Constructing and Deconstructing the Case Study

Casuistry, Clinical Practice, and Patient Care

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Session Objectives

- Gain further knowledge about ethics case construction and de-construction
- Learn how this paradigmatic approach to ethical reasoning is compatible with person-centered ethics
- Gain useful tools to enhance education, moral reasoning, and clinical practice

Workshop Agenda

- 9-10 AM: Presentation on Constructing and De-Constructing the Case Study
- 10-11 AM: Small group activity; Case construction
- 11-11:20 AM: Coffee Break
- 11:20-12:45 PM: Small group activity; Case de-construction and discussion
- 12:45-1 PM: Closing remarks

Clinical Casuistry

ETHICS CASE AND MEDICAL CASE

How might they be intimately related?

- The ethics case and the medical case are person-centered instead of rule-centered.
- They are unique to the individual and his or her illness/situation.
- There is some type of resolution
- The resolution is deemed "good" or "bad"

DIFFERENCES

- Ethics cases and medical cases differ in terms of their reportability:
  - Medical cases primarily involve the clinical aspects of the patient (history, symptoms, diagnosis, prognosis, treatment plans, etc.)
  - The initial medical narrative is a retelling and reinterpretation of the patient's narrative
  - The case presentation is a collective tale containing patient and family voices, the voices of the medical team, etc.

AN ETHICS CASE

- Ethics cases, however incomplete they may be in presenting the clinical information, focus on an ethical dilemma or issue.
- The ethical dilemma presented may include the competing values, or require the reader to determine which values are competing.

Narrative Casuistry

ONE CAUTION…

- Ethics cases may not always be useful in helping us fully understand the meaning behind the values which are competing.
- As narrative permeates the common "ethics case" a deeper level of moral reasoning can occur and not just an illustration of the moral conclusions derived from other methods of reasoning.

(Nelson, *Stories and Their Limits*)

SO WHAT DOES THIS ALL MEAN?

- Traditionally ethics cases were approached using abstract principle, or rule-centered ethics where basic moral principles were "applied" to real-life decisions (e.g., "to do no harm").
- Such principles are framed in quite abstract, general ways, failing to instruct us how to act or how to be.
- Traditional ethics cases are often too thin to provide an adequate resource for analysis

"Philosophic understanding of a given moral problem can be enriched by a literary account that places issues in a context of the lives and activities of particular characters."

Chambers, The Fiction of Bioethics, p. 2

Against using hypothetical cases

"…because hypothetical cases, so beloved of academic philosophers, tend to be theory-driven; that is, they are usually designed to advance some explicitly theoretical point. Real cases, on the other hand, are more likely to display the sort of moral complexity and untidiness that demand the weighing and balancing of competing moral considerations and the casuistical virtues of discernment and practical judgment."

John Arras

La Condition Humaine

Can such cases permit us to "follow the patient's narrative thread, to make sense of his or her figural language, to grasp the significance of the stories told, and to imagine the illness from its conflicting perspectives" ?

Fictive characters

"His (Al-Khoury's) depiction of the individual in relation to himself, to others, and to different existing social, political, cultural institutions reflects his firm belief that the survival and advancement of humanity is contingent upon moral principles"

But why is the child not treated in the first-class section and then taken home until a room is vacant in the fourth-class section?

Touma Al-Khoury, Status Quo, p. 97

Status, Quo p. 97

"Suddenly, I jumped up, shifting my grave looks from my delirious mother to the opposite room, where the doctor, with his neck as stiff as the immutable status quo and his head bent over his golden watch, was repeating his irrevocable decision, waiting for his patient to breathe his last."

Guiding Questions

- The case has been presented to us in literary form, what can it be used for?
- How can case construction and de-construction improve patient care?

Different Types of Discourse

- Transposed Discourse
- Narratized Discourse
- Reported Discourse

(Genette, Narrated Discourse, 1980)

Improving Patient Care

- Write the case with the patient
- Recognize the many ethics cases that involve patient voices being mediated through others' voices
- Search out patient voices during consults and when constructing cases

Fictional and non-fictional Stories written by patients and their families help remind us of their voices

What cases can be used for

- Medical and Residency Education
- Patient Education
- Patient Involvement in Care
- Ethics discussions (e.g., ethics committees)
- Moral development of the healthcare professional (to witness what others see)
- Public discourse

OPENING THE CASE

- Reporting a medical/ethical situation that was observed or experienced.
- Thinking of a hypothetical situation that could arise.
- When you open or create a case, there are various expectations, for example:
  - Leave the case open
  - Discuss the case itself (which is different from analyzing it)
  - Pass the case on to someone who will evaluate it.

