Solving Ethical Problems

Analyzing Ethics Cases and Justifying Decisions

Decentration is a shift from judgment [based on] attention to the most salient or interesting aspects of a situation to judgment based on a more extensive, equally distributed, and “balanced” attention to a real or imagined situation. Decentration processes naturally lead to certain outcomes: the reduction of self-centered judgment or egocentrism and the emergence of equality and reciprocity prescriptions in the physical and social realms.

—J. C. Gibbs, K. S. Basinger, and D. Fuller, *Moral Maturity: Measuring the Development of Sociomoral Reflection*

Professional ethics is an applied field. It is not primarily about theory and rote knowledge, but about shaping our character and fostering good ethical decisions using appropriate processes. This chapter attempts to provide a bridge from ethical theory to ethical praxis. In what follows, we will examine how people can go about making good ethical decisions when faced with difficult choices in the conduct of research.

ETHICAL DECISIONS AND ETHICAL PROBLEMS

When does a decision become an ethical decision, as opposed to a purely technical decision (e.g., what statistic to use) or an exercise of personal preference (e.g., what clothing to wear when conducting research)? Decisions fall into the realm of ethics when they pertain to things within our control that will either show respect or fail to show respect to human beings.

Understood in this manner, ethical decisions and actions are performed constantly. When we do the right thing without a second thought, we are no less in the domain of ethics than when we are unsure what is the right thing to do or unsure whether we will do it. Moreover, ethics is not neatly separated from the spheres of technical decisions or exercises of personal preferences. For example, if reporting a specific statistic could reveal the identity of some participants or could mislead readers of published clinical data, then the choice of a statistic is both a technical and an ethical choice. Similarly, if a researcher’s decision to wear a suit and tie while surveying intravenous drug users who are living on the streets will instill in them a sense of mistrust or discomfort, then it could be viewed as both an expression of personal preference and an ethical decision. In both cases, we see that proper regard for key aspects of human beings requires that a reasonable decision be made.
The ethical character of decisions and actions is sometimes lost on us because we often do the right thing—or at least an ethically acceptable thing—without problems, and we tend to equate ethical decisions with the resolution of ethical problems. While the sphere of ethics is in fact much broader, ethical problems are rightly seen as invitations to further reflection.

Ethical problems come in at least three flavors: volitional, cognitive, and social. As noted already, we often know the right thing to do. The only dilemma that then exists is volitional: will I actually do what is right? Such dilemmas can be tough when individuals have competing interests or powerful motives for doing other than what is right. This is why the matter of conflicts of interest has attracted so much attention in recent years (B. A. Brody et al., 2003).

When is an ethical decision cognitively problematic? It is problematic when we experience uncertainty about what is the right thing to do. We might find ourselves in a situation where no matter what we do someone will be harmed, or we might recognize that we cannot help an individual while respecting that individual’s free choice.

Finally, there are times when we feel certain what the right thing to do is (considered in itself), and we are willing to do it, but the decision is socially problematic because there is disagreement among stakeholders (that is, among people who have something at stake in the decision).

In this chapter, we will examine various sources of cognitive uncertainty and social disagreement. We will treat cognitive and social problems side-by-side because in the field of research ethics, decisions typically have both cognitive and social components, and the same factors often contribute to both sources of decision-making difficulty.

**CASE STUDIES AS EXERCISES IN ETHICAL DECISION MAKING**

While case studies are put to many different uses in ethics,¹ this book will use cases to foster ethical decision-making skills. Accordingly, the cases used in this book are either real or realistic ethical stories of research projects that conclude by asking readers to make an ethical decision. Each of the remaining chapters concludes with the analysis of a case study.

The hepatitis studies at the Willowbrook state school for children with mental retardation, which was discussed in chapter 1, will be used throughout this chapter to illustrate the process of analyzing an ethical situation and justifying a decision. The case is summarized as follows:

**Willowbrook Revisited**

Hepatitis studies were conducted at the Willowbrook State School for children with mental retardation from 1956 to 1971. Hepatitis was a major problem at

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¹. See the online article “Facilitating Ethics Case Discussions” published in the Case Compendium section of www.emhr.net for a discussion of four different ways that ethics cases are commonly used in professional education and the corresponding aims of each. Throughout this book, the primary use of cases will be to foster ethical decision-making skills.
Willowbrook. Given the unsanitary conditions that the children lived in, it was virtually inevitable that the children would contract hepatitis. This further added to stigmatization of the children, a good number of whom became carriers (and later were reintegrated into public schools). Dr. Saul Krugman, the principal investigator, proposed research that appeared promising in distinguishing between strains of hepatitis and in developing a vaccine. However, his study design involved feeding children local strains of live hepatitis—that is, deliberately infecting them.

