Experiential Approach to Teaching Ethics

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I hear and I forget
I see and remember
I do and I understand

–Confucius

INTRODUCTION

The purpose of this chapter is to describe the use of group dynamics in teaching ethical decision-making to pharmacy students. Ethical decision-making rarely, if ever, takes place within an individualistic framework. Ethical dilemmas in health care by their very nature involve a community of other persons with divergent interests, values, and personalities. As a result, conflict of opinions and interests are often embedded in the very process of arriving at the resolution of cases. For health-care providers, this conflict poses the challenge of generating high-quality decisions while working within an environment of conflict. The health-care team approach to consultation regarding ethical dilemmas is customary in institutional

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settings and will often involve a committee of diverse health-care professionals. The common perception of the camel as "a horse built by a committee" indicates the difficulties with committee decision-making. However, group decision-making tends to be superior to individual decision-making when problems are complex, there is likely to be more than one solution, attitudes toward the problem are diverse, and many people with different expertise are needed to provide information regarding the problem (1). These criteria for the superiority of group over individual decision-making attest to the need and desirability of arriving at the resolution of ethical dilemmas through utilizing group consultation.

Groups commonly charged with the task of resolving ethical problems are institutional ethics committees. Ethics committees must make high-quality decisions while at the same time assuring the acceptability of decisions to a wide variety of interested parties and constituencies. With the focus on the task of producing a quality decision, the process ensuring the acceptability of the decision may be ignored. Dominant members often consume a disproportionate amount of time and there is a lack of or minimal participation by other members (2).

In addition to the general problems of working within a committee framework to solve ethical dilemmas, interprofessional and personal value conflicts often complicate committee proceedings (3). Recent current ethical dilemmas such as the Cruzan case involving the withdrawing of nutrition and hydration demonstrate the potential conflict between legal, clinical, institutional, family, moral, and religious perspectives in arriving at decisions (4). The continuing conflicts over the abortion issue have repeatedly demonstrated the difficulty of consensus building and compromise in accommodating diverse perspectives within an environment of strongly held value orientations when ethical issues interface with law, public policy, and medicine.

Ethics committees are microcosms of the diversity of values represented in larger society. They are composed of diverse clinicians and professionals ranging from lawyers and administrators to theologians and ethicists, in addition to the individuals and families directly affected by the dilemma. The resolution of ethical dilemmas in health care involves both the content of medical facts and ethical principles as well as the process of interaction, exchange, and argumentation. In addition, problem-solving in ethics involves rational decision-making theory and the use of both inductive and deductive logic (5). Traditionally, the content issues have been given primacy with much less formal attention paid to the process.

Whether recognized or referred to explicitly or implicitly, theories, principles, and methodology form a common knowledge base among ethi-

cists and persons who work with ethical dilemmas. This knowledge base forms the basis of what is taught in formal coursework in medical ethics. The lecture/case discussion format is typical with differences of opinions as to whether one should emphasize theory or actual cases and whether one should begin with cases to capture the students interest or begin with theory to prevent case discussion from becoming an exchange of uninformed opinion. While group and interpersonal dynamics emerge both in the classroom as well as in the ethics committee setting, seldom is the group and interpersonal process utilized and made the object of discussion and study. After all, the goal is to provide an answer to a perplexing and complex dilemma with medical, moral, economic, and sociopsychological dimensions. The process is often viewed as incidental to this formidable task. However, a lack of understanding and attention to the process can seriously affect the quality of decisions and to continue to negatively impact future decision-making. Since value commitments more often come to the forefront when discussing ethics, as opposed to other clinically oriented situations, an interdisciplinary team approach to health care is problematic when confronting ethical dilemmas. An ample environment for dysfunctional conflict among professionals is provided by the hierarchal structure of the institution, differences in training, turf issues, and conflicting roles (3).

In addition, diverse ethnic and religious backgrounds can intensify the potential for value conflicts. Dysfunctional conflict in committees and groups leads to a reduction of motivation, deterioration of teamwork, passive aggressive behavior, focus upon personalities rather than issues, and distrust of others' motives (6). However, diversity, differing perspectives, and conflict is necessary to arrive at acceptable and high-quality ethical decisions.

