

# Ethical counseling

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# Dilemmas and disagreements

# Ethical disagreement

It is a **conflict of evaluation** between **different subjects** or groups of subjects, in which each subject or group **evaluates the situation differently** from the other subjects or groups.

The decision resulting from that conflict of evaluation usually give rise to a **mutually binding strategy**

# Moral dilemma

“The crucial features of a moral dilemma are these:

- the agent is required to do **each of two (or more) actions**;
- the agent can do **each of the actions**;
- but the agent **cannot do both (or all) of the actions**.

The agent thus seems **condemned to moral failure**; no matter what he/she does, he/she will do something wrong (or fail to do something that he/she ought to do)”

Source: <http://plato.stanford.edu/entries/moral-dilemmas/>

# Moral dilemmas – Example



Inform the  
wife

**Beneficence**

Personal code



Not inform  
the wife

**Respect for  
privacy**

Professional code

# Summarizing

## MORAL DILEMMAS

- Moral conflicts **within the single subject**
- The solution of the case affects **primarily** and **directly** the subject
- At the **personal ethics** level

## ETHICAL DISAGREEMENTS

- Moral conflicts **between different subjects**
- The solution of the case leads to **mutually binding decisions**
- At the **public ethics** level

# How to address ethical disagreements?

## Public Deliberation



# How to address moral dilemmas?

Ethical counseling



# **WHAT IS ETHICAL COUNSELLING?**

*Giovanna, 38, mother of two children (3 and 5), is carrying a TP53 germline mutation.*

*This mutation has been associated with Li-Fraumeni syndrome, which may increase the risk of developing tumours such as bone and soft-tissue sarcomas, premenopausal breast carcinoma, leukemias, brain cancers and adrenocortical carcinoma up to 85%, the latter two also occurring in children.*

*There is a history of cancer in Giovanna's family (she and her paternal aunt both had breast cancer; her father had cancer of the colon and two of Giovanna's cousins developed tumours).*

**What should Giovanna do?**  
**Testing the children?**  
**Informing them?**  
**When?**

**What her doctor should suggest her?**  
**In which form?**

**“No man by himself has sufficient strength to rise  
above it;  
he needs a helping hand, and some one to extricate  
him”**

**Lucius Annaei Senecae, *Moral Letters to Lucilius*, Letter 52, 2**

**problematic situation**

**AN ETHICAL CHOICE  
CROSSES  
A CLINICAL DECISION**

necessity of a  
**philosophically grounded counseling**  
since he/she has a  
**philosophical (ethical) problem!**

# The two core ideas of our account of Ethical counseling

- **Philosophical knowledge should be used to give an orientation to life**
- **Interpretation of our philosophical tradition as a toolbox to cope with the troubles of life**

# The complex network of the philosophical/ethical counseling/consultation



# Philosophical Counseling



# Philosophical Counseling (PC)

- PC originated in **1984**, when the German philosopher **G. Achenbach** published *Philosophische Praxis*
- This book contains what he defined a **new way of doing philosophy**
- Since then **the idea of PC** has been spreading **within and outside Europe**
- There is no a precise **definition** of PC due to the many and sometimes extremely **different nuances** with which it has been theoretically discussed and practically proposed



# Philosophical Counseling (PC)

**What distinguish the different approaches are the answers they provide to the following questions:**

- ① Does PC have a **method**?
- ② To what extent is PC related to **psychotherapy**?
- ③ Does PC have an **advisory** or a **directive** function?
- ④ Is it possible to define PC **positively** or does it have only a **negative definition**?
- ⑤ Does the PC dialogue concern **the existential aspects** of the counselee's (called also 'client', or 'guest') life or the way in which the latter builds his or her **arguments** regarding values and principles?