Krugman argued that the development of a vaccine would outweigh the anticipated minor harms to these children. He also argued that they were bound to be exposed to the same strains under the natural conditions; they would be admitted to a special well-staffed unit where they would be isolated from exposure to other infectious diseases; they were likely to have only a subclinical infection followed by immunity to the particular hepatitis virus; and only children with parents who gave informed consent would be included.

However, critics of the study thought the parental permission letter downplayed the fact that the children would be intentionally infected with hepatitis. Moreover, due to crowding and long wait lists for admission to the school, at times the only available rooms for children were on the experimental wing, thus influencing the decision of some parents who did not have the resources to care for their children.

Although we will consider the actual course of events, the key question we will ask—albeit with the advantage of hindsight—is whether as IRB members we should approve such a study if it were proposed today under similar conditions.

THE “SO FAR NO OBJECTIONS” (SFNO) APPROACH TO CASE ANALYSIS

Any analytic framework is a conceptual construct, one possible way of comprehending a complex yet unified reality. Thus, many frameworks will be possible, and any framework should be judged in terms of its usefulness in addressing a complex reality. Some frameworks are specific to a profession and the population it serves (Jonsen, Siegler, & Winslade, 2002; Perlin, 1992; Ross, 1986); others are more generic (Jennings, Kahn, Mastroianni, & Parker, 2003; Thomasma, Marshall, & Kondratowicz, 1995). Some of these frameworks are simple, others complex. Simple frameworks may be easy to use but less helpful than highly detailed frameworks. Highly detailed frameworks may be cumbersome, overly pedantic, and force one to waste time addressing issues that are of peripheral importance.

The SFNO approach presented here is a simple common denominator approach: it identifies four components that all cases share. While other case analysis frameworks often contain more elements, typically these extra elements:

2. While the SFNO framework was developed independently, it resembles other frameworks that take a common denominator approach, such as Thomasma et al. (1995) and Jennings et al. (2003).
(a) fall within one of the four components (e.g., Jonsen, Siegler and Winslade’s [2002] popular medical-ethical framework inquires into specific facts such as the patient’s quality of life or medical indications); (b) constitute tips on addressing one of the four elements (e.g., Haddad and Kapp [1991] recommend speaking with others, including one’s supervisor); or (c) they venture into criteria for justifying a decision (e.g., H. Brody’s [1981] framework moves from analysis to application of the golden rule as options are weighed).

The SFNO approach involves a root cause analysis insofar as it examines the three major sources of uncertainty or disagreements regarding decisions:

1. Different people are involved who have competing interests (e.g., a participant may seek therapeutic benefits in research, whereas a researcher may seek new knowledge)
2. Uncertainty or disagreement exists about relevant facts (e.g., about the probabilities and magnitude of harms resulting from an intervention)
3. Uncertainty, conflict, or disagreement exists regarding ethical norms (e.g., a beneficial action will violate the principle of autonomy).

Using the first letter of each element, the following framework can be remembered as the “So Far No Objections” framework—an apt name given that it merely lays out elements of an ethical situation but does not yet venture a solution. It simply involves enumerating the following four items:

1. Stakeholders: Who has a stake in the decision being made, that is, who will be significantly affected by the decision made? In the Willowbrook studies, stakeholders included the children who were subjects (their health was at stake), their families (because they were interested in the well-being of the children and securing their placement in the school), the researchers (they were interested in new knowledge and curing hepatitis), the institution (they bore some level of liability and had a duty to foster the well-being of the children), and society (public health could be protected through the development of a vaccine for hepatitis).

Tip: As illustrated here, in the process of identifying stakeholders, it is always good to state briefly why people are stakeholders or how they are affected.

2. Facts: What factual issues might generate disagreement? What facts are relevant to a solution? In the case of the Willowbrook studies, factual disagreements surrounded the likelihood that the research would result in a new vaccine, the magnitude of harms the children would experience, and the quality of parental permission. Facts relevant to solving the case include that the children were vulnerable—unable to give consent or understand the risks involved; that efforts were made to minimize possible harms to participants through monitoring and sanitary conditions; that hepatitis was widespread.