Activity #1: PART A

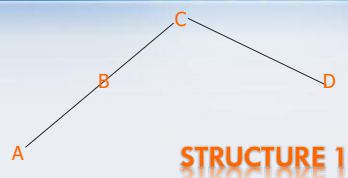
- Think for a few minutes about an ethics story or "case"
- Briefly share your ethics story with the group
- Select one of these stories to represent your group
  - Why did you choose this story?
  - Was the choice unanimous, why?
  - Is this story real or fictional?
- Write this story down
  - What is the ethical issue or problem?
  - Who are the characters involved?
  - Whose perspective are you sharing?
  - What questions do you have for the narrator?
  - Can the narrator answer those questions?

CLOSING THE CASE

There are SEVERAL ways to close the case – here are two of them:

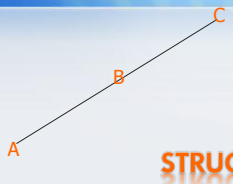
1. By NOT providing an ending
   - Analyze the case but do not provide a resolution
   - Provide a resolution from your perspective but leave open ended questions for other possible resolutions
1. By requiring the reader to rewrite the narrative

Begin with exposition A. followed by complication (dilemma) B. with a reversal (counterarguments) C. which ends with a resolution to conflict D.



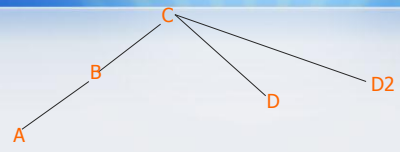
STRUCTURE 1

Typical example of ethicists' work: the narrative ends with the climax and asks the reader to write the ending – to finish the narrative.



STRUCTURE 2

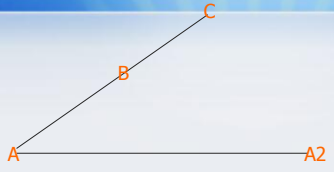
Here "D" represents the first ending, and closure is brought by the reader offering "D2"



STRUCTURE 3

STRUCTURE 4

The "rewriting challenge" - A case that would normally require a part D (resolution) but instead challenges one to rewrite the initial complication (A2).



Activity #1 PART B

- Revisit your group's case
- Define the purpose for the case (e.g., to train medical students)
- Identify a useful way for ending this case
  - Why did you select this structure?
  - What features do you want to highlight?
  - How might the listener or reader learn from this case?
- How might you change the original case (if at all)? What would you do differently? Why?

Case Deconstruction

The Burn Patient

- A 7 yo female burn victim with bodily burns over 60% of her body is presented to the medical team for daily wound care (removal of dead tissue, cleansing of open wounds, and bandaging). Patient presents to clinical student as intolerant of treatment due to pain. Pain medication has been administered. Despite successful wound care, patient maintains acute distress and resistance. If you were the clinical student, how would you proceed?

The Burn Patient Part II

- A 7 yo female burn victim with bodily burns over 60% of her body is presented to the medical team for daily wound care (removal of dead tissue, cleansing of open wounds, and bandaging). Patient presents to clinical student as intolerant of treatment due to pain. Pain medication has been administered. Despite successful wound care, patient maintains acute distress and resistance. The clinical student holds this patient's hand day after day to comfort her, however, she still resists the painful treatments. It is not until the clinical student asks the patient about her pain – what it feels like – before she relents, clasping her hand into his, feeling more at ease.

Arthur Kleinman's *The Illness Narratives*

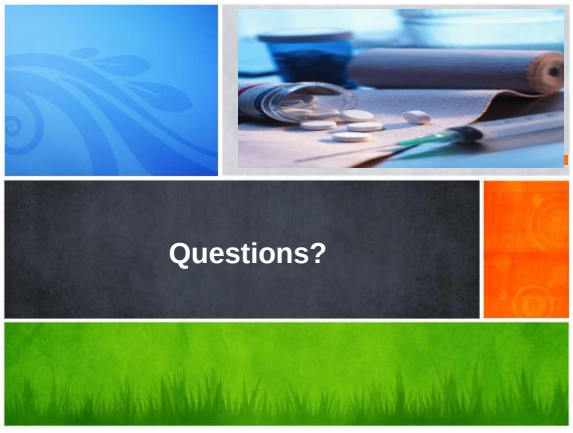
- How does this excerpt differ from the case (part I and II) presented previously?
- What elements are present? Which are missing?
- What is the moral message in Kleinman's excerpt?
- Do such messages always need to be explicit with the ethics case?

Ownership of Stories

- Who owns the story? The narrator? The characters? The author?
- Stories are shared, altered, re-told, shared again…
- Stories, arguably, are not owned – even autobiographies…as real and fictional characters' and their stories are entwined within our own.

What is our ethical responsibility?

- To protect personal privacy of characters within cases or stories unless permission for disclosure of identity has been granted.
- To not exploit our characters and selves
- To recognize that accuracy and truth in relaying the events of a story are sometimes valuable, but perspective and interpretation are always valuable regardless of the accuracy of the details being told.
- To recognize the way we introduce and tell the story can be as important as the story itself
- To recognize how deconstructing cases can reveal important elements


Questions?