

Stephen Scher and Kasia Kozłowska

Rethinking Health Care Ethics

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That health care ethics should be rethought is widely known and advocated: how it should be done, nevertheless, is far more challenging. One of the ways for such an enterprise has recently been suggested by Stephen Scher, a philosopher, lawyer, Lecturer in Psychiatry at the Harvard Medical School, and Senior Editor of *Harvard Review of Psychiatry*, together with Kasia Kozłowska, child and adolescent psychiatrist at The Children's Hospital at Westmead and the Clinical Associate Professor at the University of Sydney Medical School, Australia. But before we enter into a closer look of their work, it might be useful to remind us of some terminological issues.

One can imagine bioethics in three ways (at least): like Fritz Jahr (that is, ethics related to all living beings: this is usually meant by the classically educated detecting the „bios“ within „bioethics“), like Van Rensselaer Potter (basically, medical ethics + ecological ethics), or the way the Kennedy Institute of Ethics at Georgetown University has been promoting (medical ethics). When Scher and Kozłowska refer to bioethics (and this occurs throughout the book), they actually mean the Georgetown (bio)medical ethics (they call it more correctly health care ethics, which is a far broader concept including more professions and situations than just doctors and treatment). Bearing this in mind, it results less surprising that the authors – and this we encounter as soon as on page 2 – define bioethicists the academic community of „philosophers, theologians, lawyers, and social scientists of various sorts who have come to dominate, worldwide, the diverse fields of health care ethics.“ This is quite interesting but reflects much more the situation in the USA: in Europe, a fair balance between physicians and non-physicians dealing with medical ethics

is more common. Scher and Kozłowska thus base their criticism upon a plea for a „medicalisation“ and „dephilosophisation“ of what they call bioethics: in Europe, the opposite views have been more loudly promoted, advocating a „philosophisation“ of bioethics (Ante Čović, Diego Gracia Guillén, and many others), leading to the emergence of „Mediterranean Bioethics,“ „Integrative Bioethics,“ etc. It might seem a certain paradox that a philosopher – Stephen Scher – is fighting against excessive philosophisation, but, on the other hand, this may add to the genuineness of his critique: actually, it is the reason why Scher’s critique seems the most convincing critique of Georgetown principlism as yet.

The core of the critique of principlism fostered by Scher and Kozłowska is not the „narrowing down“ of bioethics onto biomedical ethics, as we are used to hearing in Europe, but the growing apart of current (American) bioethics from reality and practice. The authors, namely, want bioethics be more focused on practice and less, like it is nowadays, philosophy-oriented, neglecting the caregiver-patient relation and insisting upon abstract aims and thoughts instead of including emotions and acts. Moreover, by comparing ethical multistep decision «algorhythms» with those used in legal court-rooms, the authors prove the necessary inefficiency of the former ones, and by showing how the specific focus on patient rights emerged from the move to protect consumer rights, they introduce a broader, useful analytic comparison.

With such ideas, no wonder that the authors venture into the necessary reform of teaching. (Actually, three out of eleven chapters are devoted to teaching, so a title „Reteaching Health Care Ethics“ might suit as well.) And here we come to the particularly intriguing part of the book, addressing the old challenge of how to relate ethics to a profession. The answer of the authors is: teaching ethics informally rather than formally. According to them, „informal“ ethical discourse refers to the ethical thinking that everyone engages in every day. It involves a combination of what Daniel Kahneman calls „fast“ and „slow“ thinking, where the former refers to the intuitive, immediate judgements that reflect a lifetime of personal experience and the latter to the conscious thinking needed to address new situations that present puzzles, contradictions, and complexities. By comparison, „formal“ ethical discourse is more explicitly philosophical and theoretical, and corresponds to the usual, classroom teaching (which, we all agree, sometimes may really look like „meta-ethics“).

Health care ethics, in the view of Scher and Kozłowska, should be taught especially at the bedside and preferably at the level of trainees (residents). Teaching is supposed to be „tied to current needs and experience,“ using „exploration of own thoughts, feelings, and opportunities for action,“ a „Socratic approach with probing and open-ended questions,“ and „natural‘ language,“ and it should encourage the „open exchange of ideas and concerns, at and between all professional levels.“ The authors

see individual moral experience as fundamental, but try to connect it with the „objective and universal“ based on sociology, history, anthropology, and psychology („the more one knows about the sociology, history, and anthropology/psychology of the situations one encounters, the richer will be one’s cognitive and emotional responses“). Ethical judgement thus has to be launched from the inside (self), and not from the outside („guided“ by abstract principles): questions helping to gain access to one’s own ethical thinking hereby are called „touchstones for learning.“ Now, while this is supported by the known suspicion that „there is no expert for morality“ (as Helen Mary Warnock would say), exalting personal ethical judgement might be taken to imply that Scher and Kozłowska are overestimating health professionals’ experience, intuition, and/or compassion capacity. But their response is that experience is knowledge gained by one’s own attempts, mistakes, and successes, that intuition combines both past experience and present intelligence, and that all remain subject to the ongoing values and criticism of one’s fellow health professionals and the goals of health care itself.

There are some minor things to be recommended for revision in the future editions of the work. Besides the unnecessary, unclear effort to distinguish between „moral“ and „ethical“ in Note 1 (p. 9), the failure even to mention Van Rensselaer Potter’s initial coining of the term „bioethical“ is an unfortunate historical lapse. Of course, this in no way diminishes the value of the book, its witty style, so highly persuasive in its logic and practical orientation enriched by several example stories („vignettes“). After all, one should recommend reading this book simply for the fact that, most probably, Scher and Kozłowska are the first Anglo-American authors who take into consideration the different pathways („movements“) of bioethics (in Europe in particular, after the rediscovery of Fritz Jahr’s work) and whose interests and goals extend far beyond those of the American bioethics literature.

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