Conflict management is essential for both high-quality decisions and a high degree of acceptability of decisions. When conflict is managed properly in a group, there are a number of benefits which accrue and facilitate the decision-making process. The existence of functional conflict can indicate interpersonal problems which must be solved first before the discussion of content can proceed. In addition, conflict can provide catharsis for emotionally laden issues, which can then free the discussion to proceed along more cognitive levels. Conflict encourages interaction and involvement while promoting creativity and sharing of information. Finally, conflict can test the strength and logic of ideas and solutions through the process of arguing the relative merits of suggestions under the challenge from others (1).

Given these real and potential areas for conflict and both the dysfunc-

tional and functional aspects of conflict, the goal of ethics instruction for pharmacy students should serve a twofold purpose: training in content while assisting students to manage conflict and use group process to enhance decision-making. This can be best accomplished by utilizing a simulation format and encouraging active learning regarding both the content and process of decision-making in ethics. The simulated ethics experience is ideally offered to pharmacy students who have had some exposure to working in a health-care setting and some prior, at least rudimentary, exposure to theory and principles in ethics. However, the experience can be beneficial to students with limited or no exposure to formal instruction in ethics or health care.

Experiential and active learning is involved with assisting students in mastering both the concepts and a problem-solving methodology in approaching ethical dilemmas in health care. This process places the responsibility for learning and experimenting squarely on the shoulders of the student. Experiential learning is student centered and active. In addition, it is simulated in that it reflects the conditions of real-life practice as much as possible. Finally, it involves reflection upon experience. The datum is the self with the primary question involving what students learned about their ability to form, articulate, and debate issues and concepts in addition to how well they relate to others in groups. Conceptually, it involves a four-step process: a concrete experience, observation and reflection upon the experience, the discussion of concepts and generalizations from the experience, and finally the formation of new concepts to be experimented with and generalized to new situations (7).

DESCRIPTION OF THE EXERCISE

Students are typically separated into a group of eight to ten. They are then told that their group constitutes an ethics committee in an institution and they will be given the assignment of resolving an ethical dilemma. The students are then given a case (Appendix A) and asked to read it. Each student is then asked to generate a list of issues and questions concerning what further knowledge they need in order to resolve the case. The instructor then uses these questions to form the basis of a lecture/discussion oriented toward highlighting the theories and principles needed to assist in the analysis and resolution of the case. Student-generated questions form a basis for initial discussion ensuring comprehensiveness of coverage. Often students will focus upon medical and clinical details at first. However, if the case is well-detailed and the instructor poses questions oriented toward

issues of ethical principles, a discussion of principles and theory can be engaged.

After the initial discussion of the case and general ethical principles involved, students are given readings which cover the following: deontological, utilitarian, act utilitarian, rule utilitarian theories, and the principles of autonomy, informed consent, confidentiality, veracity, beneficence, nonmalficence, justice, and distributive justice (8). Students are asked to read the material and explanation of concepts and be prepared to discuss them in the next class. In addition, students are asked to individually analyze, provide a solution, and justify the solution to the case using the following methodology: state the ethical dilemma, collect all of the relevant facts, generate all possible alternatives, evaluate alternatives in terms of principles and consequences, choose the alternative that "best fits" the principles involved, and recommend a course of action with an accompanying justification.

As much as possible, the first step of identifying the ethical problem should involve stating the problem in a single statement. In this first critical step in defining the problem, it is essential that students understand the differences between technical, clinical, and ethical problems. Ethical problems are prescriptive in nature and deal with matters of value and the concept of the "good"–some would say "moral"–course of action. While this concept of the "good" may vary depending upon the criteria used in defining the "good," personal preference and opinion is insufficient. The formulation of the problem involves recognizing and stating the competing demands in the situation for different courses of action represented by various conceptualizations of the "good." This type of thinking is radically different from empirical thinking which deals, for the most part, with verifiable facts and with which pharmacy students have been trained to approach problems.

The second step is collecting all the relevant facts. Students must be able to differentiate between matters of fact and matters of value. It is a dictum of ethical problem-solving that "bad facts make bad ethical decisions." When all of the relevant medical, economic, social, and other facts are collected, the ethical dimension of the problem can either be confirmed or disconfirmed. For example, it makes no sense to talk about the abortifacient nature of a birth-control pill unless you fully understand the mechanism of action of the particular medication.