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3. As noted above, capturing the complex reality of a moral situation in a framework is always somewhat artificial. The distinction between these three sources of uncertainty is often gray; and interrelationships between them are important to notice. Identifying stakeholders inevitably means identifying those who will be affected by the action in a variety of ways and thus identifying competing interests and values. Likewise, morally relevant facts are seen as value-laden or related to the respect we accord to persons, for example, the fact that a law exists requiring informed consent, the fact that a population has been exploited in the past, or the fact that a group of potential participants cannot grant consent.
within the school and under current conditions most children were likely to become infected; and that most cases of infection resulted in no symptoms or only mild symptoms.

*Tip:* In examining facts, it can be helpful to consult experts and scientific literature. The Web site, www.emhr.net, contains bibliographies for each of the major areas of mental health research ethics and links to guidance documents that often include facts relevant to decision making.

3. Norms: *What ethical principals, norms, or values are at stake? Which do you think are relevant, and which might appear to conflict or generate disagreement?* In the Willowbrook studies, most intermediate ethical principles are relevant: beneficence insofar as the ultimate aim of the study was to enhance public health through vaccine development; nonmaleficence because the study involved infecting children with the hepatitis virus; justice because institutionalized and vulnerable populations often bore the burdens of research without enjoying the benefits; and autonomy because the children could not give consent and their parents’ permission may have been unduly influenced. Clearly, some of these principles—for example, beneficence and nonmaleficence—are in conflict. Moreover, the interpretation of what these principles imply is controversial; for example, does nonmaleficence prohibit intentionally infecting someone or merely require extraordinarily good reasons for doing so and a minimization of harms?

*Tip:* www.emhr.net provides online access to research ethics codes (such as the Belmont Report), specific professional ethics codes, and regulations, all of which inform researchers of norms that society finds relevant to the conduct of research.4

4. Options: *What actions or policies deserve serious consideration? If the ethical ideal is not possible, what compromise solutions are most attractive?* Options in the Willowbrook study included conducting it as implemented; seeking alternative populations; changing the parental permission procedures; using smaller experimental populations; and improving sanitation for all children prior to recruitment.

*Tip:* Options frequently emerge through brainstorming activities with others. Consulting with IRB members, funding agencies, participant communities, and other researchers can be invaluable. Searching the literature for similar projects is often a good starting point in this creative process.

By analyzing the Willowbrook study, we see that ethical decisions can be very complex. While some ethical problems hinge on just one element (say a factual disagreement), others involve disagreements about stakeholders, facts, norms, and a perceived lack of ethically attractive alternatives.

**JUSTIFYING ETHICAL DECISIONS**

Case analysis breaks down an ethical problem into basic components in order to ensure that no key aspects are ignored. This analytic task is analogous to laying

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4. Should regulations and other laws be treated as norms or facts? I typically treat the fact that a law exists and its specific content and penalties as facts. However, I list a prima facie duty “to obey the law” as an ethical norm. Once one recognizes this norm, all legitimate laws take on at least a prima facie moral force.
out all of the pieces of a puzzle, right side up, with the four corner pieces in place, before trying to solve it. But once we have identified the sources of uncertainty or disagreement and identified options, we need to decide upon a course of action. How do we know which course of action is ethically best, all things considered? Are there criteria for ethically justifying a decision?

How we ought to justify decisions depends upon the source of the disagreement. The following reflections provide guidelines on resolving different kinds of disagreements. No set of guidelines will provide a magic algorithm for generating one right answer. Prudence is always needed to take into account the specific details of a case. Moreover, answers can only be generated from a specific perspective. This specific perspective involves a view of human nature (e.g., of what it means to flourish as a human being), of one’s profession (e.g., of whether the people one serves are best understood as free-market consumers of products or as people to whom special fiduciary obligations exist), and of the hierarchy of values (e.g., of whether protecting health is more important than respecting autonomy or vice versa). Nevertheless, guidelines can provide time-tested means of ruling out bad decisions even while leaving room for disagreements across worldviews. (For example, no decision is good if it is known at the outset that it will trample on other values even while failing to achieve the good it is intended to achieve.) Moreover, a framework can structure public deliberations and ensure that important considerations are not ignored. Again, we will continue with discussion of the Willowbrook studies in illustrating a process of justifying decisions.

**Disagreements Involving Competing Stakeholders**

When disagreements revolve around the fact that different people have competing interests, we have to ask two questions:

1. Do reasons exist for giving priority to the interests of one party over another? For example, in the research context, the safety of individual participants is generally put above the interest society has in gaining new knowledge.

