This thesis is about experiences and learning processes in developing the theory and practice of moral case deliberation in health care. Chapter 1 provides a general introduction. It describes the transition in the field of bioethics, from a normative and descriptive task towards a more interactive and embedded approach. This approach aims to support health care professionals by providing tools and methods of clinical ethics support, which enable them to deal with moral issues and to make decisions by themselves, and to develop normative views on their own practice. This approach presupposes that health care providers are the primary moral agents in health care and emphasises the importance of personal moral experiences to foster learning processes that generate moral knowledge and expertise.

Moral Case Deliberation (MCD) is a form of Clinical Ethics Support (CES) which fits in the approach of interactive and embedded ethics and aims to establish an attitude in which both ethical knowledge and skills of the health care professionals are fostered. MCD is a structured dialogue among stakeholders, stimulating reflection and joint learning processes on a moral question stemming from practical experience. The goals of MCD are to improve professionalism through reflection on personal actions and values,
to help practitioners to (re)discover the motivation and passion for their professional work, and to contribute to team building and development of policy.

Interactive and embedded CES, such as MCD, aims to equip health care professionals with tools for moral learning and developing moral competencies, resulting in an improvement of quality of care. This process of fostering moral learning requires that what health care practitioners learn ought to be integrated in the actions of everyday practice. Furthermore, it requires a structure within the health care organisation that ensures a learning environment and provides health care professionals with time, tools and expertise to start up moral learning processes. Teaching health care practitioners to become facilitators of MCD fits in with a concept of professionalism which emphasizes that a professional should be competent to reflect on their own values, norms and virtues, as part of their professional profile. In line with these practical and fundamental reasons, a training program for facilitators of MCD has been developed since 2006.

The development of MCD as a specific approach in CES, of organising ethics support in health care institution, and of teaching health care professionals to become facilitators of MCD, gave rise to several questions regarding how to foster moral learning, on how to organise CES and on how to transfer ethical expertise to health care professionals.

The main research question is: How to foster and secure moral learning and reflection on moral questions of professionals in health care practice?

The following sub-questions are investigated:

(a) What are the practical learning processes in fostering moral learning by means of Moral Case Deliberation?

(b) What are the practical learning processes in organising clinical ethics, especially Moral Case Deliberation?

(c) What are the practical learning processes in training health care professionals as facilitators of Moral Case Deliberation?
The thesis consists of three parts. The first part presents three studies that describe the process of fostering moral learning in health care practice by means of participating in MCD. The second part focuses on the tensions between the theory and practice in the process of organising, implementing and embedding MCD in various contexts. The third part describes the process of developing methods and instruments for training health care professionals as facilitators of MCD.

Although the three parts each have a specific focus, most chapters combine various learning processes, and deal with both fostering moral learning, and organising clinical ethics support or training facilitators of MCD.

**Part I Fostering moral learning in healthcare practice**

The first part focuses on the developments of the theory and practice of fostering moral learning by means of MCD. The study in chapter 2 describes the process of organising clinical ethics in health care organisations in the Netherlands by means of MCD, in a case-study on two projects in two different psychiatric hospitals, including a pilot training programme for facilitators of MCD. The project and the training were evaluated by quantitative and qualitative research methods within the framework of a responsive evaluation research design. The findings of this study show that the organisation and embedding of a MCD project are easily underestimated. Implementing MCD is not only a matter of planning a project and training health care professionals to become MCD facilitators. It is a complex and difficult process with several dimensions. It requires permanent support and supervision of the trained facilitators of MCD, and continuous monitoring of the quality of MCD.

A common approach to teaching clinical ethics is to provide knowledge about ethics. Chapter 3 describes MCD as an alternative contextual approach to teaching ethics, grounded in pragmatic hermeneutics and dialogical ethics. These theories stress the importance of practical processes of meaning-making, related to concrete morally problematic situations,
and focuses on processes of joint learning. The chapter describes a case-study on the practice and theory of teaching ethics in the clinic in a Dutch psychiatric hospital. It focuses on what professionals actually learned in cross-organisational groups in which ethics is taught by means of MCD. The findings describe several moral competencies and changes in attitude that participants of MCD experienced. It also shows that the contextual approach of MCD has been beneficial in the setting of the case-study. However, the structure of teaching ethics in cross-organisational groups involves the risk of getting detached from moral questions that come up on the ward. The project was successful because practitioners got engaged and created a connection between MCD and their ward by inviting the researchers to their ward. A structural connection between the moral case deliberation and the hospital’s quality of care policy also contributed to the success of the project.

Chapter 4 presents a case example of a MCD session in a Dutch hospice that illustrates a joint moral inquiry of a dilemma of a physician concerning a request for euthanasia. The Dutch law on euthanasia presupposes a physician’s conflict of duties when a patient asks for his or her life to be ended. A request for euthanasia implies a dilemma for the physician; he or she on the one hand has the moral duty not to end life, but on the other hand will experience the obligation to relieve the patient’s suffering. Clinical ethics support by means of MCD can help professionals in dealing with such dilemmas. The MCD example shows the importance of involving the experiences, views, and emotions of various stakeholders in end of life care. The inclusion of all care professionals in the deliberation results in empowering them as moral subjects, widening the dialogue and fostering a more responsible practice.