In the third step of generating alternatives, all possible alternatives are generated without evaluation. Comprehensiveness and quantity of solutions are important. This approach encourages both creativity and participation. In the next step, students can then narrow the range of solutions by

the evaluation of alternatives based upon principles and consequences, eliminating and combining solutions. Much of ethical decision-making focuses upon "justification" of alternatives. Student articulation and argumentation of a logical, principle-based justification is essential at this point. Choosing the "best fit" of alternatives with principles often involves ranking principles in order of importance and learning to choose alternatives in which one principle must be suspended in order to follow another. Choices and answers must always be justified according to an appeal to principles. After this methodology is discussed, the individual analysis of the cases are done as an assignment outside of class and students are asked to bring their analysis to class.

In the next class, the concepts in the readings are discussed using the learning through discussion method (9). The groups are given the assignment to take responsibility for the discussion of the readings using a nine-step process called a "group cognitive map." These nine steps involve the following: a definition of terms and concepts in the students own words; identification of major concepts; allocation of time for discussion; discussion of major concepts integrating the material with other knowledge and examples; evaluation of the clarity of the author's presentation of the concepts; and an evaluation of the group and individual performance in facilitating the understanding of the material.

During the next session, students are then asked to rejoin their group and one group is asked to elect a leader to conduct a discussion. Each member in the group then presents his analysis of the case to the group along with their solution and justification. Each member is then asked to question the presenter on any points which are unclear concerning the analysis, solution, and justification. While the first group is presenting the individual analysis of the case, the second group is given the observational form contained in Appendix B. After a brief discussion of the form, the second group is asked to position themselves around the first group in a "fishbowl"-type exercise. The group in the middle is then given the assignment to arrive at a solution and justification through consensus as if they were an ethics committee. Voting and majority rule are not allowed and the group must continue to debate and discuss until consensus is reached. The instructor readily admits to students that universal consensus is not always possible but for the purposes of this exercise, consensus building will be sought.

A variant on the exercise is to assign students roles such as a physician, nurse, social worker, hospital administrator, hospital chaplain, lawyer, or ethicist, and ask students to analyze and argue the case as they think the person they are role-playing would argue the case. This is an extremely

effective strategy in graduate courses or seminars where a number of different disciplines are involved and the role playing allows each discipline to experience how other disciplines view their behavior and characteristics. This technique can facilitate the discussion of stereotypes and repetitive conflicts between professions in a nonthreatening manner. However, this strategy tends to be less effective with undergraduates who have less work experience, no time in the profession, and often less maturity to convincingly and seriously maintain appropriate role behavior.

The observing group is given the assignment to observe the first group and offer feedback concerning their behavior using the observational form (Appendix B) as a guide. In addition, any other comments concerning the logic, clarity, and comprehensiveness of the discussion of the case may be given by the observing group. Typically, each member of the observing group chooses one member of the group discussing the case to observe and offers feedback. Also, general comments regarding the group discussion of the case are solicited from the observing group. Since the observing group has also analyzed the case as a assignment, the observing group is encouraged to offer general points of convergence and divergence with the group discussing the case. The "fishbowl" nature of the exercise allows immediate peer feedback to students regarding their behavior and ideas expressed in the group. It also allows the observing students to directly reflect upon the nature of group dynamics and the process of conflict management. In addition, the students observing can compare the conceptualization, argumentation, and application of the principles used by the committee in solving the case to how they approached the case.

DISCUSSION

Experiential learning is not without problems in the classroom. There is usually initial student anxiety concerning the process of being observed and evaluated in the group. It is essential to reassure students concerning the nature of the observation and the type of feedback given. Often students bring "personality conflicts" and biases regarding other students into the classroom setting. As a result, communication exercises have the potential to become fraught with anxiety and conflict. When conflict does arise, there is ample opportunity to assist students in resolving the conflict through learning active and reflective listening, negotiating skills and learning to live with differences of opinion and personalities. Also, one of the "bottom-line" and fundamental ethical principles underlying all ethical systems is a "respect for the dignity of people." The feedback part of the exercise gives ample opportunity to discuss the development of the attitude of respect and

unconditional positive regard. This usually involves assisting students to learn the critical difference between acceptance and respect for a person and disagreement with his or her views and behavior. The whole feedback exercise has to be framed within a context of encouraging students to deal with differentness, diversity, criticism of ideas, and conflict.