2. Who is invested with decision-making authority? For example, the legal and ethical doctrine of informed consent gives participants the right to make the decision whether or not to participate in research. Institutional Review Boards have decision-making authority to prevent or stop a research study that appears overly risky. And researchers have the authority to determine whether potential participants meet inclusion criteria.

Dilemmas arise when each party has legitimate claims to competing goods or when decision-making authority is unclear in a specific realm. Resolving such dilemmas will typically involve examining laws (statutes, regulations, and cases) and professional codes for guidance; considering whether mediation would be helpful; and asking whether some parties should recuse themselves.

Simply becoming aware of the various stakeholders in a given situation may raise awareness of competing but legitimate goods that should be considered. Perhaps above all, it reminds one of the need for ethical processes such as community
consultation and IRB review, processes that frequently force one to clarify goals and to compromise so as to balance competing interests.

As we have seen, the Willowbrook study involved several key stakeholder groups: the children, their parents, the researchers, and society. But as a matter of historical fact, various stakeholders did not generate much disagreement. The authority of parents to decide whether their children should participate in the hepatitis studies was uncontested. The fact that the interests of parents—for example, in placing a mentally retarded child who needs tremendous time and energy from caregivers—did not always coincide with the interests of the children was not considered. Here we see that IRB review using publicly developed guidelines might have introduced a “disinterested” third party that could assess whether or not the study was safe enough (or at least that the risks really were similar to those encountered in daily living at Willowbrook) to justify even approaching parents for permission.

**Disagreements Involving Facts**

The term “facts” is being used in a very broad sense here to include mundane facts (e.g., the dose of an investigational drug), as well as probabilities (e.g., of benefits or harms resulting from participation), and controversial worldview beliefs (e.g., that society will only be improved by regularly subjecting humans to harms in research).

Disagreements over mundane facts are perhaps the easiest to resolve, as long as people are committed to empirical methods and data exist.

Disagreements over probabilities are far more difficult. The reason that research is proposed is precisely because we do not have complete knowledge of the topics under investigation prior to conducting a study. Moreover, the significance of a probability (which may be very low) increases as the magnitude of a benefit or harm increases, and this is often a determination that depends on individual values (e.g., how highly one values privacy). Committees that review research should have members with expertise in the areas of research they review and should consult scientific literature as necessary.

Disagreements over worldview beliefs are often the most difficult to resolve. Again, this points to the need to have ethical processes in place to ensure that such differences are aired and solutions are negotiated.

The Willowbrook studies definitely involved significant disagreements over facts. Saul Krugman, the principal investigator, firmly believed that the probability of harms for the children in his study were lower than the probability of harms for children outside of the study because the unsanitary living conditions at Willowbrook meant that nearly all children would become infected with hepatitis, and those in the study were at least monitored and in a sanitary environment. More controversially, he believed that his research would eventually lead to a vaccine that would directly benefit the population to which the participants belonged and society at large. While he was in fact right, most clinical research never yields such major breakthroughs—so detractors were not without factual arguments of their own. Moreover, other methods for providing more sanitary living conditions (and thereby reducing the risk of contracting hepatitis and other diseases) clearly existed.
Disagreements Involving Clashing Ethical Norms and Values

The last observation—namely, that there were other ways to benefit the children at Willowbrook—allows us to recognize an important point as we turn to disagreements that revolve around values. A decision cannot be justified without first clarifying what are our goals. Clearly, as a medical researcher rather than a personal physician, Dr. Krugman’s primary goal was not care of the children, but rather gaining new knowledge that would serve science and the public’s health through the development of vaccines. This led him to seek to justify decisions that others—for example, child advocates—did not seek to justify.5

In stating that we first have to know what our goals are, we are not embracing a crude utilitarian philosophy of “the end justifies the means.” Such a philosophy sanctions ignoring other values and ethical norms in the pursuit of worthy goals. Yet there are at least two kinds of ethical norms, and neither should be ignored even when they conflict with worthy goals.

