TECHNIQUES TO FOSTER INTER-RELIGIOUS DIALOGUE MAY ASSIST CLINICAL ETHICISTS

For more than two decades, clinical ethicists have continued to define their profession more clearly. This conversation includes the creation of professional standards, licensing and accreditation, goals, skills and ultimately the role of the clinical ethicist in health care. Many discussions among leaders in the profession affirm a model of ethicist as a mediator — one who creates conversation between interested parties and guides them to an acceptable solution.[1]

NATHANIEL BLANTON HIBNER

Mediation is a "private, voluntary, formal process in which an impartial third person facilitates a negotiation between people in conflict and helps them find solutions that meet their interests and needs."[2] A mediator may help in small claims disputes or in major international conflicts. They gather facts, but not to determine who is right and who is wrong. Rather, the mediator gathers the information to reveal how each party "experienced the event that brought them to mediation."

The goal of mediation is not to judge either party or his or her version of the facts. The goal is to discover the "reality that can accommodate the coinciding and conflicting interests and needs of the participating parties." The mediator wants a resolution that is "comfortable with all the parties" and leaves the group feeling assured that their concerns were heard.[3]

In the clinical setting, the consulting ethicists must combine clinical knowledge with the skills of mediation.[4] They may be called on to handle disputes among the care team, between the patient and physician, to deliver terrible news, or to clarify the treatment plan and outcomes. Since they are most likely paid by the hospital, the mediator must assure all parties that they are truly neutral to the conflict. A good mediator will empower all members to speak their concerns and to listen attentively to the needs of the others. Mediation requires communication skills, pastoral skills, knowledge about health care systems and policies, and expertise in bioethical theories. Even though I believe that these are strong skills for the ethicist to know, I wonder whether other fields might provide useful knowledge.

I propose the field of inter-religious dialogue as one of many models from which clinical ethicists can learn valuable lessons, including how to be better facilitators. Examining the work of inter-religious dialogue reveals similar goals, participants, struggles and needs.

Since the Second Vatican Council and the document, *Nostra Aetate*, the Church is, "ever aware of its duty to foster unity and charity among individuals ..."[5] In 1996, a Catholic group led by the late Cardinal Joseph Bernardin founded an initiative to promote the study and practice of inter-religious dialogue. The group, named the Catholic Common Ground Initiative, supports lectures,

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publications, course planning and conferences that gather leaders of various religions for honest conversation and cooperation.

After several years of leading the charge, the Catholic Common Ground Initiative shared the principles it believes can foster good dialogue.[6] These principles can ensure honesty, compassion, goodwill and charity among all parties. They are designed to keep the dignity of each member at the forefront and to prevent the continuation of ill will.

I wish to examine three of the principles that I believe can help ethicists fulfill their role within the clinical setting.

"We should put the best possible construction on differing positions, addressing their strongest points rather than seizing upon the most vulnerable aspects in order to discredit them." During an ethics consultation, the ethicist must affirm the importance of all people's contributions. Nancy Neveloff Dubler and Carol B. Liebman offer the technique of "stroking" — "acknowledging feelings" and "recognizing the work of the participants."[7] Essentially, they propose using positive and supportive language. The Catholic Common Ground Initiative asks that we "detect the valid insights and legitimate worries that underlie even questionable arguments."[8] These actions express the active listening of the mediator and the desire to understand the speaker.

"We should be cautious in ascribing motives." The Catholic Common Ground Initiative provides greater clarity: "We should not rush to interpret disagreements as conflicts of starkly opposing principles rather than as differences in degree or in prudential pastoral judgments about the relevant facts."[9] This principle attempts to prevent actors from diving deeper behind the suggestions of the other. It keeps the focus on the conversation instead of the history between the parties. It strives to hope for similarities, instead of differences.

"We should bring the church to engage the realities of contemporary culture, not by simple defiance or by naive acquiescence, but acknowledging, in the fashion of Gaudium et Spes, *both our culture's valid achievements and real dangers."*[10] This principle appears at first glance to be separate from the bioethical field. But when we analyze it and come to understand the reasoning behind the principle, we learn a very powerful lesson — the need to engage the social, cultural and historical backgrounds of a given conversation.

The field of clinical bioethics continues to have an identity problem. The debate about defining the goals, standards and education of ethicists is worthwhile. The literature seems to be moving toward a model of ethical facilitation grounded in the practice of mediation. If this direction continues, members of the field would be wise to look beyond themselves to find models with similar goals and practices. Inter-religious dialogue is a model with a bounty of treasure from which clinical ethics can benefit.

NATHANIEL BLANTON HIBNER, PhD, is director, ethics, for the Catholic Health Association, St. Louis.

NOTES

1. American Society of Bioethics and the Humanities, *Core Competencies for Healthcare Ethics Consultation* (Chicago: 2011). A note for readers: Clinical ethicists have been undergoing the process of professionalization, which started in the 1990s. It includes certain competencies, standardized education, defined roles and can include certification.
2. Nancy Neveloff Dubler and Carol B. Liebman, *Bioethics Mediation: A Guide to Shaping Shared Solutions, revised and expanded edition* (Nashville: Vanderbilt University Press, 2011), 604.
3. Dubler and Liebman, 641.
4. Dubler and Liebman, 629.
5. Second Vatican Council, "Nostra Aetate: Declaration On The Relationship Of The Church To Non-Christian Religions," https://www.bc.edu/content/dam/files/research_sites/cjl/texts/cjrelations/resources/documents/catholic/Nostra_Aetate.htm, No. 1.
6. Catholic Common Ground Initiative, "Principles of Dialogue," https://catholiccommonground.org/principles-of-dialogue/.
7. Dubler and Liebman, 87.
8. "Principles of Dialogue."
9. "Principles of Dialogue."
10. "Principles of Dialogue." *Gaudium et Spes* is a document from the Second Vatican Council that outlines the role of the Catholic church in relationship with the broader world. It recognizes that the Catholic church has a mission to address the needs of those outside the Catholic faith.

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