Nurse Education in Practice 13 (2013) 553–560

Contents lists available at SciVerse ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Ethics education for health professionals: A values based approach

Rosemary Godbold [1], Amanda Lees*

Faculty of Health and Environmental Sciences, AUT University, Private Bag 92006, Auckland 1142, New Zealand

ARTICLE INFO

Article history:
Accepted 19 February 2013

Keywords:
Health care ethics
Ethics education
Values based decision making

ABSTRACT

It is now widely accepted that ethics is an essential part of educating health professionals. Despite a clear mandate to educators, there are differing approaches, in particular, how and where ethics is positioned in training programmes, underpinning philosophies and optimal modes of assessment. This paper explores varying practices and argues for a values based approach to ethics education. It then explores the possibility of using a web-based technology, the Values Exchange, to facilitate a values based approach. It uses the findings of a small scale study to signal the potential of the Values Exchange for engaging, meaningful and applied ethics education.

Introduction

There is now widespread acceptance that ethics is an essential part of educating health professionals (Bridgeman et al., 1999; Lofton, 2004). Today's health care environment is more consumer focused, patient autonomy is valued over traditional paternalistic approaches, consumers have more choice, are more knowledgeable with increased access to information, and technology proliferates (Paterson, 2002; Petrova et al., 2006). In addition, a raft of events internationally has undermined the confidence of the public in health professionals.[2] In New Zealand, acknowledgement of ethical standards is a legal requirement for all registered health professionals (Health Practitioners Competence Assurance Act, 2003; NZ). Despite this clear mandate, the optimal way to deliver ethics education for health professionals is contentious. This paper examines varying practices and argues for a values based, process oriented approach. It then explores the possibilities of using a web-based technology, the Values Exchange, to facilitate a values based approach, using the findings of a small scale study to signal its potential for engaging, meaningful and applied ethics education.

Background

Ethics education

Although inclusion of ethics in the education of health professionals either in the tertiary setting or as part of on the job training is increasingly prevalent, there is variation in content, depth and approach taken (Campbell et al., 2007). The delivery may be one off guest lectures, entire courses and, particularly in medical schools, provision of ethics education throughout each year of education (Goldie, Schwartz, McConnachie, & Morrison, 2001). There is a general acceptance that ethics education is difficult both to teach and assess (Bertolami, 2004; Campbell et al., 2007; Singer et al., 2001; Wong and Chung, 2003). This is in part due to an emphasis on providing outcome based courses in what is often seen as an intangible subject area (Wong and Chung, 2003). Moreover, ethics education may have little effect, given that behaviours may be clearly established by the time the student enters tertiary education (Campbell et al., 2007; Bertolami, 2004; Cooper et al., 2012). Variation in teaching ideology exists. Three main examples include ethics education whereby students are taught from a predominantly theoretical perspective, education which promotes the achievement of objectively 'right' answers to ethical questions, or education based on understanding ethical 'process'.

Ethics education is often based on knowledge and application of traditional ethical theories such as utilitarianism and deontology. Several limitations exist with this approach. The theory-practice gap is problematic and students often find it difficult to apply knowledge gained in class to real situations in practice (van der Burg and van de Poel, 2005). A study by Parsons et al. (2001)

* Corresponding author. Tel.: +64 4499219999x7647.
E-mail addresses: rgodbold@aut.ac.nz (R. Godbold), amandab.lees@aut.ac.nz (A. Lees).
[1] Tel.: +64 4499219999x6902.

[2] For example, the Cartwright report (1988) was a damning indictment of research into cervical cancer at National Women's Hospital in Auckland, New Zealand and in England the Bristol Inquiry investigated poor paediatric cardiac surgical practices (Kennedy, 2001).

1471-5953/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.nepr.2013.02.012

looked at student's responses to a knowledge based approach and while some found the courses favourable, others considered the content 'heavy going' with one claiming that 'health care ethics is generally not enjoyed by students' (p.51). Hattab (2004) found that ethics teachers are often from philosophy departments who may not always have first hand experience of the specific health care setting. The terminology used is also contentious. The use of unfortunate esoteric sounding theory names may do little more than alienate students (Cowley, 2005). As Gillon observed, 'ethics is there for everyone, not just people with a PhD in philosophy" (Gillon, 2003, p.311). While knowledge of ethical concepts and theories can be objectively measured, application of this knowledge in real life everyday health care practice is more challenging to assess.

A range of programmes utilise some form of objective test for assessing ethics education. Crisham's 1981 study developed a 'Nursing Dilemma Test', measuring responses to recurrent nursing dilemmas in an attempt to verify taught ethical material. McAlpine, Kristjanson and Poroch (1997) developed the Ethical Reasoning Tool to identify learning/reasoning deficiency that can be addressed by educational interventions while Green et al. (1995) established the 'Gold standard' as marking medical student's appraisals of ethical vignettes. In a more recent study by Goldie et al. (2002), medical student's responses to ethical vignettes were judged on their consensus with responses given by "specialists in medical ethics" (p.497).

