Curbside Consultation Re-imagined: Borrowing from the Conflict Management Toolkit

Lauren M. Edelstein • John J. Lynch • Nneka O. Mokwunye • Evan G. DeRenzo

Published online: 30 April 2010
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Abstract Curbside ethics consultations occur when an ethics consultant provides guidance to a party who seeks assistance over ethical concerns in a case, without the consultant involving other stakeholders, conducting his or her own comprehensive review of the case, or writing a chart note. Some have argued that curbside consultation is problematic because the consultant, in focusing on a single narrative offered by the party seeking advice, necessarily fails to account for the full range of moral perspectives. Their concern is that any guidance offered by the ethics consultant will privilege and empower one party’s viewpoint over—and to the exclusion of—other stakeholders. This could lead to serious harms, such as the ethicist being reduced to a means to an end for a clinician seeking to achieve his or her own preferred outcome, the ethicist denying the broader array of stakeholders input in the process, or the ethicist providing wrongheaded or biased advice, posing dangers to the ethical quality of decision-making. Although these concerns are important and must be addressed, we suggest that they are manageable. This paper proposes using conflict coaching, a practice developed within the discipline of conflict management, to mitigate the risks posed by curbside consultation, and thereby create new “spaces” for moral discourse in the care of patients. Thinking of curbside consultations as an opportunity for “clinical ethics conflict coaching” can more fully integrate ethics committee members into the daily ethics of patient care and reduce the frequency of ethically harmful outcomes.
Introduction

Because of new and exciting work in the discipline of conflict management, the clinical ethics community has the opportunity to take a fresh look at what are commonly referred to as “curbside consultations” (Perley 2006, p. 138; Peleg et al. 1999, p. 241; Golub 1998, p. 929; Olick and Bergus 2003, pp. 479–480; Kuo et al. 1998, pp. 905–909). Curbside ethics consultations occur when an ethics consultant provides guidance to a party who seeks assistance over ethical concerns in a case, without the consultant involving other stakeholders, conducting his or her own comprehensive review of the case, or writing a chart note.

Some have argued that curbside consultation is problematic because the consultant, in focusing on a single narrative offered by the party seeking advice, necessarily fails to account for the full range of moral perspectives (Rubin 2002, p. 111). Their concern is that any guidance offered by the ethics consultant will privilege and empower one party’s viewpoint over—and to the exclusion of—other stakeholders (Rubin 2002, p. 111). This could lead to serious harms, such as the ethicist being reduced to a means to an end for a clinician seeking to achieve his or her own preferred outcome, the ethicist denying the broader array of stakeholders input in the process, or the ethicist providing wrongheaded or biased advice, posing dangers to the ethical quality of decision-making (Rubin 2002, p. 116). If this view of curbside consultations is correct, then ethics consultants should only engage with a patient’s case through a full investigative and deliberative process.

Although these concerns are important and must be addressed, we suggest that they are manageable. In the first instance, we believe that a competent ethics practitioner can recognize the limits of a curbside consultation, manage risks in a way that results in sound advice, and ultimately serve the goal of good patient outcomes. However, the concerns of those opposed to curbside consultations should not be wholly ignored. The dangers they recognize are real, and the potential risks are significant. Therefore, curbside consultation could be improved, and gain wider acceptance as a valuable tool for the practice of clinical ethics consultation, if practitioners adopt a more defined and systematic way to mitigate these risks. This paper proposes using conflict coaching, a practice developed within the discipline of conflict management, to mitigate the risks posed by curbside consultation, and thereby create new “spaces” (Walker 1993, p. 33) for moral discourse in the care of patients. Thinking of curbside consultations as an opportunity for “clinical ethics conflict coaching” can more fully integrate ethics committee members into the daily ethics of patient care and reduce the frequency of ethically harmful outcomes.

What Is Conflict Coaching?

Conflict coaching was developed as a tool for conflict management practitioners to assist when only one party to a conflict is present (Jones and Brinkert 2007, pp. 4–5). It is