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INVITING INTROSPECTION: INTENTIONS FOR ETHICAL ENGAGEMENT IN PRACTICE

William Ventres
Department of Family and Preventive Medicine, University of Arkansas for Medical Sciences, 4301 West Markham Street, Slot #530, Little Rock, Arkansas, 72205, USA
wventres@uams.edu
Orchid: https://orchid.org/0000-0003-3573-2845

ABSTRACT

The practice of medicine is full of ethical challenges. Although ethical principles and organizational formats can help clinicians manage these challenges, they do not necessarily help them develop the routine habit of bringing a focused ethical attentiveness to every patient encounter. In this article, the author—a seasoned generalist practitioner—describes how he has personally worked to cultivate this habit by holding in mind four introspective intentions. These intentions are aimed at alleviating suffering, promoting dignity, recognizing interdependency and advancing wisdom, respectively. The author presents these intentions, reviews some benefits by which they enhance his work, and discusses some concerns they pose. He concludes by inviting other health care professionals and bioethical specialists to consider integrating intentions into their own clinical and consultative practices.

KEYWORDS: Intentions, Medical Ethics, Mindfulness, Professional Role, Reflexivity

INTRODUCTION

The practice of medicine is a complex endeavor. Some try to minimize this complexity by focusing attention squarely on the biomedical aspects of diagnosis and treatment, others by framing medical decision-making within normative boundaries and evidence-based guidelines. Given that patients are individuals with hopes, dreams, resources, and motivations that differ, however, medicine is inherently subject to individual and community variation. In my clinical work, I have had the privilege of being both witness to and participant in this biological, psychological, social, and existential mix that makes medical practice loaded with interesting challenges and layers of meaning [1, 2].

Applying the four principles of medical ethics has helped me negotiate many of these challenges and bring meaning to my encounters with patients. These tenets, including autonomy, beneficence, non-maleficence, and justice, have guided me in managing disagreements and addressing moral dilemmas [3]. Well-known formats for organizing medical decision-making have helped me logically structure my thoughts and plans [4]. In addition, my understanding of alternative theories (including feminist, Latin American, and narrative ethics [5-7]) has offered me complementary points of view from which to examine ethical problems.

Importantly, these principles, structures, and theories have helped me assess how my beliefs and behaviors conform to accepted norms of practice. What none of them have done, however, is help me develop the habit of bringing to every clinical encounter an intent to engage ethically with patients [8]. For this purpose, I have cultivated an introspective practice of holding in mind four intentions, aspirations aimed at alleviating suffering, promoting dignity, recognizing interdependency and advancing wisdom. (Table 1)

- **May I Help Alleviate Suffering**
- **May I Promote Dignity**
- **May I Recognize Interdependency**
- **May I Grow in Wisdom**

Table 1 Intentions for Ethical Engagement

These intentions—mindful touchstones for my desire to be a competent, compassionate, and capable professional—have at their source three foundations: (1) my many years of community practice in safety net clinics, (2) readings from medicine, anthropology, psychology, and systems thinking, and (3) my conviction that strong connections exist between mindful reflection and ethical conduct with patients. In this essay I present these intentions, review the benefits they bring to my work, and discuss some concerns

they pose. I conclude by inviting other health care professionals and bioethical specialists to consider integrating these or other suitable intentions into their own clinical or consultative practices.

PERSONALIZED PRACTICE INTENTIONS

The following four intentions, framed as a personal credo, inform my ethical practice of medicine. I present them in hopes that others will find them useful as they contemplate the nature of their own work with patients and consider developing personalized practice intentions of their own.

May I Help Alleviate Suffering

The traditional goals of medicine include curing disease, promoting health, relieving pain and suffering, and extending life as is reasonably possible [9]. Of these, helping to alleviate patients' suffering often seems of most consequence in practice. Cassel's "The Nature of Suffering and the Goals of Medicine" influenced my thinking early on in my clinical training [10], and I still consider his words central to my professional identity formation today. I also benefitted from Engel's bio-psycho-social paradigm and Carmichael's view that "family refers to the process of care more than it does to the object of care" [11, 12], perspectives that reflect my family medicine heritage. These seminal essays fostered a purposeful understanding of my work: to conscientiously attend to the health care needs of my patients, melding scientific knowledge, social awareness, and relational presence in hopes of maximizing well-being, minimizing suffering, and facilitating resilience in the face of disease, disability, and—ultimately—death.

In the general course of any day, this ethical intention means first listening to patients' stories, hearing the subjective history of their presenting concerns. Just as many factors affect the nature of this presentation, so too many factors affect how patients perceive illness and, in turn, interpret illness as suffering [13]. Second is to explore the cause of their concerns. This involves a physical examination (the course of which may on its own be therapeutic) and includes assessments of laboratory analyses, diagnostic testing, and consultative recommendations. It almost always means more listening, paying particular attention to how patients' situate themselves in relation to their experiences and environments. Third comes explanation, confirmation, negotiation, and the development of management plans. I rarely see patients solely to hear of their successes and pleasures; inherent in most of my work is the expectation that I will provide some resolution to an acknowledged problem, whether through prescription, procedure, or conversational counsel. Fourth is empathy: assurance that I recognize patients' concerns in context of their lives and reassurance that I will be available prospectively to help them, cooperatively with other professional colleagues. "May I help alleviate suffering" helps me recall how inquiry, intimacy, and information all play critical parts in this process [14-16].

May I Promote Dignity

As a theoretical concept, dignity has a controversial reputation [17, 18]. In my practice, however, dignity is a real entity. I have worked for the course of my clinical career with the economically poor and socially marginalized in places of neglect, where people often feel abandoned by modern society and forgotten under the force of its sway. Thus positioned, I have come to believe that what those on the cultural, economic, ethnic, cultural, and geographic edges of mainstream society want to hear from their health care practitioners is this: You are a human being. I see you as a person. I respect you and your presence here with me.