In order to assist the group providing feedback, the group is given guidelines for creating a supportive psychological climate versus a climate of defensiveness when communicating with fellow students. These guidelines are outlined and contained in Appendix C. Another problem which can arise is student confusion about what is expected. While there is a group leader, the instructor must maintain control and keep the exercise structured. For a successful exercise, the expectations should involve the following: everyone participates and interacts; all members must come prepared regarding the case and concepts; learning is approached as a cooperative not competitive endeavor; and the reason for the existence of the group is learning (9). In addition, adherence to the methodology of ethical decision-making in discussing the case prevents the discussion from wandering into peripheral points and unsubstantiated personal bias and opinions. If the discussion of the case begins to become unfocused, wander, and dominated by a few, the instructor must intervene in order to process with students what is happening in the group and to refocus the group upon the relevant concepts and method. Jay has reported on guidelines for running successful committee meetings which has relevance for managing classroom discussion: control the garrulous, draw out the silent, protect the weak, encourage the clash of ideas, prevent the suggestion-squashing reflex, and close on a note of success and achievement (10).

An interesting effect from the classroom simulation and observation by students of an ethics committee is the opportunity for students to have the instructor and fellow students model certain values such as respect, tolerance, accepting differences, the utility of healthy conflict and debate, and the importance of careful, thoughtful, and logical analysis. Students are encouraged to eliminate a win/lose mentality, an atmosphere of trust and respect is established, criticism is frequent, frank, yet respectful and consensus building is encouraged.

SUMMARY

The process of addressing and resolving ethical dilemmas in health care is an interpersonal process often involving conflict. The skills of conceptualization, argumentation, active listening, provision of feedback, conflict resolution, and facilitation of group discussion are some of the critical

skills needed to effectively work in a collaborative manner when resolving ethical dilemmas. While addressing ethical problems in health care is seen as largely an intellectual and cognitive activity, an inability to effectively and sensitively attend to the affective and interpersonal process involved in discussing emotionally laden issues can lead to unnecessary and dysfunctional conflict, seriously inhibiting the health-care team approach and diminishing the quality and acceptability of decisions. The advantage of the experiential approach to teaching ethics is that it facilitates student sharing of information and concepts in a collaborative learning environment. This is precisely the attitude needed to function effectively in a health-care team setting. The case discussion with immediate feedback from peers and instructor concerning both the content and process of the discussion offer the students an unique opportunity to reflect upon their behavior and thought processes in groups. This approach to the teaching of ethics allows the instructor and students to model important behavior such as respect and acceptance which is central to all ethics. In addition, the experiential approach provides a laboratory to experience and observe the complexities and problems in group dynamics, learn to manage conflict constructively, and finally sharpen conceptualization and argumentation skills in discussing ethical dilemmas.

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APPENDIX A

Low-Osmolar Contrast Agents

As a pharmacist you have been newly appointed to the ethics committee of a large hospital. Low-osmolar contrast media has been recently introduced into radiological procedures. Low-osmolar contrast media (LOCM) is approximately 15 times the cost of high-osmolar contrast media. However, it is estimated that the use of LOCM would result in a reduction of 293 fatal reactions per year. LOCM is considered six times as safe and much better tolerated by patients. Currently, third-party government programs do not reimburse for LOCM. Medical guidelines for usage have not been clearly specified. However, you have been asked to develop a policy for the use of LOCM at your hospital since it is not cost-effective to use it with all patients. Who should receive the technology, under what condition, why, and what are the ethical principles that justify your decision?

READING:

Jacobson P, Rosenquist J. The introduction of low-osmolar contrast agents in radiology medical, economic, legal and public policy issues. J Am Med Assoc. 1988; 260:1586-92.

APPENDIX B

Group Task Role Examples, Maintenance, and Self-Centered Role Examples[a]

Group Task Role Examples

1. **Initiator-Contributor:** Contributes ideas and suggestions; proposes solutions, decisions, new ideas, or restates old ideas in novel ways.
2. **Information Seeker:** Asks for clarification in terms of the accuracy of comments, asks for information or facts relevant to accomplishing group tasks, suggests information if needed for decisions.

