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Communication Problems in Cases Addressed by Clinical Ethics Conferences**

SUMMARY

In the clinical ethics conference, individual cases are examined as problems to be addressed in a clinical setting. Various types of conflict over care policy are found in each case among the persons concerned–patients, their family members, and care providers–caused by differences of concept or practice of care, basic values, etc. Since these conflicts mostly arise in the form of communication problems, this article classifies some patterns of conversation model, analyzes the structure of the relationship among those concerned, and considers major points. By focusing on the mechanism of individual communication problems, a basic concept of the coping process is proposed.

Keywords: clinical ethics conference, communication problems, conflict among persons concerned.

Introduction

Cases arise in clinical settings, either in medical institutions or nursing care facilities, some of which are addressed in clinical ethics conferences. However, it is not very easy to solve the problem or reach an agreement among the parties involved, i.e., the patient and/or family members and care providers. There are several causes behind such difficulties, which can be referred to as conflicts of concept and practice of care or basic values regarding care policy. These conflicts derive from two different factors.

Firstly, problems arise from the complexities and multiplicity of the case itself, causing care providers difficulties in reaching an agreement on the care policy, i.e., moral

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dilemma.[1] For example, is it valid to tie a patient with dementia to their wheelchair for safety, conduct invasive treatment of an incompetent patient, or continue life-sustaining treatment of a patient showing refusal?

Secondly, the relationship among those affected could give rise to difficult problems regarding care policy, particularly communication between medical or nursing care staff and patients/family members, and among different professionals.[2]

In this article, I analyze some cases that are difficult to cope with due to unsuccessful communication, search the background and cause of such difficulties, and extract as major factors of these problems inadequate words and deeds, information manipulation (exaggeration, trivialization, and hiding), lack of consideration for others, and imposing one's values and beliefs. Based on the framework, I examine specific cases in clinical settings in line with conversational reconstruction.[3]

What is a Communication Problem?

Conflicts or collisions in relations among humans mostly occur by failure and distortion of transmitting and receiving information. In the field of healthcare, information implies theory and practice of medical or nursing care, as well as wishes, hopes, requests, and feelings of pleasure or pain, which often give rise to misunderstandings or problems since their nuances and minute differences are very difficult to convey.

Patients in need of medical or nursing care often have difficulties expressing their wishes and hopes because of mental or physical vulnerability, i.e., psychological uncertainty, mental disorder, dementia, etc. Also, out of consideration for their family members, pressure by the Japanese cultural background of "do not trouble or bother others", and appreciation of patience and modesty, they do not tend to convey their own intentions, which causes them dissatisfaction and depression. On the other

1 Gray, Ben (2016), Clinical Ethics Cultural Competence and the Importance of Dialogue a Case Study, *Journal of Clinical Research & Bioethics*, 7 (1).; Schuchter, Patrick and Heller, Andreas (2018), The Care Dialog: the "ethics of care" approach and its importance for clinical ethics consultation, *Medicine, Health Care and Philosophy*, 21 (1), 52.

2 Førde, Redin and Vandvik, Inger Helene (2005), Clinical ethics, information, and communication: review of 31 cases from a clinical ethics committee, *Journal of Medical Ethics*, 31, 73-77.; Emrich, Inken Annegret, Fröhlich-Güzelsoy, Leyla, Bruns, Florian, Friedrich, Bernd, and Frewer, Andreas (2014), Clinical Ethics and Patient Advocacy: The Power of Communication in Health Care, *HEC Forum*, 26, 111-124.

3 This article is based on my experience as a facilitator or organizer of clinical ethics case conferences and seminars with medical staff and case reports of practices by other researchers in Japan in 2004-2019. Clinical ethics case conferences are held at the emergency rescue center and section of genetic medicine at some universities and general hospitals, where I am a member of the ethics committee. Clinical ethics seminars are conducted as training courses for improving ethical competency organized by the nursing associations, research institutions, and some hospitals.

hand, patients/family members have recently been referred to as "monsters", referring to as excessive complaints as service receivers and aggressive or violent behavior when their wishes or hopes are not satisfied, e.g., no reply to a nurse call, etc.

Nonetheless, care providers find unacceptable such patients/family members who always make selfish requests, do not observe compliance and disregard professional advice by adhering to peculiar values.

Conflicts among care providers over care policy occur in the form of communication problems caused by differences of sense of medical practice and values of life or death, and the culture and customs of each profession. For instance, medical staff and nursing care staff often disagree on the care policy for the patient or client on the grounds that the former tend to make much of medical care, and the latter, everyday life care.

In what follows, I list the points of communication problems in line with major types of communication frameworks by referring to some model cases.

Case of Communication Problem (1): Relationship between patient/family members and care providers

(a) A cancer patient in his 70s in the terminal stage wants to temporarily return home, medical staff who support the wish, and family members who reject it in a hospital room:

The patient stated to the medical staff: "I wish I could return home one more time before my life ends in this hospital."

