

BOOK REVIEW

A Practical Guide to Clinical Ethics Consulting: Expertise, Ethos, and Power

Christopher Myers, Lanham, MD: Rowman & Littlefield Publishers, Inc., 2007

By David Belde, Ph.D.

VP, Mission & Ethics

Bon Secours Richmond Health System

In *A Practical Guide to Clinical Ethics Consulting: Expertise, Ethos, and Power*, Christopher Myers, a professor of philosophy at California State University, Bakersfield and the executive director of the Kegley Institute of Ethics, argues that clinical ethics consultation ought to proceed in a normative fashion. In so doing, he counters what he calls a prevailing “standard approach” to clinical ethics consultation.

The standard approach, the one endorsed in the “Core Competencies for Health Care Ethics Consultation” published by the American Society for Bioethics and Humanities, holds that ethicists should essentially restrict their work in clinical ethics consultation to problem analysis through facilitating agreement, drawing moral boundaries, clarifying values and acquiring consensus among the participants involved in a particular ethics issue. Due to lack of agreement around appropriate moral methods and foundations, the standard approach to clinical ethics consultation in secular bioethics has been one driven by procedural commitments rather than one organized by normative ethical inquiry with a view toward discerning the moral truth in a particular dilemma.

Myers’ assumes the importance of using normative methods in clinical ethics consultation precisely because he argues that its moral ideal is directed toward finding the best possible choice given the situation at hand. For Myers, a normative method in clinical ethics consultation is more likely to arrive at options that best approximate moral truth. Because normative ethics requires specialized knowledge in ethical theory, Myers claims that a philosopher-ethicist can be a moral expert—in the same way a medical specialist is an expert—and therefore the best person to provide clinical

ethics consulting within the context of a normative approach.

With intellectual honesty and rigorous research, Myers takes some contrarian views within secular clinical ethics, especially as it relates to the scope and authority of philosophically-trained clinical ethics consultants. He defends the view that ethicists should give prescriptive moral advice in much the same way as other specialty consultants do within clinical medicine. He recommends going beyond a mere consensus driven ethics consultation model and supports a normative model of clinical ethics consultation that is philosophically grounded in Beauchamp and Childress’ principlism. He also challenges clinical ethics consultation to go beyond the clinical reality and consider taking an activist role in changing organizational structures that give rise to ethical dilemmas in the clinical context. Additionally, he urges clinical ethicists to appreciate how the cultural ethos of an organization provides important information for understanding and resolving ethical dilemmas.

I would recommend this book for the experienced clinical ethics consultant who is seeking a deeper understanding of the theoretical grounding and fundamental purpose of clinical ethics consultation. It would be best used in an introductory course in undergraduate or graduate courses or for additional reading for those interested in furthering their knowledge of clinical ethics consultation.

Myers is to be commended for taking views that run contrary to the standard approach. The text does require a more sophisticated understanding of philosophical moral method in order to appreciate the full significance of his argument that philosophically-trained ethicists, given certain caveats and assumptions around adequate training and knowledge set, can be considered moral experts, and clinical ethics consultation should ideally proceed in a way that is grounded normatively in philosophical method.