This is the expression of dignity to which I refer, and I believe its expression extends to all patients regardless of background. Dignity of this sort is threatened by the fragmentation that comes with a biomedical worldview and our commodified medical-industrial complex, as well as our own explicit and implicit biases. The intention, "may I promote dignity," signifies my commitment to recognizing patients as whole people, first and foremost, in spite of the myriad professional and personal limitations that influence my practice. I am convinced that the more dignity I offer my patients, the more they offer me trust in return. Together, dignity and trust interact to create a mutually-experienced shared presence, one that is therapeutic in and of itself and promotes cooperation rather than conflict [19].

May I Recognize Interdependency

The construct of interdependency encompasses two elements. First, it suggests that although we are all individuals, unique in our own ways, we also all live in community together with others. None of us is so removed from this world that our well-being is entirely separate from the well-being of others, wherever they may be [20]. Second, interdependency is part and parcel of all practitioner-patient relationships, of whatever kind, wherever and whenever they occur. Care and compassion are not one-way streets. Self-care and responsible behavior are not entities that solely exist in the domain of patients, but are also key components of interprofessional, institutional, and individual health.

Why is this concept of interdependency important? It prompts me to remember the richness and diversity of our world and my need to nurture in myself both cultural humility and global fluency in the care I offer. It reminds me that many of the economic and systemic privileges we take for granted in North America are not shared by the rest of the world and that clinical stewardship is an important consideration in whatever we do. Interdependency also helps me recall that although the moments I have with patients may be few, their effects may reverberate well beyond the clinical encounter, temporally, spatially, and relationally. "May I recognize interdependency" fosters an ethic of inclusion rather than of separateness and affects practitioners as well as patients.

May I Grow In Wisdom

Simply put, "may I grow in wisdom" reminds me to bring knowledge, experience, and reflection to the moment at hand, simultaneously harnessing my capacities to be relationally engaged, emotionally steady, and ethically aware [21]. It also reminds me to pay specific attention to: (1) the three previous intentions, (2) the observations and intuitions that arise out of my encounters with patients, and (3) the implications of my personal and professional growth over time. I am by no means perfect at achieving any of these goals. I fail often, reflect regularly, and try again. Through this personalized learning process of failing and trying, allowing intentions to guide my way, I can develop the ability to be more attentive than I currently am. Through reflection, I can expand my willingness to learn and grow in confidence to address new challenges. My hope is that these potentials rub off on others, and that they—my loved ones, colleagues, and patients—are enriched as a result.

BENEFITS

The four intentions, routinely practiced, have guided me in approaching each patient encounter with a focused attention on communication, an openness to whatever emerges in clinical interactions, and a willingness to explore the patients' and my own points of view. They have helped me nurture a non-anxious presence. They have encouraged my practice of person-centered care, even in the midst of recent events that make such care challenging (including the introduction of Electronic Health Records and the imposition of increased demands for productivity). They have enhanced the meaning of my work during an era when the specter of burnout is reaching epidemic proportions in the North America and elsewhere.

The four intentions have reframed my perspective on medical ethics from one guided by principles to one guided by process [22]. They are not benchmarks by which the outcomes of my actions are judged, but paths of ethical awareness that I aspire to walk with sensitivity. As such, they point toward neither any normative definitions of "right" or "wrong" nor any utopian concept of enlightenment, but toward an honest realization of the roles that reflection and repetition play in managing the complexities of clinical work. By framing ethics as an ongoing process, the four intentions create space for forgiveness rather than blame in the face of error and humility rather than arrogance in the face of accomplishment.

FURTHER CONSIDERATIONS

Some may question the utility of these intentions. They may not see the connections between intentions and ethics that I see. They may consider such intentions foreign to the exercise of moral reasoning, more akin to doctor-patient communication than ethical practice. They may disagree with my use of suffering, dignity, interdependency, and wisdom as the specific objects of purposeful concentration. They may doubt that such an approach is possible given the intertwined pressures of clinical demands and limited time.

These critiques may well be valid. I am not an expert in philosophy, and the views I present here have been shaped principally by my own experiences—I have found them useful.

I should also note I do not always practice the four intentions regularly. Even when I do, it does not mean I always follow through on their promise with patients, providing them with the kind of compassionate care I believe they deserve. Like any other practitioner, I occasionally go through my days on autopilot, consciously and unconsciously ignorant of my environment and the people in it. Sometimes I am easily distracted, my mind focused on competing matters or fatigued by inattention to self-care. Not infrequently, I fall behind in my schedule. Racing to catch up I cut corners, and my ability to attend to emergent concerns declines. The personal and professional benefits of the intentions I note are only as good as my willingness to recall them frequently and practice them routinely.

CONCLUSION

The four intentions are not a panacea for improving all that can go wrong in clinical encounters, nor are they an answer for all the acknowledged problems that health care practitioners confront currently or are likely to confront in the future [23]. However, they can function as inspirational guides: metaphoric candles to shine light on mindful awareness and reflection, the practice of which may offer hope for less burnout among practitioners and a higher quality of care for the patients they serve [24, 25].

I invite you to contemplate the four intentions for ethical practice I have described above. I encourage you to use them, or suitable alternative intentions, to recall such aspirational goals as being decent, compassionate, and considerate in your work with patients, in your interactions with other colleagues, and in your activities of daily life. May you find the intentions provide supportive guidance in dealing with ethical discord, fostering thoughtful engagement, and realizing contentment while caring for patients.■

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