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How certain are you, doctor?

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Parents are afraid when their child is admitted to an intensive care unit. They have profound, and often realistic, apprehensions about the chances of their child suffering disability or even death. They want to know what is going to happen to their child, and they want to know how certain the physician is about the outcome whether or not they explicitly raise the question. Physicians too are often afraid, afraid of responding truthfully to the parents' craving for reassurance and for certainty. So, physicians are inclined to deflect the questions of parents. It is the argument of this article that there are three factors which undermine the capacity of paediatric intensivists to be forthright with parents: the structure of contemporary paediatric intensive care; some practices within it; and a widespread misunderstanding of the kind of certainty paediatricians in fact owe to distressed and frightened parents.

"How certain are you, doctor?" There are five common ways in which intensive care physicians try to deflect parental questioning: 1) Formally profess uncertainty, but aggressively treat the child, all guns blazing, until the child either dies or recovers sufficiently to be moved out of intensive care.

In this Issue

We begin with an article which recently appeared in *Pediatric Critical Care Medicine*. In it, the authors try to identify why it is that doctors struggle with questions from parents of sick children, in particular when parents query the certainty with which doctors speak, and offer suggestions about how doctors should think of their responsibilities to parents when they are informing and advising them. Simon Longstaff then replies to Gerald Gleeson's article in the last issue of *Bioethics Outlook* which was entitled 'Why children should not study ethics'. Dr Gleeson wrote the article in the context of a debate in New South Wales about the desirability of there being classes in ethics offered to those children in state schools who do not attend 'bible study' classes.

2) Give an unduly pessimistic prognosis for self-protection: this way, parents can never say that they had not been warned about a poor outcome. 3) Act more certain than you are about a poor prognosis to simplify things for the parents, in particular, if you think that such misinformation will help them to accept withdrawal of life-sustaining treatment. 4) Avoid making any kind of prognosis at all, because you are not 100% scientifically certain about the likely outcome. 5) Stick to the certainties of earlier practice, regardless of developments that might be improving or diminishing the chances of a good prognosis.

What these responses have in common is a failure to have the courage of a good intensive care physician, who gives parents a truthful account of their child's prognosis, always sensitively responding to their fears, and where it is possible truthfully answering their questions. Three things explain this failure to be forthright with parents: 1) the manner in which paediatric intensive care is today structured and organized; 2) the fact that intensive care practice has recently neglected, avoided, or simply not given attention to prognostication; and 3) a misunderstanding by paediatric intensivists of the kind of certainty they owe to parents of sick children.

1. The Structure and Organization of Contemporary Intensive Care

With good reason, intensive care practice has emphasized the presence of staff for 24 hours a day and a low patient/nurse ratio. With an emphasis on clinical quality and safety, changes in a patient's condition can be responded to instantaneously and pre-emptively. But the very organization and structure of contemporary intensive care units (ICUs), designed to produce efficient continuous on-site presence, inherently leads to discontinuity—both within the unit and between the unit and outside. Within the ICU, the nursing staff, resident medical staff, and often consultant/attending medical staff all work discontinuous shifts,

so it is rare for any one professional to see the complete course of a child's critical illness.

This discontinuity of many ICU personnel also often results in poor communication within the healthcare team and a muddled multiplicity of information provided to parents. Furthermore, intensive care staff do not generally care for the patient once the child is discharged from their unit. Thus, it is rare for anyone in an ICU to have direct experience of the natural history of a disease. Intensivists tend to know the data, the long-term mortality, and survival percentages for a disease type, but they are less confident in their knowledge of how the disease will play out, in all its nuanced meaning of functional and psychological morbidity, over the whole course of a child's illness, in particular, if the child improves enough to leave paediatric ICU.