# Philosophical Counseling (PC)

**A working definition on the basis of what they share instead of what distinguishes them**

*A dialogic activity between a counselor and a counselee, whose purpose is to **help** the latter address **controversial issues** pertaining to **different ways of perceiving life** by means of **philosophical concepts, ideas, theories and techniques** that allow the counselee to reflect on his or her way of thinking and seeing the world, history, life and death*

# Ethical Counseling

# The grounding idea of our account of Ethical Counseling

**Philosophical knowledge should be used to give an  
orientation to life**



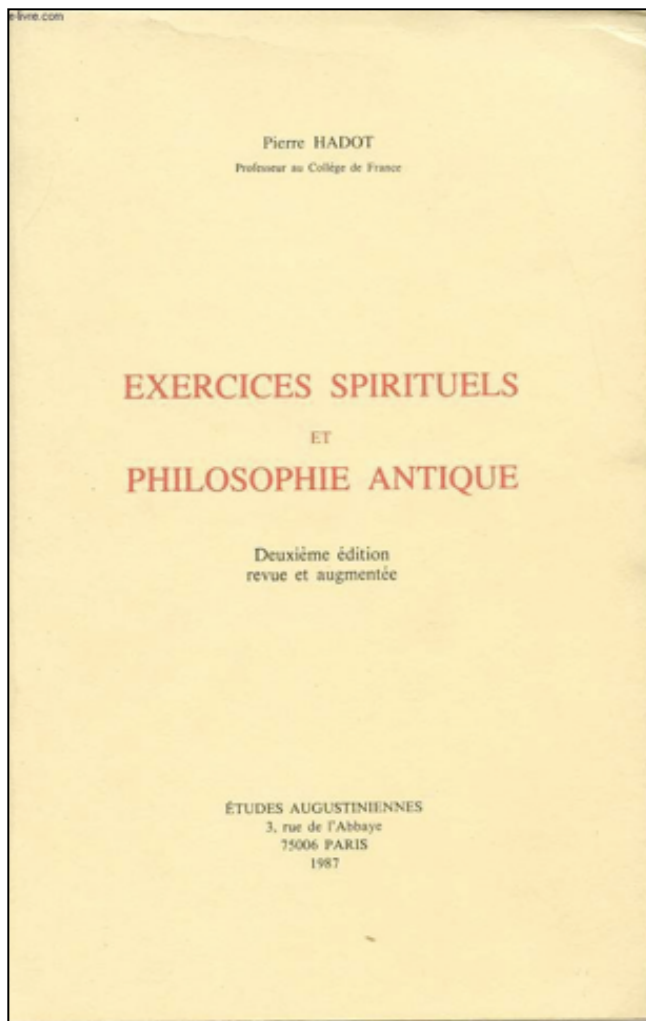
*Interpretation of our western philosophy tradition as  
a tool box to cope with the troubles of life*

