

Ethics of Care as an Interdisciplinary Challenge

Prof dr Helen Kohlen

Prof dr Carlo Leget

Outline

- 1) Demarcation article: initiating a discussion
- 2) Fundamental questions: analysis and proposal
- 3) Example 1: What constitutes a palliative attitude?
- 4) Example 2: The use of 'dignity' in end of life debates

1. Demarcation as a discipline

Klaver, van Elst, Baart, *Nursing Ethics* 2013:

“This article aims to initiate a discussion on the demarcation of the ethics of care.

This discussion is necessary because the ethics of care evolves by making use of the insights from varying disciplines.

As this involves the risk of contamination of the care ethical discipline, the challenge for care ethical scholars is to ensure to retain a distinct care ethical perspective.”

Problem

- “EoC is a fairly young, emerging discipline within philosophical and theological ethics. It is rooted and further developed in feminist ethics, moral theory, theology and philosophy.
- Starting point private realm... expanded to fields of law, political life, international relations, nursing and medicine, and organization of society.
- EoC evolves by adapting itself to those new fields coming into contact with other disciplines. This involves the risk of messing things up and becoming contaminated as a discipline. Therefore, the challenge for researchers in the ethics of care is to expand as a strong discipline with a clear identity.”

Discipline = area of knowledge (Krishnan 2009)

- 1) Particular object of research
- 2) Body of accumulated specialist knowledge
- 3) Theories and concepts that can organize this knowledge
- 4) Specific terminologies or language
- 5) Specific research methods
- 6) Institutional manifestation in the form of subjects taught at uni's or academic depts.

Stages (Shneider 2009)

- 1) Introduction of new language
- 2) Development of toolbox of methods and techniques
- 3) Production of specific knowledge and original research publications
- 4) Maintaining and passing on scientific knowledge generated in 1-3

EoC is now slowly moving from 2-3'

Criteria

- 1) Relational programming
- 2) Situation-specific and context-bound judgments
- 3) A political-ethical perspective
- 4) Empirical groundedness

2. Fundamental questions

- a) What is the problem? (perspective)
 - Who defines the problem?
 - Why is it a problem?
- b) Is EoC becoming a discipline the answer?
 - What are the gains of becoming a discipline?
 - What are the losses?
- c) Is demarcation the way forward?
 - How fits demarcation in inclusive thinking?

a) Is there a real problem?

- A fully normative and distinctive theory (Held 2005)
- No such thing as a distinctive care ethics (Edwards 2011)
- Rather the debate [provoked by Gilligan] itself is known as “the ethics of care” ... no set of principles, rules or doctrines but allied thinkers (Van Heijst 2011)
- Part of virtue ethics (Thomas)

Example: EoC and political theory

- ‘Tronto thus explored the specific relationship between the *ethics of care* and *political theory*’ (Conradi & Heier 2014)
- ‘In a way, the adoption of the term “ethic of care” was a bow to Gilligan: since she had used this phrase, I used it as well (Tronto 2014)
- ‘Since my own home discipline is political science (really, political theory)’ (Tronto 2014)

Whose problem?

- There seem to be different views, but also different perspectives
- Discussion is the motor to new insights and developments
- Using insights from various disciplines asks for methodological rigor, not a new discipline

b) Do we need another discipline?

- From its very start EoC is an interdisciplinary approach, fostering diversity
- By becoming one discipline, EoC would lose much of its dynamics, and it becomes one option next to others, instead of challenging each discipline from the inside ('rethinking, redrawing')
- A participatory model (EU): every European is first citizen of a member state; every care ethicist contributes to the interdisciplinary approach from a distinctive discipline

c) Demarcation?

- Language of ‘messaging up’, ‘contamination’, ‘pollution’
- Demarcation as use of power:
 - There is good and bad
 - We are in the position to discern good from bad
 - The bad (‘the other’) must be excluded
 - The good (‘us’) must be protected
- No dialogue but exclusion
- Danger of becoming an ideology

Care as object

- In the EoC approach care is the formal object of research, the lens through which we are able to redraw boundaries in our minds and rethink central concepts
- Care can also be the material object, e.g. when we study maternal care or healthcare, but this is not necessarily so

Do we need criteria?

- EoC as allied thinkers: they will find each other
- EoC as a discussion: next to other issues the criteria will be object of discussion
- EoC as a lens (formal object): the lens will be used and discussed
- The criteria mentioned (relational, situational, political, empirical) are (a) not distinctive and (b) their content is still debated

3. What constitutes a “Palliative Attitude”?

**Theoretical considerations about
an empirically grounded phenomenon**

„Palliative attitude“

Data analysis of interviews with physicians and nurses reveal the repetition of the expression „palliative attitude“.

The interviewees emphasize that a palliative attitude is necessary to take care of the dying. They describe this attitude to be decisive for their daily work in the field of palliative care (Baumann 2012).

The basis is the empirical work/ Master thesis by Manfred Baumann that has not been published yet (Philosophisch–Theologische Hochschule Vallendar 2012).