2. The Neglect of Prognostication

The general historical shift away from discussion of prognosis is now well recognized (1), (2). Traditionally, textbooks dealt with prognosis and the expected course of an illness in an individual. Recently, as treatment directed at cure has become more and more possible, discussion now emphasizes how to diagnose a particular disease so that a specific treatment for that disease can be employed. This has been especially apparent in paediatric intensive care practice where treatment is often generically aimed at organ dysfunction. This neglect of prognostication of the individual patient is then augmented by “magical” (or irrational) thinking, on the part of both physicians and parents: parents, faced with the possibility of the death of their beloved child, wish for a miracle; with the stakes so high, physicians, caught in the headlights of parental love, fear that they might be wrong and inadvertently give either false hope or undermine the parents' capacity to hope (3).

3. The Failure to Distinguish Scientific Certainty from Practical Certainty

Often, however, paediatric intensivists do know what is likely to happen to a sick child. They know this from the end of the bed, from their experience, from their sense of the big picture. They have a reasonably considered opinion that the child has a high probability of dying or that the child has a high probability of surviving, but they do not communicate this sincere judgment (4), (5). What stops them from telling parents this opinion when the parents ask, “Are you certain”? We believe that physicians are uncomfortable with their inability to prognosticate with absolute “scientific certainty.” But what can be expected of them is not scientific but “practical certainty.”

There is no doubt that medicine's turn toward science, at least since the 17th century, has enabled physicians to fulfill their Hippocratic commitment to the “benefit of the sick” in wonderful new ways. Scientific studies of health and illness have provided physicians with new and powerful bodies of knowledge about factors associated with illness, the behaviour of specific diseases and the likely outcomes of treatment modalities. It makes sense for medical education to start with basic sciences and to insist on an evidence-base to the information and advice which physicians give patients and parents of sick children. That said, a medical judgment, such as a prognosis, is not a scientific judgment. The subject matter of science is an idealization which abstracts from real situations. The subject matter of medicine is a judgment about what treatments and care are likely to lead to the health of an individual person in all that person's persistent particularity. Diagnoses of disease types with a view to the employment of treatment types are scientific idealizations from real situations. But a prognosis is an irreducibly particular judgment. It follows that doctors cannot be expected to be scientifically certain in what they say to parents. It would be wrong for them to pretend to have scientific certainty in what they say to parents about a sick child. The kind

of certainty that parents can expect of doctors is, rather, what philosophers (following Aristotle) call “practical certainty.” Practical certainty is a matter of being as certain as it is reasonable to be in the circumstances. Aristotle (6) thought that it is a mark of a truly educated mind to expect that degree of precision in a person's judgments that the nature of the subject lends itself to: he said that it would be equally foolish to accept probable reasoning from a mathematician as it would be to demand scientific proofs from a teacher of rhetoric! And he pointed out that both medical judgment and ethical judgment lend themselves to (only) practical certainty. The information and advice that a competent and experienced intensivist gives parents will be informed by the best science: nonetheless, the prognostic judgment is not itself a scientific judgment.

Paediatric intensive care physicians need to recognize that, although they have a responsibility to keep abreast of developments in medical science, their profession is an art—not a science. When parents understandably (but unreasonably) demand scientific certainty from them, it is part of the physicians' responsibility to help parents to understand the nature of a prognostic judgment: the word “doctor” comes from the Latin word for “teacher.” But generally, the demand for certainty is more likely to be a *cri de coeur*, a plea that they not be abandoned in the difficulties they are experiencing with their sick child—difficulties that include difficulties of judgment.

Conclusion

Parents wish to trust their physicians in their competence, compassion, and reasonableness. When they ask “how certain” the physician can be, they are asking for professional judgment. To pretend to have scientific (or mathematical) certainty is to insist that the emperor does have clothes. Physicians desert the parents by not giving a reasonable realistic prognosis. Prognostication must be part of an intensivist's commitment to the care of a child and their family. Physicians should acknowledge the

problem with continuity in contemporary intensive care practice, admit the level of their ignorance, and obtain expert advice on the course of any particular disease. Parents should rely on the ability and the willingness of the physician to give them a considered prognosis for their child, so physicians need to have the courage to be forthright to parents. Only when intensivists care for children long enough to know what is likely to happen to them, when the profession recovers its understanding of the particularity of a prognostic judgment, and when physicians understand the kind of certainty they owe parents, will physicians be able truly to accompany parents in their hour of need.

