Crucial to Optimal Learning and Practice of Ethics

Virtuous Relationships and Diligent Processes that Account for Both Shared and Conflicting Values

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The article by Potter and Rif S. El-Mallakh (2019) read empathically, invokes a sense of fulfilment in their experiences, serving as inspiration for others to learn and practice ethics better. It describes their growth that has culminated to this sense of fulfilment and inspirational dignity. Crucial for this desirable growth has been, I want to highlight, their good investment in virtuous relationships and diligent processes. I also highlight from their article a potential conceptual restriction to growing in our learning and practicing of ethics. That is, the restriction that occurs when blinded by too narrow a view (applying Wittgenstein, 1958) on what ethics is about or where its emphasis is supposed to be.

Virtuous Relationships

It is striking in their article that the afforded growth has been by virtue of the more than 10-year relationship between Potter and Rif S. El-Mallakh: they collaborated. They engaged reciprocally and empathically with the views of each other. They worked and reasoned *together*.

The article relates their growth together as an increasing awareness of and sensitivity to ethical issues and the values of each other and their patients. They have gained knowledge by description and by personal acquaintance (cf. their reference to Russell), enlightening experiences, reasoning skills, enhanced empathetic capacity, and resilience in each other for containing uncertainty and the shortcomings that are inevitable in ethical practice. They have benefitted from each other a "fresh perspective," even in "mundane" cases, that substantively informs practice (particularly for Rif S. El-Mallakh). For Potter, her perspective has deepened into how philosophy stands to gain from work on "how mental disorder and phenomenological experiences of mental illness relate to

questions of consciousness, dualism, knowledge of other minds, mental representations, emotions, personal identity, and other related topics."

The article highlights the most valued virtuous qualities of their interdisciplinary relationship: reciprocal trust and trustworthiness, professional competence, shared concern for each patient, openness to learning, mutual respect, humor, and working against a natural inclination to be defensive. These virtuous qualities have resulted dynamically from their efforts. They are not mere static endowments upon which the relationship were initially founded.

We may do well in following their example in the teaching, learning, and practice of ethics. As teachers, we need to invest in virtuous relationships. The guiding questions are: What may we do to engage our students (better) in learning relationships not only with teachers but also with patients, fellow students and other professionals? How may we nurture optimally virtuous relationships and growth? Potter and Rif S. El-Mallakh underscore the point that lecture hall teaching of ethics and the ethics literature do not have sufficient reach for gaining knowledge by acquaintance. For the latter, I accentuate, participation in virtuous relationships is required. As learners and practitioners, we need to engage ourselves, as a mark of professional maturity, in relationships for the sake of learning ethics, aspiring to and developing virtuous relationships to which Potter and Rif S. El-Mallakh inspire us.

Ethics Is About Both Shared and Divergent, Even Conflicting, Values

We may further learn by spotting a potential conceptual restriction to growing in our learning and practicing of ethics, specifically by being blinded by too narrow a view. The restrictive view confines ethics, or at least its emphasis, to the pursuit of what is right and good by common standards or shared values. The growth point in the learning, teaching, theorizing and practice of ethics is to account additionally but crucially for diversity of values, when for example they are legitimately conflicting,

The article by Potter and Rif S. El-Mallakh contains hints of too narrow a view, rather dominant in bioethics, which may conceptually foreclose growth in learning and practice of ethics. The hints are that ethics might be taken to be about the pursuit of good or right decisions by a "gold" standard, or if not this strong version, ethics should be undertaken so predominantly. The authors for example are generally pursuing "arriv[ing] at a good moral decision" and they would seemingly have wanted to "claim that our collaborative moral reasoning is more likely to arrive at the 'right' or 'best' answers." The gold standards, or shared values, are expressed by the principles of principlism cited in their article, related to which they cite "moral deliberation that adheres to commonly agreed upon rules." Two of the clinical cases are about the pursuit of shared values: rules respectively about accepting gifts and maintaining confidentiality. There is seemingly a gold standard behind "[our] shared epistemic and value commitments might also reproduce biased or problematic ethical decisions." There might also be common values underpinning "morality often places upon us what Lisa Tessman calls impossible demands: sometimes we simply will fail ethically because whatever we do, choosing one good moral requirement to fulfil leaves another good moral requirement undone," and "moral requirements one cannot fulfil," as well as "wanting to do the ethically good thing for others."

These last few examples also express some frustration, which I take as cues for potential growth out of the restriction of too narrow an understanding of ethics or where its due emphasis should be. The authors congruently concede "our model does not offer grounds for determining when we have arrived at a good moral decision, in part, because we are still sorting it out." Their one clinical case also points to this growth point, that is, a concern with values that are not determined by a common standard: "this case raises a much wider concern, that of not taking into account the whole individual in our evaluation." Gold standards, like the standard principles, may provide some certainty as the authors say, but for values not determined by a common standard the comment "in ethics there can be no certainty" applies even more (insofar as this very strong claim is true).

