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Ethical Training Can Turn an "Ought" to a "Can"

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participation is required for ethical, not merely instrumental reasons. Importantly, norms may conflict with other norms in unforeseen ways until the point of enactment, and often it is best to leave the interpretation of the specificity of norms to the discretion of local actors (e.g., healthcare personnel), rather than "provide directed guidance about the types of actions that ought to be enacted" (Sisk et al. 2020, 63). Sisk et al. fail to specify what kinds of circumstances are calling for the implementation science to shape the norms, and what makes it possible to judge whether an ethical norm is successfully implemented in a context or not. Would it be possible to provide 'best practice' evidence for all kinds of ethical norms? It may work to test peoples' actual understanding of a consent sheet as an isolated part of the standard procedure of asking for consent. Other ethical norms will, however, be embedded in complex settings of a variety of concerns against which they will have to be balanced. This makes detached, evidence-based, best practice approaches to shape the appropriate content of specific norms less helpful.

IV): "Ethicists Formulating a Specific Norm Should Consider Whether That Norm Can Feasibly Be Enacted, Because the Resultant Specific Norm Will Directly Affect the Types of Interventions Subsequently Developed."

Finally, the authors must clarify to what extent feasibility should impact the specification of a norm (i.e., how what *is* should determine what *ought to be*). What kinds of practical obstacles should be bypassed, and which should be considered ethical challenges calling for change in their own right? Does implementation science offer any support to make these kinds of judgement?

CONCLUSION

In conclusion, while we believe the authors are right in claiming that implementation science might be useful to ethicists on occasion, we believe more work is called for to address the challenges we have identified.

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OPEN PEER COMMENTARIES

Ethical Training Can Turn an "Ought" to a "Can"

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Sisk et al. (2020) argue that once a normative claim is developed, there is an imperative to effect changes based on this norm; therefore, ethicists should adopt an "implementation mindset" and collaborate with others to determine how best to actually implement proposed policies and practices. We strongly agree that in values-

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driven fields, such as health care, there is an obligation for ethicists to go beyond working to raise ethical awareness, and even beyond teaching to improve the ethical analysis skills of clinicians and administrators. We have argued elsewhere that teaching and training in the practical skills needed to achieve ethical actions should be part of the job description for health care ethicists (Wynia and Bedzow 2019).

That said, however, the work of determining how best to implement ethical actions in health care organizations cannot be driven by ethicists alone. In fact, developing effective strategies for moving from "ought" to "is" must be incorporated into the ethos of the organization and should be a cornerstone of values-driven leadership. As such, the role of ethics in health care organizations should not be seen as one specialty among many; rather, it should be seen as a valuable lens through which everyone in the organization, and especially organizational leaders, can productively approach complex adaptive problems.

MOVING FROM "OUGHT" TO "IS"

The authors assert that health care ethicists sometimes focus on debating the naturalistic fallacy, viz., whether an "ought" can be derived from an "is," but that relatively little work has centered on what should happen once a normative claim is developed to implement a proposed change in practice. But, in fact, there is a long history of philosophical discussion centered on the relationship between normative claims and their implementation.

Aristotle, for example, examined this relationship at length in his description of practical wisdom and the role of ethical leaders in creating just laws for the polis. "Practical wisdom," according to Aristotle, is the virtue of deliberating well, and the person who possesses this virtue considers how to act ethically in light of the situation, the people involved, the purpose for the action, and the means of execution (Barnes 1984, 1747). As Aristotle writes, "Again, the function of man is achieved only in accordance with practical wisdom as well as with moral excellence; for excellence makes the aim right, and practical wisdom the things leading to it" (Barnes 1984, 1807). Remarkably, this does not mean that moral choice consists of two separate and distinct components, viz., that of choosing the moral end (the "ought") and only then selecting an appropriate means to the end (the "is") (Barnes, 1984, 1804). Rather, the two are part and parcel of the same deliberative process. As such, if the aim seems right but one's proposed implementation strategy cannot achieve the moral objective, the ethical decision is not yet correct.

Aristotle applies his theory of practical wisdom not only to personal choices but also to the decisions that community leaders make in forming legislation. He equates practical wisdom with the ability to legislate well since the efficacy of law is not only in what it explicitly permits, requires, or prohibits but also in how the law will influence various other attitudes and actions of individuals subject to the law. In effect, good legislation must account for normative claims in the context of its real-world implementation effects in the community.

Similarly, Immanuel Kant's moral philosophy is grounded in the logical premise that "ought implies can." According to Kant, for any normative claim to hold moral force it must be possible to act on it (Kant 1998, 70; Kant et al. 2016, 473). While he does not go into as much detail as Aristotle about how the process of moral deliberation relates to the realities of moral action, Kant argues that the rational moral choice (or what he calls the expression of pure practical reason) must be able to be carried out by morally autonomous agents.

Today, normative organizational ethics should apply the Aristotelian and Kantian premise that norms and their effectuation must be considered in tandem. Normative ethics is, in effect, a practical science; and the effective implementation of proposed norms is not simply technical problem solving, it takes place in complex organizations populated by human beings—as such, whether or not a proposed change will work as intended has both practical and moral implications.

Because normative claims and consideration of their implementation are in fact two sides of the same coin, we agree that ethicists should work on collaborative teams to ensure that the moral and professional values they articulate are effectively implemented through policy and other organizational changes, which can then successfully change organizational habits and practice. Further, this means that ethicists cannot be simply put in charge of developing ethical norms for health care organizations. Instead, we propose that values-driven leaders of health care organizations should establish the priority of ethics as a lens through which every employee can and should assess policies or practices in the organization. In other words, ethics should not be considered as one factor among many in making organizational decisions; it should be considered as the primary mechanism through which decision-makers examine issues and make decisions about how best to address them.

ETHICAL LEADERSHIP TRAINING

Of course, like all other proposed norms, this view about the optimal role of ethics in health care

organizations should be subjected to a reality check. And one obvious weakness is that some, perhaps even most, organizational leaders today have not been trained to conceive of ethics in this way. As such, it is a fair critique of our view to note that in many organizations the ethicist will, in fact, come to the table with considerably more content expertise about ethical analysis, while others will come with greater expertise in implementation science, as well as financial, legal and other considerations.

In our view, this current reality is not an argument against aiming for the creation of values-driven health care organizations that regularly use ethics as the primary lens through which problems are examined and solved. Rather, it is an argument in favor of a deliberate and pragmatic approach toward creating such organizations moving forward.

In particular, it is apparent that if organizational decision making using ethics as a lens for viewing both problems and their proposed solutions is to work, it will require ensuring that the leaders of health care organizations are trained in doing so (As of February 5, 2020, Aspen Ethical Leadership Program 2020). A values-driven leader today, like Aristotle's proposed political leader, must understand the current ethical culture of his or her organization and have the skills necessary to deliberate on ethical norms and consider how to implement those norms successfully through policies and procedural change, recognizing that implementing the latter might end up requiring changes to the former and vice versa.

Finally, like the ethicists within their organizations, leaders need not—and we believe should not—make decisions or conceive of implementation strategies addressing organizational ethics issues alone. Collaborative teams are important to consider the various factors at play when addressing complex adaptive challenges. The primary responsibility of leaders is to establish organizational ethical values as a priority; they don't need to be experts in every facet of ethical deliberation, just as they don't need to be experts in every facet of implementation science. But core training and ongoing practice in the skills of ethical leadership in health care should be a requirement for both senior and emerging leaders in every health care organization.

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