Moral absolutes constitute the first kind of norm. Examples of such norms are “it is wrong to coerce sexual relations” or “it is wrong to kill a human for personal gain.” Some people deny that there are any moral norms that apply everywhere, at all times, under all conditions. Nevertheless, professional codes and laws often treat certain behaviors as prohibited under all conditions. Thus, when a worthy goal conflicts with a moral absolute, the absolute trumps the goal. In the Willowbrook study, some have argued that the infections were not in fact part of a “natural experiment”; rather, they were knowingly caused by the researchers (Rothman, 1982). If “thou shalt never knowingly infect another with a disease” were a moral absolute, then our deliberations might end here.6

Prima facie norms are the second kind of moral norm we encounter. These are norms that express commitment to a value that deserves respect and should always be taken into account. Ordinarily, prima facie norms should be followed. An example might be “protect the confidentiality of data” or “obtain informed consent.” The values that underlie these norms are important and always deserve regard. However, sometimes a breach of confidentiality is appropriate (e.g., to prevent a suicide due to depression) and sometimes informed consent should be waived (e.g., in directly beneficial research with young children—here parental permission might suffice). One might argue that the prohibition against knowingly infecting someone is similarly prima facie; for we knowingly infect people whenever we use a live virus in a vaccine. That being the case, we need to explore whether a decision to conduct research that involves knowingly infecting participants with hepatitis can ever be ethically justified. Similarly, we need to explore whether conducting research with mentally retarded children who cannot grant consent could be justified.

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5. In chapter 10, “Identifying and Managing Conflicts of Interest,” we will consider conflicting roles such as the roles of physician and investigator and the conflicting obligations that these may generate.

6. Whether we are ever obliged by one moral absolute to violate another is debated; but most traditional ethicists who accept the existence of moral absolutes say “no” because (a) there are extremely few moral absolutes and (b) they are all negative (e.g., prohibitions on actions, not positive duties) (Finnis, 1980). However, were the law or a professional code to treat certain positive duties as moral absolutes (e.g., save a life when possible), it would inevitably set up irresolvable moral dilemmas.
In an article, “Public Health Ethics: Mapping the Terrain” (Childress et al., 2002), a group of ethicists, scientists, and policymakers presents a framework for justifying ethical decisions that is attractive for two reasons: first, there is precedence for using each of its conditions in the long history of applied ethics (e.g., in natural law and casuistry); and second, observation of applied ethics committees (such as IRBs) and policy groups reveals that these are intuitive criteria that are commonly used by people as they debate moral issues (albeit sometimes tacitly and frequently unsystematically). What follows is a framework largely based on the one presented in Childress et al. (2002).

When a proposed action conflicts with certain legitimate values or prima facie norms, it may nevertheless be justified if it meets the following criteria:

1. Necessity: *Is it necessary to infringe on the values or norms under consideration in order to achieve the intended goal?* Or would an alternative action achieve the same good aim without infringing on those or other equally weighty values? For example, in the Willowbrook study, one might argue that more research could have been conducted with animals or that adult volunteers could have served as participants. However, Dr. Krugman countered that research with animals could not replace research with humans. Moreover, adult volunteers were likely to become more seriously ill than children; and it was far from inevitable that they would become infected. Thus, adults would clearly be taking on a risk of harm that was well outside those encountered in daily living.

2. Effectiveness: *Will the action be effective in achieving the desired goal?* This question forces us into the realm of prediction, which can range from near certitude (e.g., that something won’t work based on past models) to tremendous uncertainty. Krugman argued that his design was rigorous enough to yield knowledge of the different strains of hepatitis and to contribute to the development of a vaccine. Based on the successes in vaccine development witnessed in the 1960s, many were highly optimistic that his goals would be met.

3. Proportionality: *Is the desired goal important enough to justify overriding another principle or value?* Clearly, if the only outcome of the Willowbrook study were to generate data needed for a dissertation, the risks would not be justified. However, given that the risks were lower than might initially be imagined (vis-à-vis normal living conditions at Willowbrook) and that the potential benefits would be tremendous (and in fact were), it is easy to see why some believed the Willowbrook studies passed this test. However, we will revisit this criterion below.

4. Least infringement: *Is the policy or action designed to minimize the infringement of the principle or value that conflicts with it?* As we saw, Dr. Krugman made efforts to address the absence of informed consent and to minimize the risks to his participants. He sought parental permission (though critics noted that there were flaws in the process); he only exposed children to strains of hepatitis that were present in Willowbrook; and he provided monitoring and a sanitary environment. Additionally, nature provided that children typically experience far fewer symptoms than adults.

5. Proper process. *Has the decision been made using proper processes?* Sometimes this involves nothing more than being transparent, that is, not covering

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7. This last criterion is a development of the “transparency” criterion presented in Childress et al. (2002).
up decisions so as to allow public scrutiny. Sometimes it involves submitting a study to IRB review or obtaining community input. Most frequently, proper process in research minimally involves obtaining informed consent from participants. In the case of the Willowbrook study, it is reasonable to assume that the review processes used were less structured than those that would be used today given that research regulations were nearly nonexistent, IRBs were not widely used or mandated, and community consultation was not common. However, Krugman’s studies were reviewed by the Armed Forces Epidemiological Board, which approved and funded the research (Advisory Committee on Human Radiation Experiment, 1995).