Interview with family members

Doctor: "This is the last chance for the patient to return home since he is currently in a stable condition and may deteriorate anytime soon."

Family (son): "Both my wife and I are office workers, and our children go to school, so it would be impossible to cope with an emergency situation."

Nurse: "Please help the patient spend the end of his life meaningfully."

Family (wife): "Since I suffer from a chronic disease, it is impossible to take care of him."

The patient said to himself after being informed of the interview: "I don't want to bother my family, so I will give up on the idea of returning home..."

(b) Breast cancer patient in her 60s, who often comes in late for her radiotherapy appointment:

The nurse told the patient in the hospital laboratory: "Please come on time so that other patients can receive their treatment as scheduled."

Patient: "I'm afraid I cannot get up early due to low blood pressure."

Nurse: "If you are late next time, you will not be allowed to receive treatment."

Patient: "Okay, I'll definitely be on time"; however, the idea that "there is no problem with being late since the doctor cannot refuse her" is what she really feels.

The nurse said to herself: "She will surely be late, as before, so other punctual patients are obliged to wait; it's unfair and unacceptable."

Doctor: "There is no point in trying to persuade her to come on time; it can't be helped."

(c) A mother who requests up-to-date advanced therapy for her ten-year-old child with cancer, and medical staff questioning such therapy:

The family (mother) told the medical staff at the pediatric ward: "Please try the therapy if there is even a slim hope for his recovery."

Doctor: "We cannot recommend it because it has little or no effect and will worsen his pain."

Nurse: "We do not want to torment him any further."

Family (mother): "Although I am in anguish to see the miserable condition of our child, I want his recovery from the bottom of my heart."

In case (a), in addition to the dilemma between taking care of the patient and the circumstances of the family members, the cause of the problem is that neither the patient nor his family members express their true wishes and hopes to each other face to face. On the one hand, the family members tell of their own circumstances to the medical staff but not to the patient; on the other hand, the patient gives up his own wish by considering the family's difficulties without disclosing his real feelings. The point of the case (b) is regarded as the frustration of the medical staff with the selfishness of the patient and the spread of consumer-centered consciousness in a modern business society. Case (c) highlights the conflict between care providers and family members regarding the better quality of life of the patient. And it is also noted that the will of a not fully competent person like a child is likely to be disregarded.

These three cases suggest the diversity and complexity of the relationships with the patient and various causes of miscommunication.

Case of Communication Problem (2): Relations among care providers

(a) Reporting bad news to a terminal-stage male cancer patient in his 50s:

Doctor 1: "We should tell him the truth and ask his family members to discuss how to spend his remaining time."

Nurse 1: "It would be better not to tell him that since his wife and mother are strongly against it."

Doctor 2: "In order not to lose hope of recovery, we should go on with the treatment without telling the truth."

Nurse 2: "He definitely has the right to know the truth, and it is pointless to continue this futile treatment."

(b) A male patient in his 60s who hides or discards the other patients' property in a hospital is discussed at a staff meeting:

Doctor: "If we don't deal with him strictly, stress among other patients and its negative impact will prevail in the hospital."

Nurse: "As family members of the victims have protested, strong measures should be taken immediately."

Hospital Manager: "We warned him severely, and he promised not to do it again."

Nurse: "He has promised many times; however, it's meaningless."

(c) The conflict in a nursing home between a nurse and a care provider over incontinence assistance to a female client in her 80s suffering from dementia:

Nurse responds to the patient's request for help with urination, "Don't care as you are wearing an incontinence pad."

Care provider to the nurse later in the staff office: "You should not have said that in such a way since it could hurt the client's feelings."

Nurse: "As it takes too much time to assist her urination, I have to act this way in order to make time for other clients."

Care provider: "We care providers should respect the dignity of all clients equally and try to do as much as possible."

These three cases suggest that each care provider gives priority to different values: respect for the patient's wishes and hopes, on the one hand, and quality of life from a medical or safety viewpoint, on the other, patient's dignity, and exclusion of danger/hazard factors or circumstances of the institution in the field of risk management. As it is not easy to determine the order of priority, conflicts as communication problems unavoidably arise in clinical settings. Also, the way of thinking and stance of care practice vary among different professionals; any care provider, whether in medical or nursing care, aims at a better quality of life for the patient or client; however, the method and standpoint do not always ally.

Coping with Communication Problems

(1) Patient/family members and care providers

If the cause of a problem is the irrational words and deeds of the patient/family members, creating a manual for handling their complaints as a basic hospital policy could be a useful solution. Excessive complaints in the name of the service user or unacceptable requests based on specific values should be dealt with as an organizational effort and guidelines for resolution, not by each staff member separately. When a patient does not express their own will, or their family members push their wishes regardless of the patient, care providers are required to verify the authentic wishes or hopes of the patient and try to find an adequate care policy with the family members. In any case, care providers should bear the suffering and vulnerability of the patient/family members in mind and seek better care practice.

