

Ethical Counselling for Patients

Giovanni Boniolo and Virginia Sanchini

Abstract In this chapter, we propose a methodology of Ethical Counselling addressed to patients and/or to their relatives. We show to what extent this is strongly grounded in a robust philosophical tradition: the Aristotelian practical philosophy. It is emphasised that such a methodology has been thought in order to help patients to make an aware ethical choice after having analysed what we call their *Personal Philosophy*, that is, their more or less systematic set of personal values, ideas and religious beliefs.

Keywords Ethical counselling · Patients · Method · Personal Philosophy · Aristotelian philosophy

Too many times philosophy has derogatorily been considered as a purely theoretical discipline without any impact on real life: mere words without any effect over the practice, very far from the empirical results found in biology, or the treatments offered in the clinics, or even the numbers coming out from physical theories. In contrast, the idea lying behind the proposal of an Ethical Counselling for patient's choices is precisely inspired by the opposite conviction, namely that philosophy is a life-changing enterprise having a relevant bearing over human relations and, in particular, over agency. This idea has a long-standing tradition within the history of philosophy, both in the continental and in the analytic tradition. To give some concrete examples, in 1984, Achenbach's *Philosophische Praxis* explicitly claimed that the time was ripe for philosophy to give an orientation to life. Some years

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before (1981), the French historian of philosophy Pierre Hadot, through his *Exercices spirituels et philosophie antique*, argued that philosophical theories from ancient Greece were actually “spiritual exercises”, i.e. “techniques” to better cope with the troubles of life, thus qualifying as “practices [...] intended to effect a modification and a transformation in the subject who practices them”. About a decade later in the USA, Martha Nussbaum published *The Therapy of Desire*, in which she defined ancient philosophers as “physicians”, being they concerned with those pathologies affecting human life and decisions (see also Hamlyn 1992).

If we are willing to accept what Hadot, Achenbach, and Nussbaum (to name just a few) suggested, philosophy ceases to be considered as a mere theoretical enterprise and starts to acquire a pivotal role in orienteering our choices and life. This is precisely the line of thought in which our approach of Ethical Counselling is grounded. Indeed, as we will argue, philosophical reasoning—as instantiated in the method we are proposing—can play a very important role in the improvement of human decision-making. This occurs in particular when some philosophical issues are involved, as it happens whenever clinical decisions intersect ethical questions.

By taking into consideration this point, in this chapter we propose a methodology grounded in the history of philosophy, which could be applied anytime clinical decision-making crosses with ethical decision-making. The type of subject towards which this methodology is directed is the patient who finds himself/herself in front of a difficult ethical decision or an ethical dilemma, and voluntarily asks for a consultation. We distinguish it from another methodology that we are going to present in the following chapter, which is addressed to clinicians. Notably, these two methodologies differ, not only because they are directed towards two different kinds of stakeholders, but also because their respective aims are different. On the one hand, the methodology presented in this chapter aims at helping patients to clarify their moral world view, thus helping them in making decisions that are consonant with their values and beliefs. On the other hand, the second methodological chapter aims to provide clinicians with a tool to support patient’s decision-making on the ethical issues *he/she* is confronted and has to cope with.

1 The Aristotelian Practical Philosophy

Twenty years before Achenbach’s *Philosophische Praxis*, another relevant philosophical event occurred in Germany. In 1960, H.G. Gadamer published his masterpiece *Wahrheit und Methode*, which marked the beginning of the so-called renaissance of the Aristotelian practical philosophy (see Riedel 1972–1974; Knight 2007). This work can be considered one of the first (if not the first) systematic attempt to show in which sense and by means of which methodology, philosophy could be a way of dealing with the troubles of life, in particular with the complicate decisions we are all confronted with (see Lobkowitz 1967).

This Aristotelian approach is also at the basis of our view of Ethical Counselling for Patients, this latter considered as a service aimed at helping them in solving their ethical dilemmas through the tools of philosophy (and, therefore, that philosophy has a practical validity in orienteering human decision-making).

Very briefly, the term “practical philosophy” appears for the first time in *Metaphysics* (II, 1, 993 b 19–23), where Aristotle distinguishes it from metaphysics, that is, the first philosophy, or theoretical philosophy. The latter has as its main purpose the investigation of truth, whereas the former deals with human action (*praxis*) in order to ameliorate it (*eupraxia*) and, thus, to improve human agency. Claiming that practical philosophy has to do with action means affirming that its domain regards decision-making. Indeed, what will be done in terms of actions will depend upon the agent’s choices (*prohairesis*) (*Metaphysics*, VI, 1, 1025 b 22–24).

The place in which Aristotle better develops his account of practical philosophy is, however, the *Nicomachean Ethics*. At the end of *Book I*, he distinguishes between the intellectual and the ethical virtues. The former have to do with reason (*dianoia*), the latter (the moral excellences, *areté*) with characters, customs, and behaviours (*ethos*). In *Book VI*, he claims that philosophical wisdom (*sophia*) is the virtue of theoretical philosophy, while practical wisdom (*phronesis*) is the virtue of practical philosophy. By *practical wisdom* Aristotle means man’s capacity of deliberating well, that is, the ability of deciding our life-goals and the most effective means to reach them.

