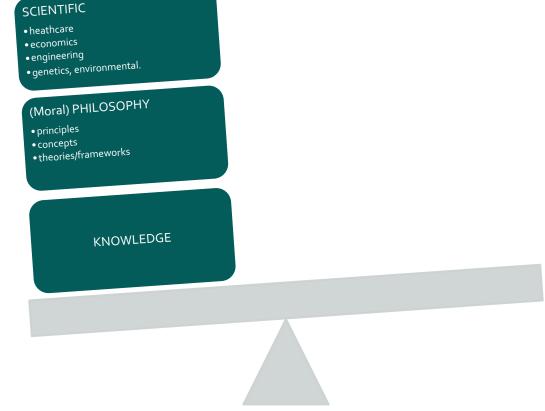




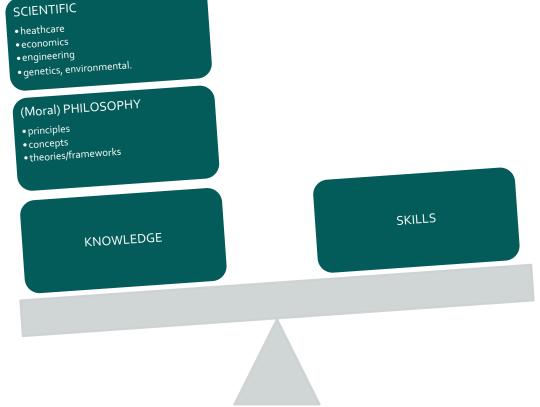




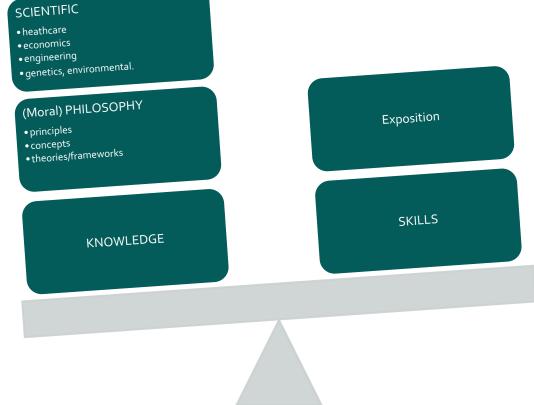




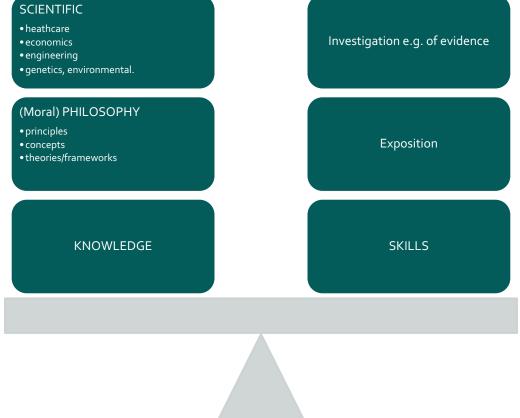




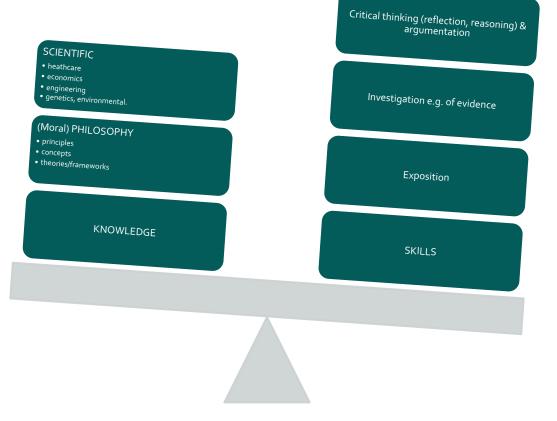












Understanding bioethics (education)



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.