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Should we teach ethics to children?

A reply to Gerald Gleeson

Simon Longstaff

We are all indebted to Fr. Gerry Gleeson for his reasonable, informed and nuanced critique of the proposal that children be offered the option of participating in 'philosophical ethics' classes where the choice has already been made not to attend classes in Special Religious Education (SRE or 'scripture') at NSW State Primary Schools. I sincerely wish that Fr. Gleeson's had been the dominant voice of our opponents in the debate that has simmered (and occasionally raged) for the eight years since this issue was first raised as a matter of concern by parents (1).

Fr. Gleeson offers three arguments for not allowing children who have 'opted out' of scripture to participate in ethics classes. First, he sides with Aristotle in the latter's view that active, structured deliberation about ethical issues should be reserved for relatively mature moral agents who have become habituated to a life of virtue by following the example of older mentors. Second, he argues that the use of scenarios that pose supposed dilemmas is faulty mostly as a result of the dilemmas being more perceived than real (a problem exacerbated, he suggests, because of the influence of 'post modernism'). Third and finally, Fr. Gleeson argues that ethical discourse is unable to explain the basis for moral obligation without recourse to a transcendent, non-human source of authority for what is ultimately (or fundamentally) 'right' and/or 'good' - an ultimate reality that can be given the name 'God'. I would like to offer a response to each of these arguments.

For reasons outlined below, I would wish to place a greater emphasis on Socrates' (and Plato's) role in defining the field of ethics than that of Aristotle. While Aristotle was undoubtedly a profoundly important thinker in this field - offering the first systematic account

of ethics, he was (to a considerable degree) responding to the ideas of his predecessors. It is worth noting that Plato ascribes to Socrates the credit for having posed the core question of ethics: "What ought one to do?". There is almost certainly a measure of historical licence on Plato's part (surely the question had been asked by others in advance of Socrates). Yet, much as he tries, Aristotle never really escapes the 'gravitational force' of Socrates and his question. Fr. Gleeson is correct in saying that Aristotle believed that ethics should not be taught to children. It is my understanding that Aristotle adopted this view as part of a larger, normative framework developed by him as the basis for moral education. However, I think that at least one of Aristotle's reasons for saying that ethics should not be taught to children is problematic. At the core of Aristotle's objection to the teaching of ethics to children is his belief that the intellects of children are insufficiently developed to learn about ethics. That is, I understand Aristotle to be saying that we should not teach children ethics because it is impossible for them to be taught (a prefiguring of Kant's notion that 'ought' implies 'can'). Thus, Aristotle argues that children should be exposed to the exemplary conduct of virtuous adults. By imitating such adults children can develop the habits of virtue. Eventually, when the intellect is sufficiently developed a child might mature into a virtuous adult capable of making sound, ethical decisions of their own.

In passing, it should also be noted that if Aristotle is correct, then the implications will be widespread. For example, In December 2010, Bishop Peter Ingham (of Wollongong) issued a statement on behalf of the Catholic Bishops affirming that the Catholic Church teaches children ethics as part of its classes in Special Religious Education (SRE). Beyond this, if children should not be taught ethics (because

they are not well enough developed to reflect on such matters), then what of the practice of teaching them spirituality and theology in SRE classes? In my experience, theological concepts are at least as nuanced and difficult as those arising in ethics.

