Scientific Contribution

Implementing moral case deliberation in a psychiatric hospital: process and outcome

Bert Molewijk, Maarten Verkerk, Henk Milius, and Guy Widdershoven

Abstract

Background  Clinical moral case deliberation consists of the systematic reflection on a concrete moral case by health care professionals. This paper presents the study of a 4-year moral deliberation project. Objectives  The objectives of this paper are to: (a) describe the practice and the theoretical background of moral deliberation, (b) describe the moral deliberation project, (c) present the outcomes of the evaluation of the moral case deliberation sessions, and (d) present the implementation process. Methods  The implementation process is both monitored and supported by an interactive responsive evaluation design with: (a) in-depth interviews, (b) Maastricht evaluation questionnaires, (c) evaluation survey, and (d) ethnographic participant observation. In accordance with the theory of responsive evaluation, researchers acted both as evaluators and moderators (i.e. ethicists). Results  Both qualitative and quantitative results showed that the moral case deliberations, the role of the ethics facilitator, and the train-the-facilitator program were regarded as useful and were evaluated as (very) positive. Health care professionals reported that they improved their moral competencies (i.e. knowledge, attitude and skills). However, the new trained facilitators lacked a clear organisational structure and felt overburdened with the implementation process. The paper ends with both practical and research suggestions for future moral deliberation projects.

Key words: clinical moral case deliberation, implementation, moral competency, responsive evaluation design, train-the-facilitator program

Introduction

Moral case deliberation implies the methodological reflection on concrete moral cases among health care professionals, facilitated by an ethicist (Molewijk and Widdershoven, 2006; Abma and Widdershoven, 2006; Molewijk et al., 2007). This paper deals with the description and evaluation of a 4-year moral deliberation project in a Dutch psychiatric hospital. The project aimed at implementing methods for moral case deliberation throughout the whole hospital by means of a train-the-facilitator program. Despite the rapidly increasing attention for such moral deliberation projects in the Netherlands, experiences with these projects, as well as scientific evaluation of these experiences, have not been available for an international audience. The main goal of this paper is to offer a description of the moral deliberation project, and to present the results of the scientific evaluation of the moral case deliberation sessions, the train-the-facilitator program and the implementation process.

Moral deliberation as a new development in Dutch healthcare

In The Netherlands, many clinical ethics committees within health care institutions are transforming their former distant expert role and their focus on policy and guidelines into that of a steering group which aims to develop the moral competencies of health care professionals, and to guarantee
an ethics climate throughout the whole institution (Dartel, 1998). In 2005, a national survey of the Centre for Ethics in Health Care (CEG) demonstrated the underdeveloped status of ethics within Dutch health care institutions. The authors called for more attention for moral deliberation among health care professionals (CEG, 2005). At the same time, the Dutch Minister of Health Care signalled the need for more thoughtful consideration of the structure of moral deliberation within health care institutions (Min. VWS, 2005).

Since 2004, and every 3 months, expert meetings on moral deliberation take place at the Department of Ethics at the Ministry of Health. National working conferences on moral deliberation for health care professionals are organized every six months. In concert with these developments, various health care institutions have started moral deliberation projects with or without the assistance of clinical ethicists from universities. A variety of rationales for these projects are mentioned, such as: improving the moral competencies of the health care professionals, improving the quality of care processes, increasing the transparency of decision-making processes, making explicit the rationale of professional behaviour, fostering a culture of critical yet constructive dialogue among multi-disciplinary professionals, and enhancing the quality of management.

**Methods of moral case deliberation**

A moral case deliberation consists of a meeting with, on average, 10 health care professionals who systematically reflect on one of the moral issues that emerge within a concrete clinical case they have experienced themselves (Molewijk et al., 2007). Most issues concern the question “What do we consider as the morally right thing to do and how should we do it correctly?” The reflection, which takes 45 min to one day, is facilitated by an ethicist and structured by means of a selected conversation method (for examples of conversation methods see: Gracia, 2003; Manschot and Dartel, 2003; Steinkamp and Gordijn, 2003; Steinkamp and Gordijn, 2004; Molewijk et al., 2007). Methods are selected to suit the specific goal(s) of a moral case deliberation (among other reasons). For example, some methods (e.g., the dilemma method) focus on the moral case itself and work toward a well-considered decision, while other methods (e.g., the Socratic method) use the moral case as a means to enhance moral competencies of the health care professionals.

Moral case deliberation differs significantly from clinical ethics consultation (Ranson et al., 2006). There are three central goals to moral case deliberation: (1) to let the health care professionals enhance their moral competencies, (2) to improve the ethical climate and decision-making processes by means of dialogue, and (3) to improve the moral quality of care and the care process. As a consequence, within a moral case deliberation, the ethicist’s role is that of a facilitator who does not give substantial advice, and does not morally justify or legitimize a specific decision. With respect to ethics consultation, the ASBH taskforce on the Core Competencies for Health Care Ethics Consultation describes a more procedural and expert approach of the ethics consultant when discussing “the ethics facilitation approach.” A central goal of the ethics consultant is to answer the question “Who is the appropriate decision-maker?” in a morally and legally appropriate way (ASBH, 1998; Aulisio et al., 2003). It seems as if the ethics consultant focuses more on the answer to the question “What is morally right?” whereas the facilitator within the moral deliberation focuses more on the process by which the group members reach this answer on their own.

**Implementation of moral case deliberation: moral deliberation projects**

Moral case deliberations can be part of a larger moral deliberation project, which takes usually two to four years (Molewijk et al., 2007). In general, a moral deliberation project aims at improving the overall ethics quality of (the organization of) care at three levels: (1) offering time, methods and facilitators to reflect on complex or problematic moral cases (case level), (2) improving the moral competencies of the employees of the health care institution (professional level), and (3) developing an integrated ethics policy and ethics climate throughout the whole organization (institutional level).

The project we describe in this paper took place at Vijverdal, an academic psychiatric hospital in Maastricht. The director of the hospital and the chief of the medical staff ordered for a moral deliberation project to be managed by a senior ethicist from the University of Maastricht who would be hired for alternately one or two day(s) a week. Three phases of implementation were planned: (1) analysis of ethics documents and culture, and moral sensitization by means of various pilot activities, (2) transmission of moral expertise and competencies to health care professionals, and (3) forming an organizational structure and institutional policy in which moral