

INTERNATIONAL WORKSHOP

**Healthcare,
social sciences, and
"philosophy in practice"**

March 14th, 2022

Université de Paris (75013 Paris)

[Building and room number to be communicated at a later date]

Scientific organization

Marta Spranzi, Associate professor, UVSQ Medical School, clinical ethics consultant, AP-HP, R2E Unit, CESP U1018 University Paris-Saclay/INSERM
Catherine Dekeuwer, Associate professor, Lyon 3 Jean Moulin University, IRPHIL and SPHERE UMR 7219, University of Paris/CNRS

Registration required by mail before 7 March : inscription.philo@gmail.com



PROGRAMME

9h

INTRODUCTION

9h30

Marie Gaille, SPHERE UMR 7219, University of Paris/CNRS, Director Institute of Humanities and Social Sciences (InSHS)

9h30

"FIELD PHILOSOPHERS": WHAT ARE THEIR OBJECTIVES AND TOOLS?

- *Digital humanism, ethics of care and individualization in light of new E-health measures*, by Giovanni Scarafile, University of Pisa and Roberto Greco, University of Salento

10h45

- *Collaborative research between field philosophy and medical sciences: From disappointed expectations to long-lasting collaborations*, by Agathe Camus, Post-Doctoral researcher, SPHERE UMR 7219, University of Paris/CNRS and Mathilde Lancelot, Associate professor, François Viète Researcher Center, University of Nantes

11h

MAKING NEW FORMS OF JUSTICE EFFECTIVE: A NEW TASK FOR FIELD PHILOSOPHERS?

- *Discursive justice through empirical ethics? Possibilities and challenges of empirical approaches considering marginalized groups in health care ethics*, by Silke Schicktanz, University Medical Center Göttingen, Medical Ethics and History and Mark Schweda, University of Oldenburg, Ethics in Medicine

12h15

- *Narrative methods as a safe space to facilitate affective justice in health and social care*, by Brenda Bogaert, Post-Doctoral researcher, Healthcare Values Research Chair, Léon Bérard Center (Lyon), and S2HEP Research Center, University of Lyon 1, Claude Bernard

LUNCH

13h30

MEDICAL PROFESSIONALISM: HOW CAN FIELD PHILOSOPHERS HELP BRIDGE THE GAP BETWEEN THEORY AND PRACTICE?

- *Professional ethics in healthcare: Are we speaking about the same?*, by Sabine Salloch, Professor, Hannover Medical School, Germany

14h45

- *Between philosophical controversies and medical practice in intensive care: how can field philosophers contribute to both?*, by Marta Spranzi, Associate professor, UVSQ Medical school, clinical ethics consultant, AP-HP, R2E Unit, CESP U1018 University Paris-Saclay/INSERM

15h

PATIENTS AND MENTAL HEALTH CARE PROFESSIONALS: CAN FIELD PHILOSOPHY CONTRIBUTE TO IMPROVE PRACTICES?

- *Persuasion or coercion? An empirical ethics analysis about the use of influence strategies in mental health community care*, by Emanuele Valenti, Senior Research Associate in Health Care, Bristol Medical School

16h45

- *From addiction care to Pascal's wager: how to help someone who has "fallen" to recover?*, by Margaux Dubar, PhD student and lecturer at Jean Moulin Lyon 3 University, member of IRPhIL and the Healthcare Values Research Chair

17h

EMPIRICAL BIOETHICS OR "PHILOSOPHY IN PRACTICE": WHICH DIRECTIONS FOR FURTHER RESEARCH?

- *Is empirical bioethics philosophy in practice? Reflections on the rationale, framing and future of empirical bioethics*, by Jonathan Ives, Professor, University of Bristol

18h15

- *A comparison between the basic assumptions of empirical ethics and the practice of empirical research in philosophy*, by Catherine Dekeuwer, Associate professor, Lyon 3 Jean Moulin University, IRPhIL and SPHERE UMR 7219, University of Paris/CNRS



ABSTRACTS

“Field philosophers”: what are their objectives and tools?

DIGITAL HUMANISM, ETHICS OF CARE AND INDIVIDUALIZATION IN LIGHT OF NEW E-HEALTH MEASURES

Giovanni Scarafile, University of Pisa and Roberto Greco, University of Salento

Integrating digital into healthcare models does not only mean replacing an old analogical system. If, on the one hand, reducing the costs of current healthcare systems, digital technologies help to ensure health for all, on the other hand, they should avoid the rise of a divide between citizens with and without access to digital tools.

In line with the digitalization strategies planned at the European level[1], it is essential to reflect on the ethical impact derived from the implementation of solutions designed for increasingly personalized health, tailored to the patient and the caregiver. The personalisation of medicine, made possible by the adoption of digital technology, should not ignore the question of the very meaning of personalisation, leaving room for the thematization of a criterion of individualization that should constantly be pursued in the dialogue between theoretic and practical philosophy. Through the constancy of this dialogue, it will be possible to grasp in situ concrete examples of digital humanism in the field of e-health.

In this situation, we intend to ask ourselves about the forms of rationality required to fulfill these tasks, since the forms of disembodied rationality do not seem suitable to meet the challenges highlighted above. Philosophy, therefore, acquires a twofold task. First of all, to provide always updated maps of the same criteria of individuation, taking up and updating models already in use (think of the Leibnizian model of the identity of indiscernibles). Secondly, to reconcile the cogency of the moral norm with the incontrovertible demands of individuality.