Considering these examples, I anticipate the authors will be receptive to this growth point. Their poise also seems receptive in "We wonder together whether something had been overlooked," ascribing to the virtue of "openness to learn," and welcoming "fresh perspective." To this end, values-based practice (VBP) provides for a well-articulated resource (Fulford, Peile, & Carroll, 2012). It takes seriously the differences of values notwithstanding the importance of shared values that frame ethical pursuits. This approach that accounts for both shared and legitimately different values is demonstrated, for example, in the set-up and structure of an inclusive double volume published recently on psychiatric ethics (Sadler, Van Staden, & Fulford, 2015).

VBP broadens ethical learning and practice in terms of the scope of values. It also opens up the depth of ethics by showing that all decisions, including clinical decisions, have a values component to them (Fulford & Van Staden, 2013). In evidence-based medicine, for example, the pursuit is for the *best* research evidence. Physicians contribute crucially in decision making on what would be *good*, *better*, or *best* medication for their patient. Values may be hidden in some decisions, particularly when we all share them, but are nonetheless candidates for reflection and thus candidates for a concern of ethics. With all decisions being a potential concern of ethics, even more so does the observation by Potter and Rif S. El-Mallakh apply that "the prevailing practice misses a lot.... even mundane cases have the potential of teaching even experienced professionals."

Accounting for diverse values in the learning, teaching, theorizing, and practice of ethics requires crucially, as it does for shared values, good investment in virtuous relationships. VBP calls strongly on the virtues of mutual respect, trust, and interdependence among all involved in their various capacities (Crepaz-Keay, Fulford, & Van Staden, 2015). In the same line of thought, various virtues, being values of a particular kind (Van Staden, 2005), have been identified for psychiatrists: some are essential in everyday in professional life; others are virtues constituted by specifically the psychiatrist role featuring outside the professional setting either merely as prudential or intellectual virtues or not featuring at all (Radden & Sadler, 2010). For psychotherapy, Waring (2016) has recently described epistemic virtues in expressing a reparation ethic. In these examples and in the relationship between Potter and Rif S. El-Mallakh, we find a thread. That is, developing these virtues has been a diligent process.

Diligent Processes

Other processes that may be identified from the Potter–Rif S. El-Mallakh article are embedded in collaboration, the gaining of knowledge (by acquaintance), and the growth they have experienced. The process they emphasize most for improving current ethics teaching and practice, is reasoning together, collaboratively. They draw particular attention to the process qualities of collaborative reasoning in discussing the case of Kathleen, saying "[it] is not only what the ethical decision is that a psychiatrist arrives at, but how the ethical decision is arrived at—that is, the moral reasoning itself."

They propose that a collaborative approach to ethical reasoning for residents can provide valuable skills that often are not developed in medical school and will extend teaching from the lecture hall. Residents stand then to benefit from this process like they did. Through the process of collaborative reasoning they found their awareness of and sensitivity to ethical issues developed, their biases and bad intuitionist habits were corrected, and their skills were enriched and sharpened even when best or right answers were elusive or when stuck in a moral dilemma.

Thus, they underscore that the process in moral reasoning provides for more than merely its decisional outcome as good or right. The process should not be done robotically but extend "beyond legal and APA rule following." This approach connects well with the purpose of reasoning in VBP, by which the reasoning process serves to uncover the values, both shared and diverging. Once the values of all in involved are uncovered, the reasoning process progresses to the process of shared decision making in partnership (Fulford et al., 2012).

How well this process accounts for the legitimate values of all in that context, is the marker of whether the best decision has been attained in that context (Van Staden & Fulford, 2015)—potential grounds that Potter and Rif S. El-Mallakh still had to sort out "for determining when we have arrived at a good moral decision." This process does not require any participant to relinquish a value, change his or her value, nor respect a value with which he or she disagrees. It resists, for example, that a decision has to the best one by merely medical values, or that it merely has to serve the patient's values. It is neither content with the anything-goes of ethical relativism. It is constrained, for example, by legal values and a common pursuit of partnership. It accounts for the divergent values not by requiring consensus on these, but accounts for the diversity through dissensus. Key in this process is the participation of the patient (or patient groups) (Van Staden, 2011). Applied to the cases in the Potter–Rif S. El-Mallakh article, I would have liked to have read more about the patients' participation in the process of reasoning, and how this contributed to the learning and better practice of ethics.

A Good Investment

I have highlighted virtuous relationships and diligent processes as good investments for optimal learning and practice of ethics. For Potter and Rif S. El-Mallakh, in their words, "growth offset the costs of time and money." Failure to make these investments "ignores a large component of the patient's presentation." Whether one spends time and effort in making these investments has much to do with how (much) one values them. For example, a physician would not attempt a hysterectomy when he or she has only 5 minutes to do it—a hysterectomy is valued as taking more time. Bottom line is: we have to (learn to) recognize (Van Staden, 2005) and account for all the values steering our decisions with the view to attain optimal learning and practice of ethics through virtuous relationships and diligent processes.

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