We Are Losing Most Of Our Traditions And Culture

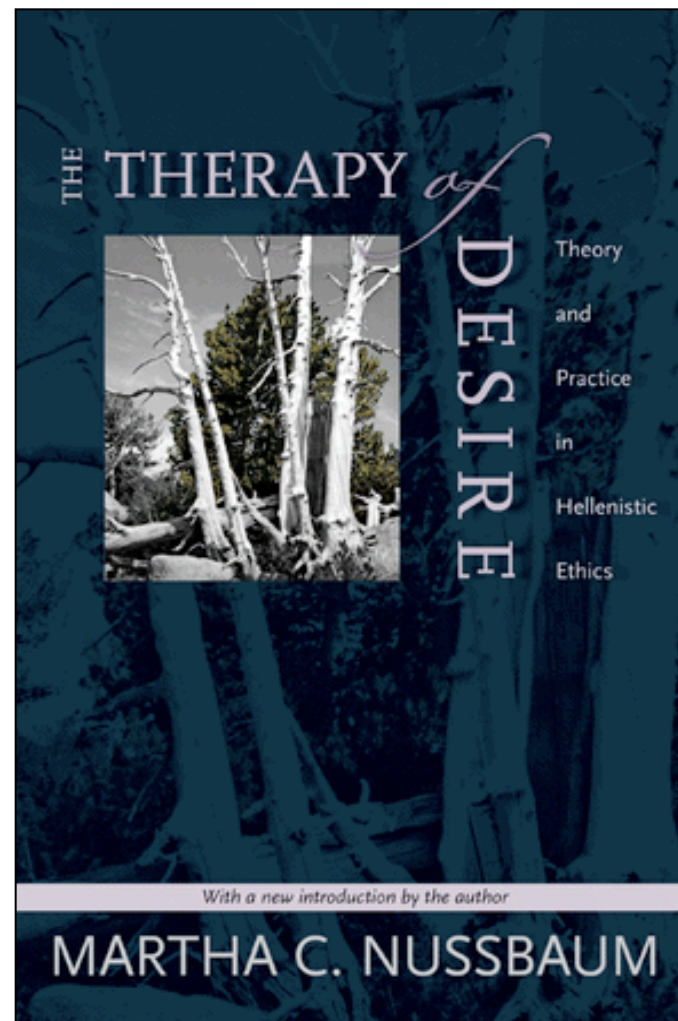


# Historical Heritage Tours





1981



1997

# Our account of Ethical Counseling (EC)

EC is a **service** that makes use of **dialogic tools** in order to break through an **ethical decisional paralysis** in medical situations.

In particular, an ethical counselor helps:

- i) a **patient** (or one of his **relatives**) to undergo (in a **non-directive and non-paternalistic** way) a particular clinical decision involving ethical perspectives and values.
- ii) a **physician** (and/or a **clinical team**) to have an as complete as possible picture of the ethical case in question, in order to clarify it so that its interaction with patients/relatives could be ethically aware, non-directive, non-paternalistic and autonomously respectful



# The importance of Personal Philosophy

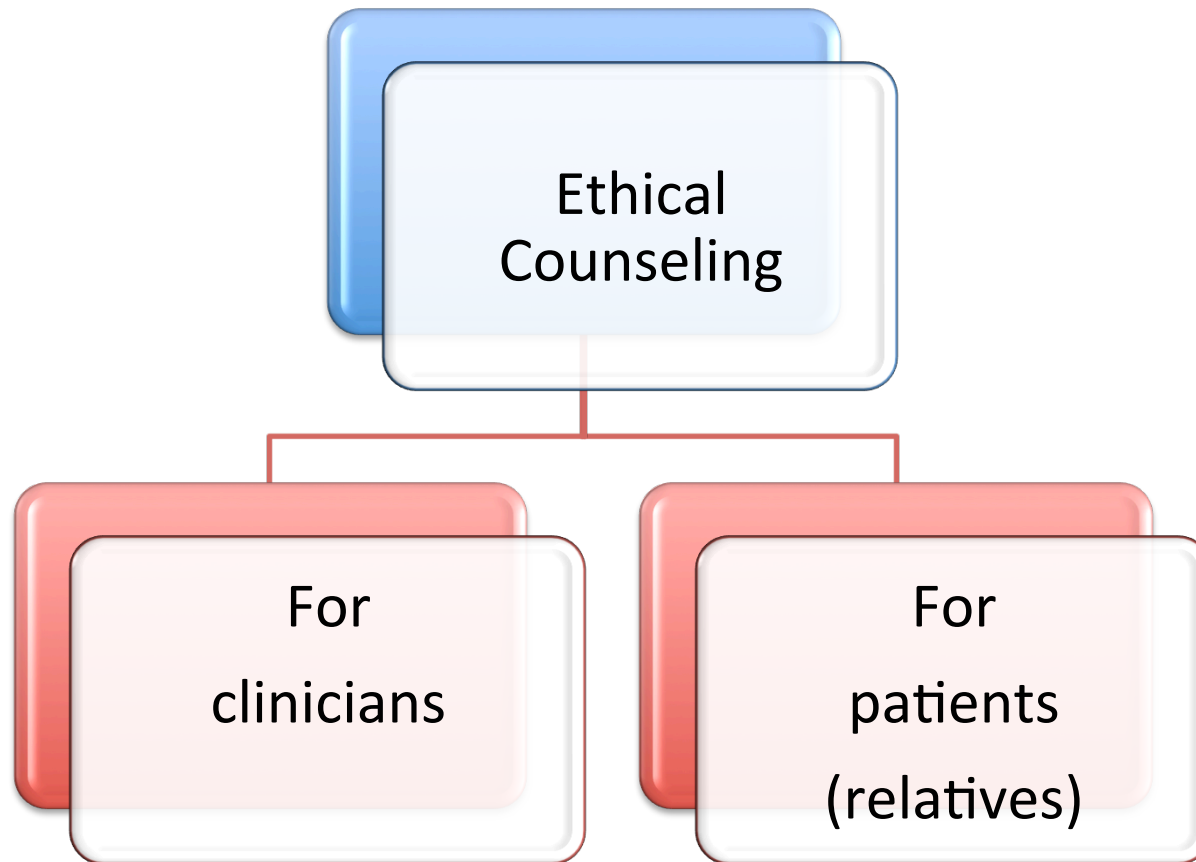
*“The wide set of more or less deep, coherent and justified rational, metaphysical, methodological, religious, political, esthetical, ethical, etc., beliefs, assumptions, principles, and values that a human being possesses”*

