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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REFERENCES

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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REFERENCES