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[a]Benne K, Sheats P. Functional roles of group members. J Social Issues. 1948; 4: 41-9.

3. **Information Giver:** Offers facts of generalizations which may relate to personal experiences and are pertinent to the group task.
4. **Opinion Seeker:** Asks for clarification of group members' opinions, and asks how group members feel.
5. **Opinion Giver:** States beliefs and opinions about suggestions made, indicates what the group's attitude should be.
6. **Elaborator-Clarifier:** Elaborates ideas and other contributions, offers rationales for suggestions, tries to deduce how an idea or suggestion would work if adopted by the group.
7. **Coordinator:** Clarifies relationships among information, opinions, and ideas, or suggests an integration of ideas.
8. **Diagnostician:** Indicates what the task-oriented problems are.
9. **Orienter-Summarizer:** Summarizes interaction, points out departures from agreed upon goals, brings group back to the central issues, raises questions about the direction in which the group is headed.
10. **Energizer:** Prods the group to action.
11. **Procedure Developer:** Handles routine tasks such as seating arrangements, obtaining equipment, and handing out pertinent papers.
12. **Secretary:** Keeps notes on the group's progress.
13. **Evaluator-Critic:** Analyzes the group's accomplishments, checks to see if consensus has been reached.

Maintenance Role Examples

1. **Supporter-Encourager:** Praises, agrees with, and accepts the contributions of others, offers warmth, solidarity, and recognition.
2. **Harmonizer:** Reconciles and mediates differences, reduces tensions by giving group members a chance to explore their disagreements.
3. **Tension Reliever:** Jokes, or in some other way reduces formality of interaction, relaxes the group members.
4. **Compromiser:** Offers to compromise when his or her own ideas are in conflict, admits own errors so as to maintain group cohesion.

5. **Gatekeeper:** Keeps communication channels open, facilitates interaction between some group members, and blocks interaction between others.
6. **Feeling Expresser:** Makes explicit the feelings, moods, and other relationships in the group; shares own feelings with others.
7. **Standard Setter:** Expresses standards in evaluating the group process and standards for the group to achieve.
8. **Follower:** Goes along with the movement of the group passively, accepting the ideas of others, sometimes serving as an audience for group interaction.

Self-Centered Role Examples

1. **Blocker:** Interferes with progress by rejecting ideas or taking the negative stand on any and all issues; refuses to cooperate.
2. **Aggressor:** Struggles for status by defining the status of others; boasts; criticizes.
3. **Deserter:** Withdraws in some way; remains indifferent, aloof, sometimes formal, daydreams; wanders from the subject; engages in irrelevant side conversations.
4. **Dominator:** Interrupts and embarks on long monologues; authoritative; tries to monopolize the group's time.
5. **Recognition Seeker:** Attempts to gain attention in an exaggerated manner; usually boasts about past accomplishments; relates irrelevant personal experiences, usually in an attempt to gain sympathy.
6. **Confessor:** Engages in irrelevant personal catharsis; uses the group to work out own mistakes and feelings.
7. **Playboy:** Displays a lack of involvement in the group through inappropriate humor, horseplay, or cynicism.
8. **Special-Interest Pleader:** Acts as the representative for another group; engages in irrelevant behavior.

APPENDIX C

Psychological Climate in Communication

Defensive climate	Supportive climate
1. **Evaluation:** Communication which implies judgment of another person.	**Description:** Communication which describes facts in an exploratory manner.
2. **Control:** Communication which restricts options for responding.	**Problem orientation:** Communication which encourages collaboration and expands options for responding.
3. **Strategy:** Communication which implies a calculated plan to influence behavior.	**Spontaneity:** Communication which is a spontaneous response to immediate behavior.
4. **Neutrality:** Communication which is devoid of the understanding of feelings.	**Empathy:** Communication which conveys understanding of feelings and experience.
5. **Superiority:** Communication which implies a superior-inferior relationship.	**Equality:** Communication which minimizes status differences.
6. **Certainty:** Communication which suggests a dogmatic attitude.	**Provisionalism:** Communication which is tentative and implies openness to change.