Such possession characterizes the person in a unique way and informs in a unique way how he or she approaches world, life and history.

# The importance of Personal Philosophy

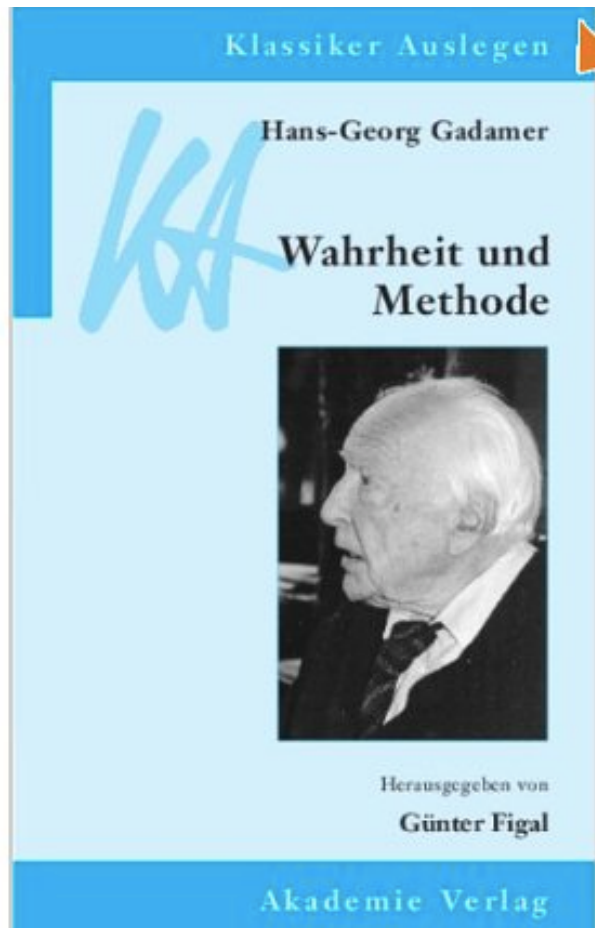
## **What is the role of PP in ethical counseling?**

1. EC is a dialogue between two human beings (the ethical counsellor and the patient) and thus between two PPs
2. The patient's PP is both the main target of the dialogue and the starting point of his or her decisions