But what if Aristotle's judgement about the capacity of children is mistaken? It would not be the first time that he was evidently mistaken in his judgement of such matters. While allowing for his many points of excellence, we should not forget that Aristotle is also infamous for his belief that ALL women are fundamentally deficient in reason and therefore incapable of developing practical wisdom at any age. The fact that Aristotle was mistaken in his estimation of the capacity of women does not necessarily mean that he was mistaken in his estimation of the capacity of children. It is just that Aristotle may not be the best source of guidance about who should / should not be taught ethics.

Socrates and Plato did not share Aristotle's mistaken view about the capacity of women. Nor do I think that Socrates (at least) was opposed to the practice of engaging in ethical deliberation with the young. Indeed, Socrates was condemned by the Athenian democracy for having committed two offences - impiety and corrupting the youth (which may also help explain Aristotle's cautious attitude to teaching ethics to the young). Admittedly, the youths that Socrates was supposed to have corrupted, with his ideas, were older than the typical primary school student - but not that much older. However, interesting as it may be to compare and contrast classical views about the education of children, perhaps the better approach would be to acknowledge that we can now draw on over 2,000 years of further work in this area - work that has led to considerable change in our understanding of what children are capable of learning, if we give them the opportunity. My understanding is that those who are expert in this field are confident that children can usefully be exposed to (and participate in) thinking about ethics. As I will argue below, the outcome of this need not be either moral confusion or the embrace of 'relativism'. Rather, I would argue that the

practice of ethical deliberation requires the adoption of substantive values and principles, modelled (in a manner that would attract Aristotle's approval) by those facilitating the discussion.

Fr. Gleeson challenges the validity of a pedagogy that makes use of ethical dilemmas by questioning whether dilemmas even exist. Arguing that ethical dilemmas are more apparent than real, Gleeson proposes that talk of dilemmas is really an excuse to evade responsibility for doing what we actually know to be right and good. It seems to me that, at this point, Fr. Gleeson is attempting to argue against one of the mysterious truths of human existence - a truth that has been at the heart of some of the greatest literature produced by human kind (including the Bible). Just as in physics two directly opposing forces can be equally strong, so it is that human beings can encounter situations when the choice is not between right or wrong / good or bad but between two 'goods' of equal value, etc. One can, for example, experience divided loyalties. One can have an abiding commitment to truth and an aversion to causing harm and yet know that to tell someone the truth will cause them grave distress. The whole point of stories like that of Abraham, when called to sacrifice Isaac is that Abraham's dilemma is agonisingly real. The significance of Abraham's choice is that he really could have chosen not to sacrifice Isaac - otherwise there is little point to the story. This is not to say that every choice is an ethical dilemma. In some cases there really is a choice between 'good' and 'bad' or 'right' and 'wrong'. Such cases might involve 'moral temptation' but no dilemma. However, it does not follow that because some choices do not involve dilemmas that dilemmas are not real as experienced by human beings from time to time.

My defending the reality of ethical dilemmas should not be taken to suggest that philosophical ethics classes deal with nothing else. The curriculum is more nuanced than that - also canvassing ethical issues where the force of argument, set within the context of each class and the school community, will tend towards a particular answer. For example, I

cannot conceive of a class where a child would be left to conclude that bullying is right. The whole way in which each class will be conducted will draw children away from that conclusion - partly through the example of the facilitator, partly through the way in which each person's view is listened to in a respectful manner, partly as a result of the quality of arguments explored in each class. That said, I think that it is appropriate that children explore reasons why bullying is wrong. The reasons explored might include that "it is against the rules". However, I would hope that the discussion would address the substance lying behind such a rule - including the flaws in arguments that bullies might put forward to justify their conduct. The fact that one is prepared critically to examine contending arguments does not amount to relativism. To do so is an expression of a substantive (non-relative) tradition of philosophical reflection.