This analysis illustrates several things. First, it illustrates that the Willowbrook studies were ethically far more complex than suggested by the cursory presentation they typically receive in ethics texts that use it as a landmark case of research misbehavior (Shamoo & Khin-Maung-Gyi, 2002). This is often the case when researchers are motivated by noble aims and not merely personal gain. Nevertheless, these noble aims do not cause ethical issues to disappear. Second, it shows that clear criteria can be used to explain why such studies are or are not acceptable. Third, it shows that even with clear criteria, disagreement is possible. People will disagree about whether alternatives or options are really viable; whether success should really be expected; whether the anticipated benefits are proportionate to the risks; whether harms have been minimized as far as possible; and whether the processes used to arrive at the decision were adequate.

Perhaps the most common source of disagreement is over the proportionality test. Our analysis of the Willowbrook studies illustrates why this is the case. The proportionality test reintroduces the issue of stakeholders: can anticipated benefits to society be measured against harms to participants? (In the Willowbrook studies, the participants themselves were not expected to benefit from vaccines.) Moreover, comparing values is often like comparing apples and oranges; the value of liberty and the value of health are quite different and cannot be added or subtracted from each other to come up with a value sum. Finally, determining the significance of specific risks and anticipated benefits requires us to consider both their probability and expected magnitude, thus thrusting us into the realm of speculation (National Commission, 1979). Dr. Krugman did not know his research would be successful in contributing to the development of a vaccine; he simply had good reasons to believe it.

Despite the ethical plausibility of the Willowbrook studies, it is highly unlikely that any IRB would permit such research to be conducted today. The reasons concern primarily proportionality and process. Given a history of exploitation of vulnerable populations and the ongoing risk that history could repeat itself, our current regulations require that additional protections be afforded to vulnerable populations (Department of Health and Human Services, 2001) (see section 111[b] and Subparts B-D). The participants in the Willowbrook studies were triply vulnerable: they were children, with mental retardation, living in an institution. Part of what it currently means to offer enhanced protections is that IRB members and researchers are not ordinarily allowed to consider benefits to society in an attempt to justify exposing vulnerable participants to greater than minimal risks. Such research could only be justified if the Willowbrook participants were expected to receive direct, significant
benefits. The only benefits that were directly offered to participants involved basic care that should have been a standard part of care at the school (e.g., basic hygiene).

Moreover, the permission of parents was unduly influenced by a variety of factors that interfered with the proper process that was meant to replace the informed consent of subjects. In order to enable truly voluntary permission, parents should not have been asked to enroll children in the study until after they were admitted to the school, and basic benefits such as adequate hygiene should not have been held hostage to participation.

BEYOND ETHICAL UNCERTAINTY

The process of analyzing cases and justifying decisions is clearly a highly reflective exercise undertaken in response to cognitive uncertainty or social disagreement. The frameworks that were illustrated can be helpful in navigating these waters. There is some evidence that the social process of debating and analyzing cases can also have a positive effect on ethical sensitivity, moral reasoning, and even professionalism (Bebeau, 1995; Rest & Narvaez, 1994; Rest, Narvaez, Bebeau, & Thoma, 1999). This is consistent with evidence that the process of adult learning is correlated with the readiness to challenge assumptions and a growing tolerance for ambiguity (Brookfield, 1998).

However, studies of moral exemplars—of people who were selected because they were identified by others as highly moral, self-sacrificing people—indicate that they frequently act out of a sense of moral certainty and view their actions as fulfilling; that is, they do not experience a lot of cognitive or volitional dissonance (Colby & Damon, 1994). How can we reconcile these two competing images of the moral life?

Perhaps an analogy is helpful. Frankl (1997) discusses a psychological case in which a violinist became obsessive about consciously analyzing the most trivial detail of technique, which eventually led to a complete artistic breakdown. Frankl acknowledged that consciously analyzing technique has its place, especially in addressing problems. However, the ultimate goal of musical education is to allow the artist to use his or her technique spontaneously, creatively, and unreflectively. Something similar could be said of ethics education. Its ultimate aim should be the development of moral character that enables persons to do what is right habitually, creatively, and with a sense of integration.

Further EMHR Resources

- Additional decision-making cases on each of the applied topics covered in this book are published in the Online Case Compendium at www.emhr.net. They are published without commentaries to foster group discussions of the cases.

REFERENCES