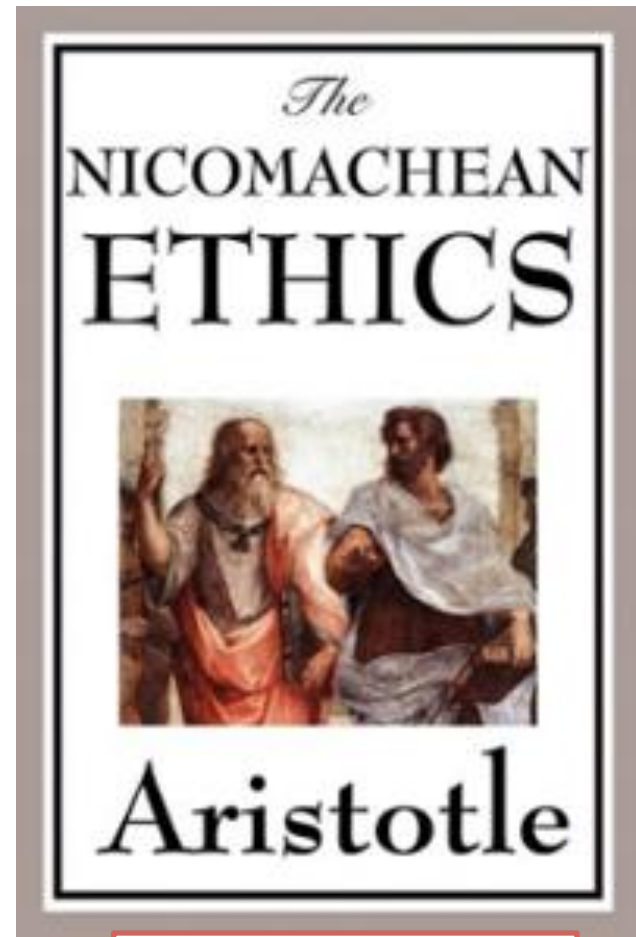


# Ethical counseling for patients

# FOR PATIENTS



1960



IV sec A.C.

## 2. EC for patients/relatives

- **Aristotelian practical philosophy deals with human action** (**praxis**) in order to ameliorate it (**eupraxia**) and, thus, to enhance the human agent
- This means affirming that its domain concerns human **decision-making** (**prohairesis**)
- The virtue of practical philosophy is practical wisdom (**phronesis**): **man's capacity of deliberating well**
- Moreover, a real good decision maker **is someone who necessarily possesses also temperance** (**sophrosyne**): the virtue that prevents passions from ruining rational deliberation

### 3. EC for patients/relatives

For Aristotle (and for us) the “good deliberator” should:

- i. **control** his irrational part with the help of temperance
- ii. **examine** the situation from a rational standpoint, therefore evaluating the epistemological plausibility and the logical tenability of the pros and the cons of each option
- i. **deliberate**, with the help of his practical wisdom, in favor of what constitutes the best option for him

