A CONSCIENCE SENSITIVE APPROACH

TO ETHICS AND TEACHING CARING ATTITUDES

IN

MEDICAL EDUCATION
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Conscience Centered Medical Ethics

- Augments and expands upon the principles and theories
- Identifies 5 domains of conscience
- Bedrock value for each domain
- Principles do not take into account moral connections or moral emotions
• Conscience language allows the actor to locate self directly in the action or question.
• Helps address medical mistakes, reparation, forgiveness, and healing of self and others.
• Takes account of the moral relationships between patients and families, patients and providers, and providers with each other.
CONSCIENCE PROJECT

- Conscience Programs
  - Conscience Research
  - Conscience Teaching
  - Conscience Sensitive Treatment
• invariant hierarchical stages
• interdependent developmental domains
• intrinsic values
CONSCIENCE STAGES
STAGE I
EXTERNALIZED CONSCIENCE

Age 6 and Under
STAGE II
BRAIN OR HEART CONSCIENCE

AGES 7 -11
BRAIN CONSCIENCE

Brain

Cerebellum Cord

Age 11
HEART CONSCIENCE

Ages 12-13
STAGE III:
PERSONIFIED CONSCIENCE

Age 10
PERSONIFIED CONSCIENCE #2

Age 12
STAGE IV
CONFUSED CONSCIENCE

Ages 14-15
CONFUSED CONSCIENCE #2

Age 15
CONFUSED CONSCIENCE #3

Age 15
STAGE V
INTEGRATED CONSCIENCE #2

Age 17
Domains and Values

- Conceptualization: meaning
- Attachment: connectedness
- Emotional responsiveness: balance
- Valuation: worth
- Volition: freedom
CONCEPTUALIZATION OF CONSCIENCE

INTRINSIC VALUE:
MEANING
MORALIZED ATTACHMENT

INTRINSIC VALUE:
CONNECTEDNESS
MORAL EMOTIONAL RESPONSIVENESS

INTRINSIC VALUE: BALANCE
MORAL VALUATION

INTRINSIC VALUE:

WORTH
MORAL VOLITION

INTRINSIC VALUE: FREEDOM
MEDICAL EDUCATION

ETHICS

Traditional Approaches

• bioethical principiplism
MEDICAL EDUCATION
ETHICS

Traditional Approaches
• bioethical principlism
  beneficence
MEDICAL EDUCATION
ETHICS

Traditional Approaches

• bioethical principiplism
  beneficence
  non-maleficence
MEDICAL EDUCATION

ETHICS

Traditional Approaches

• bioethical principlism
  beneficence
  non-maleficence
  autonomy
MEDICAL EDUCATION
ETHICS

Traditional Approaches
• bioethical principiplism
  beneficence
  non-maleficence
  autonomy
  justice
MEDICAL EDUCATION
ETHICS

Traditional Approaches

• bioethical principlism
• application of ethical theories
MEDICAL EDUCATION
ETHICS

Traditional Approaches

• bioethical principlism
• application of ethical theories
  consequentialism
MEDICAL EDUCATION

ETHICS

Traditional Approaches

- bioethical principlism
- application of ethical theories
- consequentialism
- deontology
MEDICAL EDUCATION

ETHICS

Traditional Approaches

• bioethical principlism
• application of ethical theories
  consequentialism
  deontology
• virtue based
MEDICAL EDUCATION
ETHICS

Traditional Approaches

• bioethical principlism
• application of ethical theories
  consequentialism
  deontology
  virtue based
• casuistry
Flourishing Practice

Competency Based Curriculum

autonomous

coping skills

Secure Base

Stressors

Great Expectations

Figure One : Great Expectations
Flourishing Practice

Great Expectations

Figure One: Great Expectations
PSYCHOPATHOLOGICAL INTERFERENCES IN THE USE OF ADAPTIVE COPING SKILLS
PSYCHOPATHOLOGICAL INTERFERENCES IN THE USE OF ADAPTIVE COPING SKILLS

• Mood Disorders
• Anxiety Disorders
• Substance Abuse Disorders
• Immature Defense Mechanisms
• Maladaptive Character Traits
• Character Disorders
Lapses in Caring Attitude: Management Model
VIRTUOUS PRACTICE
VIS À VIS
THE HIDDEN CURRICULUM
Figure Two: Lapses in Caring Attitude
ICM I and Children’s Bureau Retreat
A ‘Paired Learning’ Experience: ‘matching’
developing professionals of conscience
with young persons of conscience in adversity
Advantages to the Developing Professional

• Interactive experience illustrative of personal/social development in the early lifespan
• Introduction to making inquiries of a personal nature
• Promotion of non-judgmental inquiries into values, choices and moral emotional responses
• Promotion of self awareness
• A conceptual framework for professional conscience development
• Basic for ethical discourse
• Basic for life-long virtuous practice
CONSCIENCE
~ experienced
communicated
and by consensus
Mind

Soul (spirit)

Body
Diagram:
- Good
- Right
- Moral & Ethical
- Bad
- Wrong
- Making Choice
Composite Conscience
Moralized Genogram

Triple Pass Genogram

Biological connections

- male
- female
- union
- issue
- deceased

Moral connections

Emotional connections

- strong bond +valence
- disconnection
- conflicted

[Diagram of a genogram showing family relationships with symbols for biological connections, moral connections, and emotional connections.]
Value Matrix

<table>
<thead>
<tr>
<th>&quot;Do engage in acts harmful to one's self.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abide</strong></td>
</tr>
<tr>
<td>Best Reasons</td>
</tr>
</tbody>
</table>
MIND THE GAP
Repertory of Moral Emotional Responses

• To Maleficence
  – Recognition of harm
  – Owning harm done
    • Contributory dysvalue: unaccountable harms done within a health care system
  – Expression of remorse
  – Forgiveness
  – Reparation and Amends
Repertory of Moral Emotional Responses

• To Beneficence
  – Recognition of help received
    • Contributory value: cooperative beneficence
  – Expression of gratitude
Retrieval of Healing Values

• Traditional Bioethical Principlism
  – Non-maleficence
  – Beneficence
  – Autonomy
  – Justice

• Intrinsic Values in the Professional of Conscience
  – The Value of Moralized Attachment (Connectedness)
  – The Value of Moral Emotional Responsiveness (Equanimity)
Conscience Values and Bioethical Principlism
Survival Strategy

• Heteronomous Coping Skills
  – When self-sufficiency isn’t sufficient and unconscious defenses aren’t conscionable
  – Cultivating Help-Seeking skills
    • Expansion upon traditional help seeking
Figure Four: Care Lapses Prevention Model
A presence that disturbs me with the joy
Of elevated thoughts; a sense sublime
Of something far more deeply interfused,
Whose dwelling is the light of setting suns….