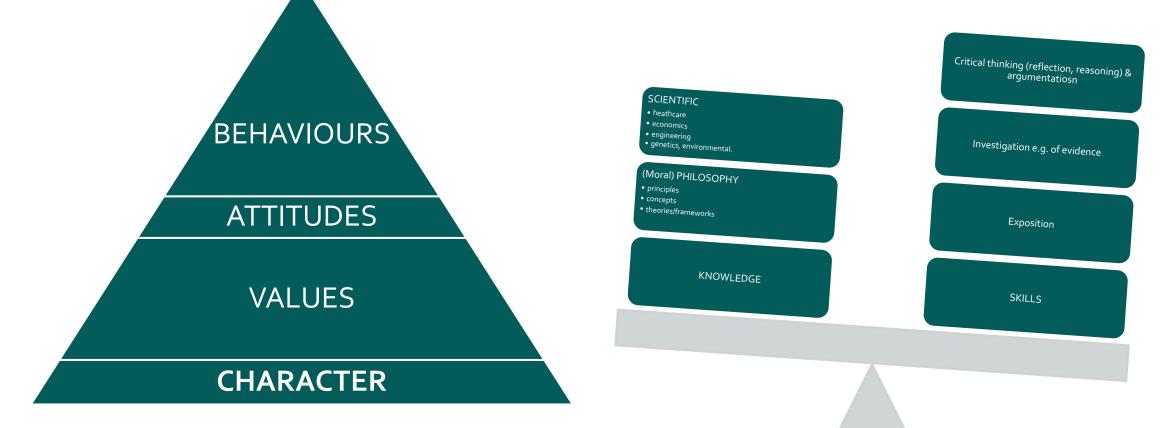


"without **doing** these [virtuous acts], no one would have even a prospect of becoming good."

"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?





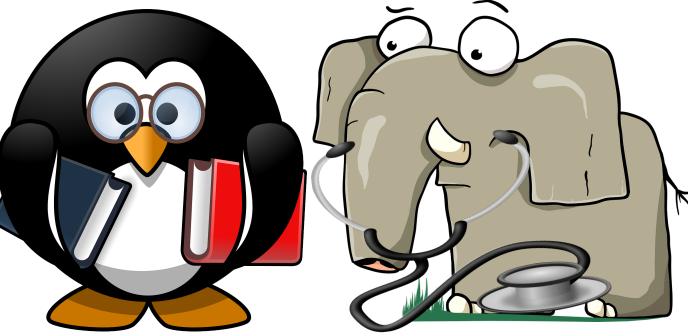
Each professional/scholar typically has → Relevant theoretical/empirical knowledge and perspectives... → Common skills (albeit applied in different contexts) e.g., communication, problem analysis, reasoning, management of decisionmaking in uncertainty



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

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Why consider interprofessional collaboration in bioethics teaching?



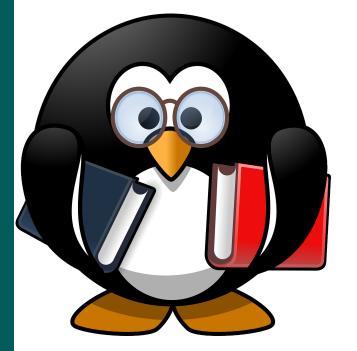
Effective collaboration:

 → 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

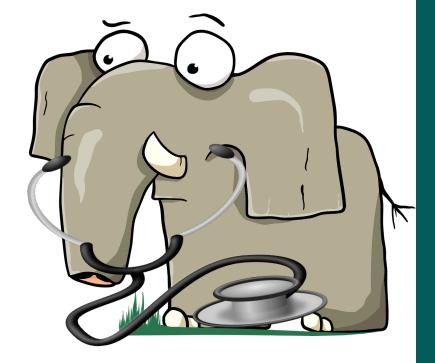








Mutual distrust, antipathy or contempt?



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":

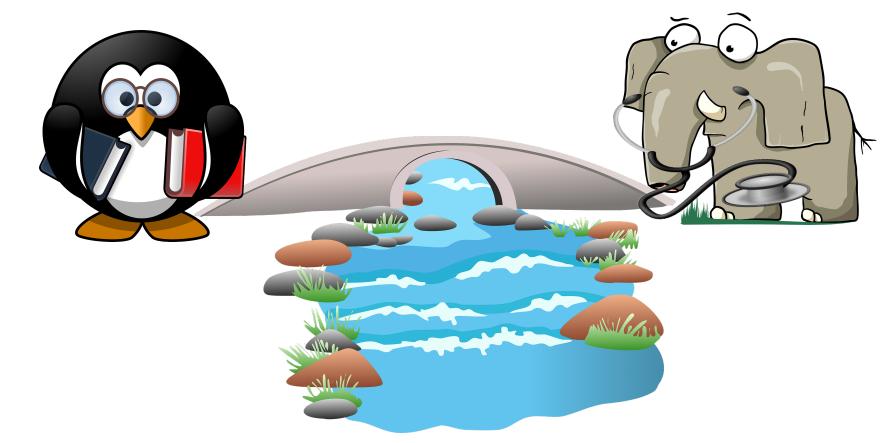
→ Siloing within curricula, duplication of content

→ 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