## 4. EC for patients/relatives

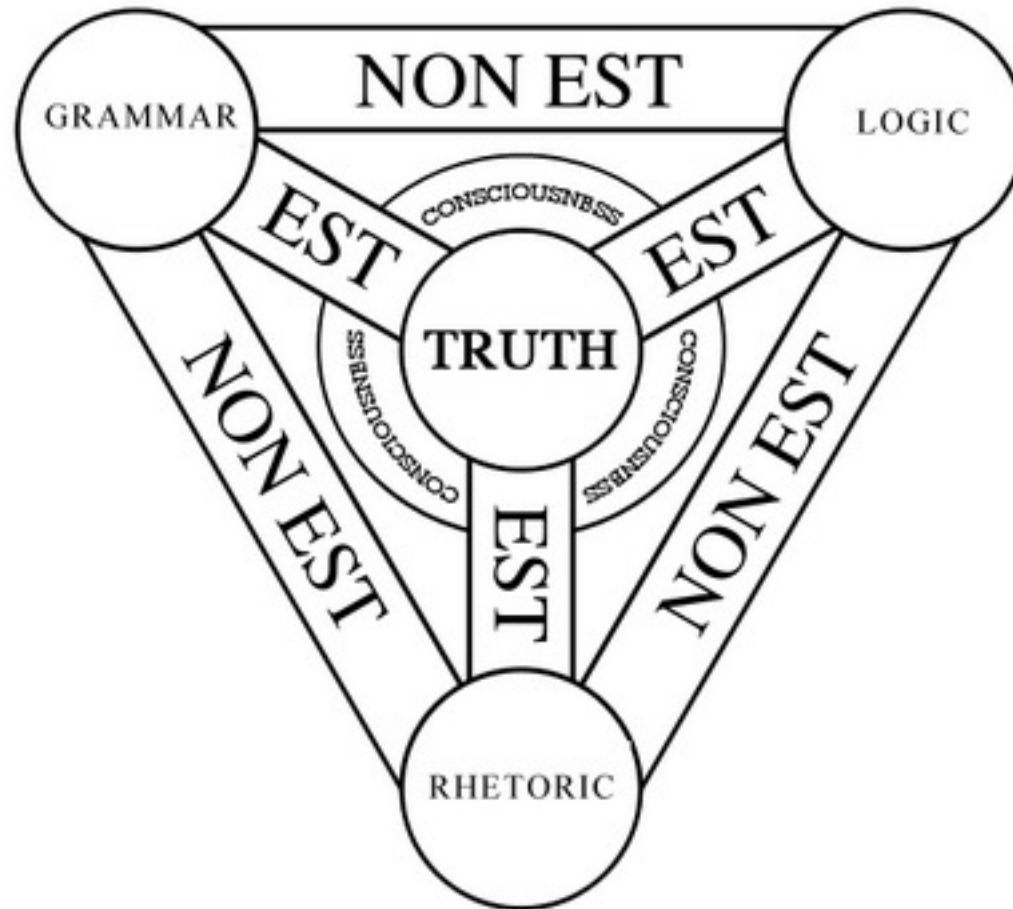
Whenever the patient/counselee has to solve an ethical dilemma concerning a diagnostic or therapeutic path, the ethical counselor should exercise an advisory role as follows:

- ✓ helping him/her **to take under control his/her emotions** (**sophrosyne**)
- ✓ helping him/her **to examine the possible moral options and its consequences** (**analysis**)
- ✓ helping him/her **to individuate the best decision to take** (**phronesis**)



# Ethical counseling for clinicians

# FOR CLINICIANS



# 1. EC for clinicians

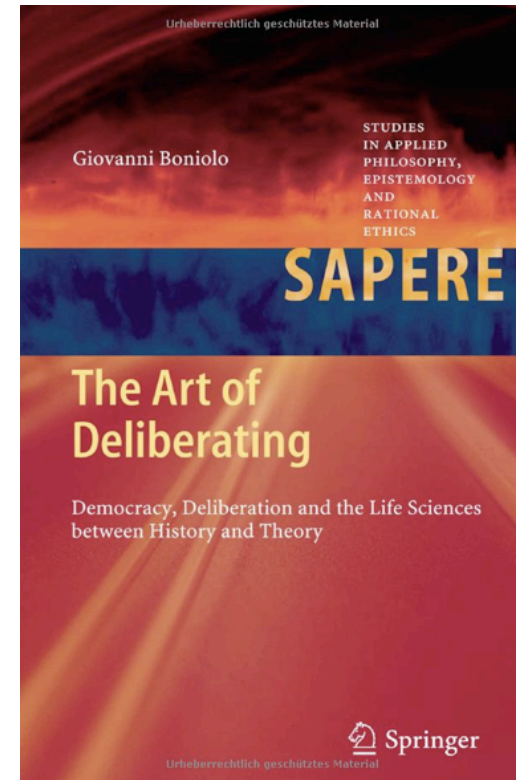
About the **structure** of a  
**disputation** (**disputatio**)  
and its importance to  
**clarify** the situation to be  
faced



