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EVIDENCE – COMPETENCE – DISCOURSE: THE THEORETICAL FRAMEWORK OF THE MULTI-CENTRE CLINICAL ETHICS SUPPORT PROJECT METAP

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ABSTRACT

In this paper we assume that 'theory' is important for Clinical Ethics Support Services (CESS). We will argue that the underlying implicit theory should be reflected. Moreover, we suggest that the theoretical components on which any clinical ethics support (CES) relies should be explicitly articulated in order to enhance the quality of CES.

A theoretical framework appropriate for CES will be necessarily complex and should include ethical (both descriptive and normative), metaethical and organizational components. The various forms of CES that exist in North-America and in Europe show their underlying theory more or less explicitly, with most of them referring to some kind of theoretical components including 'how-to' questions (methodology), organizational issues (implementation), problem analysis (phenomenology or typology of problems), and related ethical issues such as end-of-life decisions (major ethical topics).

In order to illustrate and explain the theoretical framework that we are suggesting for our own CES project METAP, we will outline this project which has been established in a multi-centre context in several healthcare institutions. We conceptualize three 'pillars' as the major components of our theoretical framework: (1) evidence, (2) competence, and (3) discourse. As a whole, the framework is aimed at developing a foundation of our CES project METAP.

We conclude that this specific integration of theoretical components is a promising model for the fruitful further development of CES.

INTRODUCTION

The paper assumes that 'theory' is important for Clinical Ethics Support Services (CESS).[1] On a conceptual basis, Clinical Ethics Support (CES) is inevitably theory laden, and even CES as a practice rests on – often implicit – notions from ethics, anthropology, psychology, etc. Moreover, we think that explicitly articulating the theoretical components on which CES relies enhances the quality of CES, and is worthwhile, as these components may come from various sources and need further elaboration.

The various forms of clinical ethics support that exist in North-America[2] and in Europe[3] show their theoretical

[1] The expression 'Clinical Ethics Support Services' (CESS) is used in this paper when we focus on the 'service', i.e. a particular service offered in a certain institutional context. When we discuss approaches, models or theoretical components of clinical ethics consultation, we use the abbreviation CES.

[2] American Society for Bioethics and Humanities (ASBH). 1998. *Core Competences for Health Care Ethics Consultation*. Glenview, IL; reprinted in M.P. Aulisio, R.M. Arnold & S.J. Youngner, eds. 2003. *Ethics Consultation. From Theory to Practice*. Baltimore, MD: The John Hopkins Press: 165–209.

[3] *Camb Q Healthc Ethics* 2009; 18(4). Special Issue 'Clinical Ethics Consultation'; *Med Health Care Philos*. 2008; 11(1). Thematic Section 'Research on Clinical Ethics and Consultation'.

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