The correlation between practical philosophy and its virtue, the practical wisdom, should now start appearing clearer. Practical philosophy consists in the *examination* of the different opinions that are on the stage in order to find out the best one/s through practical wisdom. Thus, in order to choose well, a man should, first and foremost, examine (*exetazein*) the epistemological plausibility and the logical validity of what is on the stage concerning a possible (good) action and, secondly, make the choice on the basis of what constitutes the best option for him.

A last point is necessary in order to complete the picture. A real good decision-maker is someone who necessarily possesses another ethical virtue: temperance (*sophrosyne*). This is the virtue that prevents passions from ruining a proper deliberation.¹

Summing up, in order to bring a good decision, one should: (i) *control* his irrational part with the help of temperance; (ii) *examine* the situation from a rational standpoint, therefore evaluating the epistemological plausibility and the logical tenability of the pros and cons of each option; (iii) *deliberate* with the help of one’s practical wisdom, in favour of what constitutes the best option for him/her.

These three conditions are of extreme importance for us, since we consider them as the peculiar features of our own account of Ethical Counselling for Patients. Indeed, whenever a patient finds himself/herself in the condition of taking an ethical

¹To be philologically correct, in *Nicomachean Ethics* Aristotle uses the concept of *sophrosyne* in a narrower way in comparison with what we are saying in this chapter. The same term, however, was used in the sense we need by other Greek philosophers. For example, by Plato in *Cratylus*.

decision or solving an ethical dilemma concerning a diagnostic or therapeutic path, the ethical counsellor should exercise an advisory role and, in particular (i) help the patient to tame his/her emotions and (ii) examine, in the Aristotelian sense, his/her possible moral options and their consequences, and finally (iii) assist the patient to use his/her practical wisdom and thus to individuate what constitutes for him/her the best decision and course of action.

2 The Methodology

Ethical Counselling for Patients is therefore a service aimed at making explicit and *examining* (in the Aristotelian sense) the patient's Personal Philosophy in order to unlock his/her decisional paralysis when addressing clinical choices, imbued with ethical beliefs.

The Ethical Counselling for Patients is articulated in an ordered succession of four well-defined phases: (1) *relational phase*, (2) *medical assessment phase*, (3) *ethical analysis phase* (in turn, made up of three sub-steps), and (4) *wrap-up phase*. Each step will be presented in detail here, in relation to the Case 1 (presented in The Plan).

2.1 Relational Phase

The ethical counsellor starts creating a cooperative relationship by explaining the goals of this service and individuating the aim of the colloquium together with the patient. In particular, in this first phase the ethical counsellor presents the ethical counselling as a discretionary service at patient's disposal. This, in turn, means briefly explaining to the patient that ethical counselling focuses on the ethical dilemmas arising in the clinical setting. Moreover, the ethical counsellor tells the patient that the aim of this consultation is first of all to identify what is his/her ethical dilemma and to establish how to address it.

The ethical counsellor presents herself/herself to Giovanna and explains the basic elements of an ethical counselling service. In particular, she helps Giovanna understand to what extent the choice whether to test or not her two children is not only a clinical choice but involves also an ethical dimension. In other words, the ethical counsellor helps Giovanna understand what her ethical dilemma is. After having done this and asked Giovanna whether she would like continuing the consultation, the ethical counsellor establishes with her the specific aim of the colloquium; that is, what is the goal she would like to reach through it. In this case, the specific aim of the colloquium could be to better understand which advantages and disadvantages she had, should she immediately test the children or wait to test them until they reach the majority age. If these aspects are already clear to Giovanna, another aim could consist in investigating the moral reasons supporting the two different options, so as to let her have a clearer picture of the entire situation, thus supporting her downstream decision.

2.2 Medical Assessment Phase

The ethical counsellor focuses on the patient's knowledge in order to verify if he/she is provided with the relevant medical information to make a properly informed choice. Whether the patient is uninformed, the ethical counsellor may suggest him/her consulting the physician to clarify any aspect left unclear. Obviously, the patient should not perceive this process as if someone is trying to verify her knowledge. By contrast, it is very important that the ethical counsellor sets up this process in a dialogic manner, by behaving as if he/she was unaware of the medical information and asked the patient to provide him/her with it.

The ethical counsellor tries to assess whether Giovanna has a clear understanding of the Li-Fraumeni syndrome and of its possible clinical consequences, of the peculiarity of a hereditary disease, of the significance of a genetic test, and of the probabilistic meaning of the outcomes. This is achieved by speaking with Giovanna about the aforementioned concepts, so as to be sure that her choice is grounded in valid medical information. In the case in which Giovanna was not provided with enough information—or she had an insufficient understanding of it—the ethical counsellor would ask the clinician to intervene to fill up those knowledge gaps.

2.3 Ethical Analysis Phase

Once the examination of the medical aspects is concluded, the ethical counsellor supports the patient to analyse his/her ethical dilemma. This is done by helping him/her to investigate all the available options from an ethical standpoint, that is, by considering what are the values that each scenario promotes or inhibits and, therefore, what are the moral reasons in favour and against each clinical option in the light of the patient's Personal Philosophy. Fleshing out the values promoted or privileged by any option could help in gaining a different and more complete picture of the decisional scenario. This phase articulates in three different substeps.