Part II Organising ethics in health care

The second part of the thesis focuses on the organisation of clinical ethics support in health care. Chapter 5 describes a process of developing and implementing MCD as an ethics support service. This chapter presents the structure and organisation of an implementation project and shows the
tensions between theory and practice of MCD, in the specific context of an academic hospital in the Netherlands. It introduces the core features of the philosophical background of MCD and describes ways of dealing with some challenges between the philosophical inspirations of MCD and the practical context of an academic hospital while implementing MCD. ‘Equality’, ‘slowing down the process of decision-making’ and ‘shared ownership’ may be experienced as unnatural and demanding in an academic context. Yet, the findings show that the philosophical inspirations of MCD can be helpful in dealing with the challenges and in the cooperation with an academic hospital. Fostering implementation of MCD requires acknowledging these tensions, and looking for practical ways to deal with them.

Chapter 6 presents results of a national study on CES in the Netherlands. In 2006 the Dutch government stimulated both health care institutions and health care education programs to build up expertise of dealing with moral issues. As a consequence, the use of MCD increased during the following years. This chapter describes the prevalence and characteristics of MCD in Dutch health care. The findings demonstrate that MCD is part of an integrated ethics policy in Dutch health care and serves as a (bottom up) catalyst for such an integrated ethics policy. It shows that MCD is prominent in mental health care, care for people with an intellectual disability, and hospital care. Institutions with MCD differ from institutions without MCD in size, kind of problems and importance of ideological background. MCD often exists for 3 years or more, has a high participation of health professionals and middle managers and is both organised scheduled as unscheduled. ‘Integration in existing policy’ and ‘key persons’ emerge as important issues in relation to the positioning of MCD in the institution.

Part III Developing methods and instruments for facilitating moral learning in health care practice.

The third part of the thesis describes the development of methods and instruments that support the process of fostering moral learning by means of MCD in health care.
Chapter 7 presents a case-study on a training program for facilitators of MCD that was developed over the past 10 years. Because of the growing interest in MCD and the need to connect MCD to practice, the need to train health care professionals to become facilitators themselves increased. The training program described in this chapter enables professionals in health care institutions to acquire expertise in dealing with moral questions independent of the expertise of an external ethicist. The chapter presents a program with a specific mix of theory and practice, aiming to foster the right attitude, skills and knowledge of the trainee. It presents the result of several years of ‘learning by doing’ and many experiences in facilitating and evaluating the training program, together with the trainees and their health care organisations.

Chapter 8 presents the dilemma method, a conversation method which is often used in MCD. This conversation method focuses on moral experiences of participants concerning a concrete dilemma in practice. The chapter describes the theoretical background of the dilemma method and explains how it works in practice, using a case example. It shows the specific didactics of the dilemma method which makes it suitable for teaching in the clinical setting. The results of the case study in this chapter show that MCD participants learn to recognize the moral dimension of daily practice and feel more able to distinguish various perspectives and to reason in a systematic way. The chapter also describes the role of facilitator; he or she focuses not on explaining moral theories and concepts, but helps the participants to reflect on their experiences, presuppositions and reasoning through a dialogical moral inquiry with others.

In the last chapter (Chapter 9) the research questions of this thesis are addressed by presenting the main findings. The chapter reflects on the experiences in the processes of fostering moral learning, organising ethics and teaching facilitators, and the actions in which these learning processes have resulted. In this reflection, the work of Donald Alan Schön is used, and it is shown that his theory can help to get a deeper understanding of the main findings, but also that the findings add to his theory.

The findings of the studies in the domain of practical learning processes in fostering moral learning by means of MCD emphasize the importance of
a reflective practice, the need to connect reflection to the daily practice of health care professionals and the importance of an equal say of all professions that are participating in the reflection process.

The findings of the studies in the domain of practical learning processes in organising clinical ethics show that there are various ways in which CES contributes to and improves structural moral reflective practices. MCD provides an add-on service; it functions as a complement to other clinical ethics support services, enabling structured reflection on moral experiences. Furthermore, the findings show that implementation of reflective practices such as MCD calls for (co)ownership and requires an ongoing learning environment at an organisational level.

The findings of the studies regarding the practical learning processes in training health care professionals as facilitators of moral learning underline the importance of a transition in the way of transferring the expertise: from doing by learning into learning by doing. In this transition, the role of the trainer shifts from an expert-teacher to a Socratic coach. The findings also show the need for new entry-conditions, a follow-up training program and the awareness of the double role of the facilitator. Furthermore, they show the need for appropriate didactical tools to stimulate reflection on the role of facilitator of MCD.

In conclusion, in all the learning processes, the concept of ‘learning by doing’ played a crucial role. This experience-based approach, in which practical experiences and the reflection upon these experiences are used as a source for the generation of practical (moral) knowledge, provided insights into each of the three domains. This resulted in a continuous process of learning in and on action; a cyclical and intertwined process in which we as practitioners and researchers are still learning. An important element of the learning processes has been the role of others who were directly or indirectly involved. To become aware of the normative frames there is a need to reflect on them by means of the help and support of others.

The chapter also reflects on methodological issues, and presents future challenges and recommendations for practice and research. The recommendation for moral learning processes in practice entails research on how instruments of CES support moral learning and in what way they contribute to the process of learning. Related to the practice of fostering moral
learning, further research is desirable on how patients can participate in CES in general, and in MCD in particular.

The recommendation for the practice of organizing clinical ethics recommend a professional network of learning, in which health care institutions and CES staff can demonstrate and exchange CES practices and also knowledge about organising them. A challenge for research regarding the organisation of CES is to examine barriers and reflect on how to deal with them.

A recommendation for the practice of training health care practitioners as facilitators of MCD concerns the development and use of concrete didactic tools that enhance the reflection-on-action and reflection-in-action of trainees and trained facilitators. An example is the use of a portfolio. Another way to improve the training could be the didactical strategy of ‘demonstration and imitation’ performed by moral learning experts, for example the trainers. The final recommendation entails research on the role of theory in the process of moral learning and ‘learning by doing’.