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## Clinical ethics comes of age

**Daniel K Sokol** is impressed by a collection of case studies that signals a new stage in the development of clinical ethics

For the past week I have enjoyed my bus journey to work. In the discomfort of my seat I pondered ethical dilemmas, like a chess fanatic relishing a strange position on the board. In the 28 chapters of *Complex Ethics Consultations* North American hospital ethicists share their most haunting cases. In "The Sound of Chains" Jeffrey Spike recounts the story of Angel, a comatose baby on a ventilator. The prognosis is bleak: an enduring coma or a permanent vegetative state. Angel was a shaken baby, and his mother, a suspect, asked to see him. The question posed to the ethicist over the phone: "Should the mother be allowed to visit her child?" The healthcare staff were divided over the issue. When the mother arrived at the hospital she wore an orange prison jumpsuit with heavy chains joining her wrists and ankles. She wants to hold the baby. Should this be permitted? As she gently rocks the baby in her arms, the heartbreaking options are laid out: withdraw the ventilator or place Angel in the next available nursing home. For Spike this case represents "the true meaning of tragedy."

In another chapter Denise Dudzinski presents 50 year old Cindy Johnson, who injured her wrist 10 years ago working on an assembly line. She had tried, with no success, various psychiatric and physical therapies to cure her complex regional pain syndrome, a neuropathic disorder that made any contact with the exposed skin of her left arm and wrist excruciating. Suffering from oedema, cellulitis, and joint contractures she now wants to amputate her arm, even if it might not relieve her pain. "I'm sick of being careful with it and telling everyone else to watch out. I can't play with my grandson for fear of bumping into him," she said. Uncertainty over Cindy's best interests remains to this day. While ethicists try to bring clarity to an ethical problem, Dudzinski reminds us that "striving for clarity does not mean striving for certainty." A good ethicist should identify morally relevant uncertainties.

The other chapters follow in a similar vein, each divided into case presentation, professional reflections, haunting aspects, outcome, and questions for discussion. However enthralling they may be, the volume is not about cases. It is about the hardships of doing clinical ethics and the people who perform ethics consultations. Each chapter is an invitation to enter the mind of the ethicist; thus D Micah Hester, caught in a disagreement over the appropriate goal of care for a severely anoxic baby,

candidly confesses in an excellent chapter: "I am haunted by the thought that I did not do enough, groped around too much, did not speak up, asked the wrong questions, and failed to push for further and deeper clarification."

Hester notes with regret that he did not talk to the parents, who, contrary to the healthcare team, wanted aggressive treatment to continue. He relied instead on the accounts of hospital staff. The lesson is clear: talk to the patients, relatives, and other stakeholders when making an ethical evaluation; insights may be gleaned from the careful listening of different narratives. In my experience, clinical ethics committees, the dominant model in the United Kingdom, do not usually follow this advice.

Another key lesson is that ethics consultations, like all medical interventions, can harm as well as benefit. Ethicists make errors, and these can have dire consequences. Joseph DeMarco and Paul Ford discuss the case of Mr Carl, a 60 year old man who had open heart surgery three days before the ethics consultation. On continuous ventilatory support since the operation, he is, his wife believes, in great pain. She wants to withdraw the ventilator, claiming that her husband would not want to live in such a state. The surgeon disagrees: it's only been three days; the patient needs time to recover. After several hours of heated deliberation by Mrs Carl, the healthcare staff, and the ethics team, the nurse removed the ventilator. "It was difficult to sleep that night," write the authors. "We could have been wrong in this case. If we were, a person would have died without the chance he should have had."

It takes courage and humility to speak so openly about the doubts, weaknesses, and errors in our work, whatever the profession. This volume uncovers the moral richness and complexity of clinical practice, but it also raises important questions about the value, roles, methods, and training of clinical ethicists—signs of a budding profession. From the 19th century, especially in Britain, emerging specialties have often been faced with initial distrust or scepticism from more established disciplines. Clinical ethics is no exception. This collection signals a new stage in the development of clinical ethics, out of childhood and into an adolescence that is occasionally troubled and confused but also full of hope and promise.

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