### 3. EC for clinicians

#### Steps for the *Status Quaestionis*:

1. Outline the relevant cultural and scientific context
2. Briefly state the problem to be addressed
3. Define the terms to be used
4. Let others understand why the problem is of relevance and its solution may have an impact
5. Expose solutions that are alternative to the one offered (which, however, has not been disclosed yet) and show, through rational criticisms, why these solutions are not acceptable.
6. Formulate the solution



## 4. EC for clinicians

An **ethical counsellor** should:

- **assist the clinician** to have an as **complete** as possible **picture** of the case in question
- **aid the clinician to clarify from an ethical standpoint the situation** he/she is facing
- so that he/she could help, **non-paternalistically and autonomously respectful**, those who will be the final actors of the decision itself: the patient and/or his/her relatives

## The Methodology for patients

- i. Relational phase**
- ii. Medical assessment phase**
- iii. Ethical analysis (assessment, comparison, perspective) phase**
- iv. Wrap up**

## The Methodology for clinicians

- i. Presentation of the clinical case**
- ii. Presentation of the clinical consequences of the options**
- iii. Presentation of the ethical issues**
- iv. Definition of the ethical terms**
- v. Presentation of the ethical arguments**
- vi. Examination of the patient's beliefs**
- vii. Wrap up**

# Take home messages

## What?

- EC is a **service** aimed at helping patients and oncologists

## When?

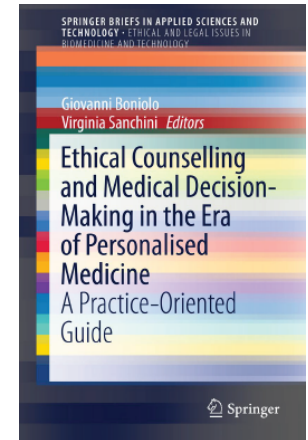
- Whenever **ethical and existential choices** intersect clinical decisions

## Why?

- Patients and oncologists' moral intuitions and moral *bon sens* are not enough! **We need professionals** also in this field in order to increase the quality of life of patients and the quality of the decisions concerning their existence and the existence of their relatives.

## Characteristics?

- Non directiveness
- Value-neutrality
- Respect for autonomy
- Non paternalism





LET'S DO AN EXAMPLE!





# A pregnant mother with an aggressive sarcoma of the jaw

Adapted from K Uma et al JOFP 2011; 15:330-4.

# MEDICAL HISTORY

Amrita is 36 years old and lives in London with her husband Kamal.

- ✓ They have been married since 7 years and are proud parents of Rani and Sita, two beautiful 5 and 3 y/o kids.
- ✓ Amrita has just found out that she is 7 weeks pregnant.
- ✓ She has had some nausea and she has lost 2 Kg in the last month, but what worries her is a rapidly growing swelling in her jaw.



# MEDICAL HISTORY

*It's probably my wisdom tooth, I should really take the antibiotics that my doctor gave me for urinary tract infection in the last pregnancy... after 1 week of amoxicillin, I'll be OK.*

- ✓ After 1 week the swelling does not regress, thus she seeks her dentist.
- ✓ After examining her, Dr Mansour looks worried and he asks for an Xray of the jaw.



# THE DIAGNOSIS

The radiological diagnosis is dire: **osteosarcoma**.

Dr Mansour refers Amrita to the University Hospital, where a fine needle aspiration biopsy and a bone curettage confirm the diagnosis of small cell osteosarcoma of the jaw, a rare aggressive tumor with peculiar histological features.

# THE CLINICAL OPTIONS

Amrita is now 10 weeks pregnant.

The clinical oncologist offers Amrita 2 options:

- 1) To interrupt the pregnancy and proceed with the standard treatment, which includes immediate chemotherapy followed by surgery and radiation therapy
- 2) To proceed at her own risk with the pregnancy, “adapting” the treatment with a possible reduction in her chances of being cured

**AND NOW?**



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