Solving ethical issues requires critical thinking skills rather than just learning to match correct responses. Not only do these methods of teaching and learning suppose that ethics is something that can be objectively taught, but they may constrict the individual's own capacity to reason. Not only does this limited style of education rule out helping students to better understand themselves and their own decision making processes it could reinforce professional values devoid of any sort of scrutiny and remove the potential for students to adopt the important "habit of constructive analysis" (Campbell et al., 2007, p.432).

Rather than ethics being about the transference of knowledge, a process orientated view recognises that the decisions we make are subjective and in many instances there will not be a 'right' answer. A more effective way to deliver ethics education is through a self-reflective curriculum whereby students come to better understand themselves and learn how to make decisions in line with their own beliefs (Bertolami, 2004). Such programmes often utilise case study discussion, critical analysis and self-reflective journals (see Malpas, 2011 for example). There are advantages for this approach. For example, quiet students or those from different cultures or who are speaking a second language could feel intimidated by a theoretical format (Hattab, 2004). Many courses in ethics now include an amalgamation of theory based knowledge as well as a more interactive reflective approach.

Values based decision making

The authors have been teaching cross disciplinary ethics education to a variety of health professionals for over 8 years. In accordance with other values driven education philosophies (see for example, McLean, 2012; who advocates for a values based curriculum model in nurse education) values are central to the philosophy which underpins our ethics education. The emphasis of decision making in health care is often evidence based, with a generally accepted assumption that this provides beneficial outcomes for patients (Dickenson and Vineis, 2002). Within a predominantly evidence based environment, the place of values in health care decision making is not always acknowledged or understood.

The main assumption underpinning values based decision making is that all decisions are a mix of evidence and values. Fulford has developed what he calls the counterpart to evidence-based medicine (2004). Values-based medicine (VBM) is a fact + values model of reasoning, which proposes that values and evidence are "the two feet on which all decisions in health (and any other context) stand" (p. 209). This approach is counter to the belief that individual values can, and should be separated from decision making in the health care context (See for example Savulescu (2006), who argues that value-driven medicine has the potential to create "bigoted, discriminatory medicine" (p.297)). Seedhouse is another proponent of a more realistic approach that accounts for the integral role of values. "All decisions are a balance of evidence and values. Obviously we should regard values as at least equally important as evidence. And yet we don't" (Seedhouse, 2005, p.23). His theory is concerned with exposing the values which drive and inform decision making, arguing that in health care, while evidence is visible, values are often not visible, transparent, or recognisable (Seedhouse, 2009).

Both practitioners and students need to be more aware of the role of values and recognise the influences of their own, as well as the values of those they are working to help (Fulford, 2004). As well as illuminating the role that values play in decision making, ethics education should equip students with reasoning skills to enable them to be more aware of situations within their practice, to consider a range of possible courses of action and to confidently justify the particular action taken. So how can educators effectively achieve these goals in an engaging, applied and meaningful way?

The Values Exchange

The Values Exchange is web-based technology which provides users with a framework for thinking and justifying decisions (Fig. 1).

It has been used as a teaching and assessment tool for a variety of health science students at AUT University (Auckland, New Zealand) since 2004. It is used internationally by universities, schools and an increasing number of health care institutions (AUT University Values Exchange, 2011). It is an example of a process orientated approach to ethics education, reflecting the view that a good decision is one that is robustly justified, rather than achieving a pre-prescribed right or wrong answer (Seedhouse, 2009). Using everyday language the software incorporates traditional theoretical approaches, but does not impose intellectual authority. It is underpinned by Seedhouse's values based theory of decision making with the primary goal of values transparency.

The software has a series of interactive screens which facilitate ethical analysis. The user is first required to consider a case proposal (Fig. 2) and take a position on whether they agree or disagree (Fig. 3).

In our teaching, students are given cases relevant to their clinical practice, such as whether to resuscitate terminally ill patients where no clear orders exist or mandatory influenza vaccinations for health care workers (See for example Lees and Godbold, 2012; which reports on the use of the software by student physiotherapists asked whether to break the confidentiality of a patient with suicidal intent against their expressed wishes). They must then select who matters most in the case and what they see as the most important factor for consideration. Once these initial responses have been made the software is used to expand and explain thinking using the interactive rings screen (Fig. 4) and the ethical grid (Fig. 5). People familiar with Seedhouse's earlier work will recognise the rings of uncertainty and ethical grid on which screens 3 and 4 are based and which have evolved to provide a visual window into users' thinking.