Palliative attitude as practice

A palliative attitude brings about a palliative practice

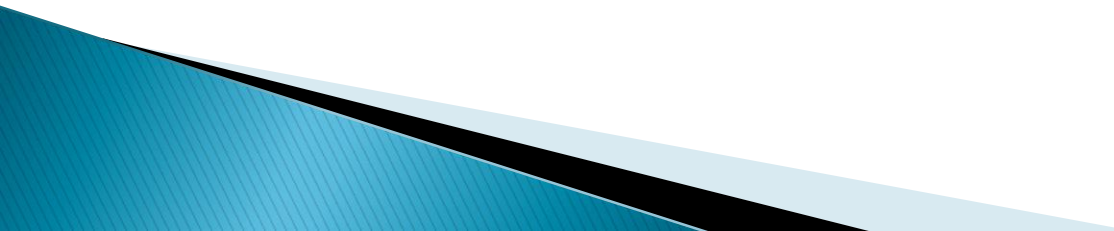
According to interviewees, it is a palliative attitude that brings about palliative practice. Palliative practice can only be successful when there is a free scope of working (spatial autonomy) and decision-making within flat hierarchies.

A palliative attitude among experienced actors in the field creates a sense of security for acting close to someone's end of life.

Palliative attitude as one dimension of care ethics

A palliative attitude is relational in the sense that it can be understood as a reaction to an anthropologically entailed dependency of the human being

Care ethicists keep putting emphasis on the anthropological and social fact that human beings have always been dependent on one another and are related to each other. A palliative attitude is connected to this precondition explicated by care ethicists, namely, the recognition of human dependency not as a burden, but as a value.



Palliative attitude as one dimension of care ethics

A palliative attitude is relational in the sense that it can be understood as a reaction to an anthropologically entailed dependency of the human being

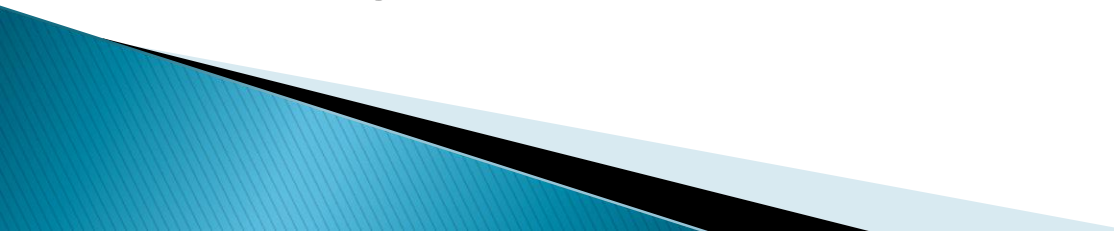
Eva Feder Kittay's care ethics theory (1999, 2004) is one approach that explicates the understanding of care in relation to someone else within three dimensions: virtue of care, attitude of care and care as work. In this context, virtue refers to the *motivation* to care as well as to presuppositions and value ideas which determine a caring attitude. The caring attitude influences and shapes the work of care.

Palliative attitude as a habitus

A palliative attitude is habitually embodied by the actors in the field of palliative care and is outlived as a social practice

In the sense of Pierre Bourdieu (1980, 1982, 1997, 2001), a palliative attitude can be understood as a feature of distinction that is characterized by rules, strategies, forms of capitals, tastes as well as conflicts in the palliative field.

Like any other field, palliative care creates its own rules (nomos) which demarcate the palliative field from other fields and which contribute to a unique *façon d'être* of how things should be done and should not be done.



Palliative attitude as a habitus

A palliative attitude is habitually embodied by the actors in the field of palliative care and is outlived as a social practice

The distinguished field determines the perspective of how other fields are observed, respected or rejected. The palliative attitude is a sign of belonging to the field of palliative care and circumscribes whether one is accepted and recognized in field, or not. The palliative attitude is habitually rooted in the field and lived out as a social practice in solidarity.

Palliative attitude as an anachronism

A palliative attitude as an attitude of having time has been stabilized as an anachronism in an accelerated modernity

With reference to Hartmut Rosa's acceleration theory (2005, 2012) a palliative attitude can be understood as an attitude of time-having as well as a practice of deceleration (slowing down the speed, in German: Entschleunigung).

Within the last 20 years, the attitude of time-having, connected with practices of holding on and calming down, have been stabilized and can be regarded as an anachronism in an accelerated modernity.

Palliative attitude as an anachronism

A palliative attitude as an attitude of having time has been stabilized as an anachronism in an accelerated modernity

As an attitude of time–having, a palliative attitude changes the speed of acting and therefore the perception of time in palliative situations. A palliative attitude contributes to finding ways of deceleration in the field of palliative care and serves the work of care.

In Bourdieu's sense, the time–taking can be understood as a social and cultural capital in the field of palliative care. These capitals are especially appropriate to affect the structures of the field, to exercise power and to function as a feature of distinction.

4) The use of the concept of 'dignity' in palliative care

- Palliative care comprises 4 dimensions of care: physical, psycho-social and spiritual
- At first sight this care seems holistic and inclusive
- In many ways affinity with EoC: acceptance of vulnerability, etc

Through the lens of EoC

- No reflection on what care is
- Neo-liberal approach of autonomy, patient centredness, shared decision making, care giving
- Dominant position physical dimension
- Dominant position scientific model
- Dominant position traditional medical ethics

How to proceed?

- EoC as a demarcated discipline: alternative to medical ethics -> power struggle
- EoC as a perspective: rethinking of dominant structures and concepts from the inside

Example: the dignity debate (Leget 2013)

- Dignity is used as an argument in society to claim the right to euthanasia
- Empirical research underpinnes that this is also true for people claiming this right
- Analysis shows that the word 'dignity' is used in different meanings (also used by those who deny the right to euthanasia)
- An ethics of care perspective can clarify the onesidedness of the debate in society

Dignity