2.3.1 Ethical Assessment Phase

The ethical counsellor explores patient's (implicit or explicit) ethical principles, assumptions, values, and beliefs in order understand and to help him/her in "unveiling" his/her Personal Philosophy. By doing so, both the patient and the counsellor may gain a deeper understanding of what counts for the former as morally valuable: a necessary step to cope with the options of the ethical dilemma.

The ethical counsellor asks Giovanna why this situation is dilemmatic for her, what are the values she believes ought to be served in this situation and whether there are some values that she sees at odds here. By exploring Giovanna's Personal Philosophy and the specific way she interprets her case, the ethical counsellor could, for example, realize that the mere

idea of testing the two children worries Giovanna a lot because of the many cases of disease in her family that make her lean towards believing that the two children could be subjected to the same fate. Therefore, the hypothesis of postponing the test appears justified by the requirement to protect the children from the overall path that they should follow if a positive result were found. On the other hand, she could also think that if she really wants to protect them she should know in advance the possible diseases her children could be predisposed, and thus that the test should be performed. Moreover, by putting herself into her children's shoes, she might think that they would rather prefer to be informed. The ethical counsellor possesses now some elements to understand to what extent this case sounds dilemmatic to Giovanna. She ranks as her primary value the one of "protecting her children", and yet she recognizes that there are two contrasting ways in which she can specify such value in the present scenario. On the one hand, she could protect them from knowing a possibly sad truth; on the other hand, she could better protect them from the onset of future diseases only if she comes to know whether they are or not carrier of that specific mutation.

2.3.2 Ethical Comparative Phase

The ethical counsellor helps the patient in elaborating a ranking of values. In particular, the ethical counsellor asks him/her to provide his/her actual ranking of values, and to think of it in relation to the experience of illness; that is, whether and how the direct/indirect experience of illness has changed it.

Once the main elements of her Personal Philosophy have been pointed out, the ethical counsellor asks Giovanna to reflect upon her grounding values and then to provide a ranking of them. In this case scenario, the ethical counsellor could ask Giovanna to rank those principles and elements mentioned before such as protecting her children from knowing (implemented into the exercise of what the ethicists would call "the right not to know", on behalf of the two children), the duty of being informed in the case of personal safety, and so on. Moreover, the ethical counsellor could ask Giovanna whether she thinks that the way in which she ranked her values has changed after having been informed of the potential disease of the children.

2.3.3 Perspective Phase

The ethical counsellor asks the patient to focus again on the available medical options and to apply the values just discussed to the case, so as to see the relationship between the ethical values and the clinical options. By doing so, the patient should be able to provide a specific and personal weight to each medical option also from an ethical standpoint. Moreover, the ethical counsellor could ask him/her to make a though experiment and to imagine what would follow in terms of consequences for him/her and for his/her relatives from the adoption of one option over another.

As it has been already pointed out, Giovanna finds herself in the troubling dilemma of choosing between non-information and information within the context of protecting her children. Actually, what Giovanna realizes while discussing with the ethical counsellor is that these two elements, far from being incompatible, are strictly intertwined: indeed she

understands that, to some extent, she has higher chances of protecting her children by informing them and, therefore, by testing them. Moreover, she realises that the real incompatibility is between pursuing an alleged right not to know in place of her two children, and pursuing a duty to inform the two children about such a possibility. The ethical counsellor, on the one hand, has helped Giovanna to put on the table the main elements of her Personal Philosophy triggered by this complex decision, while, on the other hand, assisting her to partially rethink them (unmasking false incompatibilities) and to apply them to the specific case so as to provide them with the awareness of what values and ethical options correspond to the available medical options. Moreover, each Giovanna's choice—to test or not to test the children, to tell or not to tell them the outcomes, when to tell them the outcomes—has a lot of consequences for her, her children, her husband and relatives. During this phase the ethical counsellor helps Giovanna in eliciting and clarifying each decisional path and the ethical and existential load each one is carrying.

2.4 Wrap-up Phase

The ethical counsellor summarises what has been found asking the patient whether he/she is satisfied or whether a phase of the counselling process needs to be rerun. It is important to note that even if the aim is to break a decisional paralysis, it is not necessary that the patient makes a decision by the end of the colloquium (or the series of colloquia). In other words, the important feature here is that he/she has clearer ideas regarding the options at stake, thus having gained all the relevant elements he/she might need in order to make a choice.

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Note that over the entire course of the meeting/s, the ethical counsellor pays attention to the patient's justificatory abilities as well as on possible reasoning fallacies and biases.

The ethical counsellor tries to investigate in a deeper way to what extent Giovanna's values and perspectives are properly justified and whether her position is logically consistent or not. This exercise does not have the aim of changing or ameliorating (in particular according to the counsellor's view) her way of seeing life, but to see whether some of Giovanna's doubts are grounded in logical mistakes rather than in real worries and/or, above all, in conflicts of values.

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