I think that Fr. Gleeson's most potent challenge comes with his argument that philosophical ethics needs to invoke God as the ultimate justification for any claim that we should live an ethical life. Gleeson leaves open the question of exactly what anyone might mean by 'God' - except to say that God is "the source of all existence, meaning and value". Although Fr. Gleeson does not say this, one is led to wonder if he also thinks that whatever is "the source of all existence, meaning and value" is what is meant by 'God'. If so, then it is pretty difficult to disentangle God from the equation. But not impossible.

I think that Fr. Gleeson too quickly dismisses the possibility of a 'this world' foundation for ethics. I would offer as one candidate, for this task, Socrates' claim that "the unexamined life is not worth living". I take it that Socrates was wanting to say something more than just that it is a practically useful thing to reflect on what one ought to do. Rather, I take Socrates to be making a claim about what is distinctive of our particular form of being (human being). While it may be possible for other kinds of beings to transcend the demands of instinct and desire (at present, I do not think that we know the answer to this question), we know as a fact that human beings do have this capacity. The fact that some people do not realise this capacity

might be acknowledged without taking away from the observation that the capacity to make conscious choices to do what we believe to be 'good' or 'right' is a general capacity of human beings. So it is that we have countless examples of human beings choosing not to act in conformance with instinct or desire - even when there is no risk of incurring a penalty for doing so. More positively, we have many examples of people choosing to act with moral courage - even though all of their instincts might lead them to avoid the negative consequences of acting in good conscience. Socrates' claim that the unexamined life is not worth living is based on the idea that the best kind of life that our kind might live is a fully human life - and that a failure to 'examine' one's life is to miss the opportunity to do what is distinctive of our form of being. In other words, the foundation for ethics may lie in an understanding of what it means to be human.

It should be noticed here that there is nothing in this account that absolutely requires reference to God. The description of human beings and their capacity to make conscious, ethical choices may simply be the description of a fact about the natural world - explained by reference to, say, the theory of evolution. Certainly, this is the kind of account offered by some socio-biologists. Then again, one could explain the existence of free will, in humans, by reference to a religious account of creation in which people are made in the (moral) image of God - as the original Hebrew version of the creation story suggests. Which type of account one chooses as the basis for free will is a matter of faith. The evidence for the existence of free will, as an attribute of human being, is not.

The 'Socratic Foundation' outlined above will not satisfy those who accept a religious foundation for life. However, it does show that one can develop a substantive foundation for ethics without a necessary reliance on God. Rather, the 'Socratic' answer to the question, "why live an ethical (examined) life?" may be that this is an essential element of our humanity.

One objection to the 'Socratic Foundation' might be that it provides too little guidance. By contrast, those who invoke God as the

foundation for ethics can draw on a range of ready-made moral frameworks complete with Commandments, revealed truths, exemplary lives, etc. While there is no doubt that religions provide ample moral guidance, the 'Socratic Foundation' does more work than initially may seem to be the case. For example, it states clearly that not all ways of living are equally good (an unexamined life is not worth living). That is, it is no friend to 'relativism'. Secondly, anyone committed to living an examined life will have to buy into a number of additional elements in the associated moral framework. These elements include: moral courage (including the courage to act on one's convictions), honesty, sincerity, respect for others, etc. It is for this reason that one can easily place Socrates alongside St Thomas Aquinas with his injunction always to act in accordance with a well-informed conscience. Socrates may not invoke Aquinas' notion that each person is invested with a spark of the

divine which illuminates their personal understanding of what is good and right. However, despite their different foundations (human being and God respectively), I suspect that the two would not have differed much in their views about how we ought to live.

None of the arguments outlined above is meant to prove that an appeal to God, as the foundation for ethics, is mistaken. Rather, I have simply wanted to show that such an appeal is not necessary and that there is a rich and coherent foundation for ethics that is entirely rooted in this world.

As noted from the outset, Fr. Gleeson's objections are reasonable. However, I hope that this response indicates why I do not think that Gleeson mounts a compelling argument against offering ethics classes to children whose parents have chosen for them not to attend classes in special religious education.

Reference

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