If care providers should give rise to problems, e.g., such invalid approach as insensitive words and deeds, violent interventions, or information manipulation—not breaking bad news, exaggeration, trivialization, or concealment—, then the patient/family members could lose trust or make a complaint against the medical staff and nursing care workers. On these occasions, it would be desirable to investigate the situation impartially, caution or warn the persons concerned and apologize, if necessary, actions that the institution is demanded to implement organizationally.

(2) Conflicts among care providers

When the wishes and hopes of the patient are unknown, or when a disagreement between the patient and their family members or between the care providers and the patient/family members is very serious, conflicts over the care policy and concrete method of care practice are inevitable among care providers. As a background to such disagreement, we can indicate differences in ethical viewpoint, values of life and death, and the sense of care that each care provider embraces, on the one hand, and

differences in customs, habitual behavior, and culture that each professional has built and cultivated for a long time, on the other.

Multi-professional ethical conferences need to be conducted in order for better care to be understood and accepted as valid,[4] even if a complete agreement is impossible. Moreover, clinical ethics consultation[5] could also be helpful for settlement, reconciliation, or compromise. Care policy and institutional guidelines among staff members need to be reviewed since they do not always share such concepts.

(3) Practical discourse as a method of solving communication problems

To solve a communication problem, it is required to install practical discourse in clinical ethics conferences, whereby everyday ordinary communication can be reviewed in a reflective manner, i.e., investigating the cause of the problem by analyzing the personalities of the persons concerned, generating mechanism and background, and proposing coping processes and preventive measures. Practical discourse in the form of reflective discussion aims at an effective and fair solution by an interview with those involved and consultation with the organization's administrators, if necessary.

I would like to recommend the theory of "discourse ethics" proposed by Jürgen Habermas as a problem-solving method. According to Habermas, "practical discourse" is characterized by "the form of communication that secures the impartiality of moral judgment together with universal interchangeability of participant perspectives", on the one hand, and "context dependence" and acting within "the limits of a concrete lifeworld" on the other hand.[6] Such standpoint of impartiality and context-sensitivity would be useful for reflective discussion among care providers in clinical settings.

Conclusion

The cases presented in clinical ethics conferences, which are required to be examined, are mostly related to difficulty in deciding care policy, partly due to the complexities and multiplicities of the case itself and partly due to communication problems among

4 Fischer Grönlund, Catarina, Dahlqvist, Vera, Zingmark, Karin, Sandlund, Mikael and Söderberg, Anna (2016), Managing Ethical Difficulties in Healthcare: Communicating in Inter-professional Clinical Ethics Support Sessions, *HEC Forum*, 28, 321-338.; Fischer Grönlund, Catarina, Söderberg, Anna, Dahlqvist, Vera, Sandlund, Mikael, and Zingmark, Karin (2019), Communicative and organizational aspects of clinical ethics support, *Journal of Interprofessional Care*, 33 (6), 730-731.

5 Batten, Jason N. (2015), Assessing Communication to Improve the Quality of Clinical Ethics Consultation, *Journal of Hospital Ethics*, 4 (1).; Shelton, Wayne, Geppert, Cynthia and Jankowski, Jane (2016), The Role of Communication and Interpersonal Skills in Clinical Ethics Consultation: The Need for a Competency in Advanced Ethics Facilitation, *The Journal of Clinical Ethics*, 27 (1), 28-38.; Schuchter, P. and Heller, A. (2018), 51-52.

6 Habermas, Jürgen (1994), *Justification and Application: Remarks on Discourse Ethics* (translated by Ciaran Cronin), Cambridge, Massachusetts, and London; The MIT Press, 25, 50.

the persons concerned. In this article, I made it clear by focusing on communication problems. These issues to be resolved are conflicts between the patient/family members and care providers and among care providers, on the one hand, and insufficient mutual understanding over differences in priority of values regarding care policy, on the other. Moreover, I also proposed how to cope with communication problems based on investigating their cause and background; confirming the real intentions of those involved; coordinating conflicting interests carefully and cautiously; and improving the situation to the extent possible.

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Problemi vezani uz komunikaciju u slučajevima koji se rješavaju na kliničkim etičkim savjetovanjima

SAŽETAK

Tijekom kliničkih etičkih savjetovanja pojedinačni slučajevi ispituju se kao problemi kojima se treba baviti u kliničkom okruženju. Različite vrste prijepora oko načina njege mogu se naći u svakom pojedinačnom slučaju među uključenim osobama – pacijentima, članovima njihovih obitelji i pružateljima njege – uzrokovane razlikama u konceptu ili praksi skrbi, razlikama u osnovnim vrijednostima itd. Budući da se ti sukobi uglavnom očituju u obliku komunikacijskih problema, rad klasificira neke obrasce modela razgovora, analizira strukturu odnosa među njima i razmatra glavne točke. Usredotočujući se na mehanizam pojedinačnih komunikacijskih problema, predlaže se osnovni koncept procesa suočavanja s problemom.

Ključne riječi: klinička etička savjetovanja, komunikacijski problemi, sukob među uključenim osobama.