[1] <https://digital-strategy.ec.europa.eu/en/activities/digital-programme>

COLLABORATIVE RESEARCH BETWEEN FIELD PHILOSOPHY AND MEDICAL SCIENCES: FROM DISAPPOINTED EXPECTATIONS TO LONG-LASTING COLLABORATIONS

Agathe Camus, Post-Doctoral researcher, SPHERE UMR 7219, University of Paris/CNRS and Mathilde Lancelot, Associate professor, François Viète Research Center, University of Nantes

Collaboration modalities within research projects between medical sciences and philosophy are multifaceted and take place in various institutional contexts. These collaborations sometimes give rise to different expectations from the researchers and/or clinicians directly involved, but also from potential funders, or even from the research participants. Because they are not always clearly stated or discussed, these expectations are sometimes disappointed.

If “field philosophers”, in the field of healthcare research, are frequently invited to participate in so-called “integrated” research programmes - often with a medical focus (although there are exceptions) - this raises methodological and epistemological questions that are not always addressed upstream. How can different perspectives (i.e. clinical, biomedical, public health, but also philosophical, ethical, empirical, etc.) be articulated on the same research object? What are the conditions for the emergence and possibility of collaborative and interdisciplinary research? Under what conditions do they allow the production of ‘relevant’ knowledge (Coutellec 2021)?

We will situate our proposal on a methodological and epistemological level, articulated with issues of research ethics in the humanities and social sciences.

On the basis of practical examples, we will examine the question of expectations in relation to the various actors involved in this collaboration.

We will underline difficulties encountered in the context of research projects in which we have participated as researchers in philosophy. These difficulties raise questions about the place and position of the “field philosopher”, his or her methods and their articulation with those more traditionally used in the healthcare research field. They also raise questions about the place of knowledge produced within a collective and multidisciplinary research project.

These questions are part of a context of so-called “project-based” research, accompanied by the promotion of interdisciplinarity, and based on a double movement of institutionalisation and internalisation of the ethics of research. In such a context, the invitation to the philosopher is sometimes based on a misunderstanding.

As a counterpoint, we will also evoke situations of durable collaboration, transformed and allowing to overcome misunderstandings or obstacles initially encountered.

Making new forms of justice effective: a new task for field philosophers?

DISCURSIVE JUSTICE THROUGH EMPIRICAL ETHICS? POSSIBILITIES AND CHALLENGES OF EMPIRICAL APPROACHES CONSIDERING MARGINALIZED GROUPS IN HEALTH CARE ETHICS

Silke Schicktanz, University Medical Center Göttingen, Medical Ethics and History of Medicine and Mark Schweda, University of Oldenburg, Ethics in Medicine

Background: The discourse of healthcare ethics is still dominated by experts. Empirical research can serve as a tool to achieve epistemic justice for overheard, silenced, or dissident voices and their normative claims.

Problem: Socio-empirical methods have certain constraints, biases and pragmatic limitations when it comes to the representation of certain marginalized voices. There can be problems regarding their collection and interpretations well as doubts about their normative implications and representiveness.

Approach/discussion: We analyze the potentials of empirical and participatory approaches in healthcare ethics with regard to epistemic and discursive justice. In doing so, we focus in a second step on challenges arising when specific marginalized groups are to be included, e.g., people with cognitive impairments.

Outlook: Instead of a strict division of labor between philosophy and social sciences, we plead for an ethically reflected empirical approach and define normative-methodological requirements for a more comprehensive realization of epistemic and discursive justice.

NARRATIVE METHODS AS A SAFE SPACE TO FACILITATE AFFECTIVE JUSTICE IN HEALTH AND SOCIAL CARE

Brenda Bogaert, Post-Doctoral researcher, Healthcare Values Research Chair, Léon Bérard Center (Lyon), and S2HEP Research Center, University of Lyon 1, Claude Bernard

Philosopher Amia Srinivasan, in an approach complementary to Miranda Fricker's concept of epistemic injustice, has shown the facilitating role emotions can play in exposing injustices. She defines affective injustice as those situations where persons are forced to choose between expressing their emotions and acting in a socially accepted manner, or acting "prudentially."^[1] These issues play out in health and social care as emotions are often seen as an impediment to working well in interdisciplinary teams, with patients/users, and irrelevant for monitoring and evaluation. This means that they are rarely valued either in training or in the field.^[2] However as Srinivasan has shown, hiding emotions may result in squashing issues of injustice central to the transformation of institutions. In this contribution, we discuss how narrative methods can function as a safe space for affective injustice. We will discuss diaries written during the first confinement in France in social and medical-social sectors and how their relatively open form helped facilitate the recognition of the lived experiences of these professionals, including bringing attention to those institutional tensions that would otherwise have been stifled.

[1] Srinivasan, A. (2018). The Aptness of Anger. *Journal of Political Philosophy*, 26(2), 123-144. <https://doi.org/10.1111/jopp.12130>

[2] Bogaert, B. (2020). Untangling fear and eudaimonia in the healthcare provider-patient relationship. *Medicine, Health Care and Philosophy*. <https://doi.org/10.1007/s11019-020-09956-1>

Medical professionalism: How can field philosophers help bridge the gap between theory and practice?

PROFESSIONAL ETHICS IN HEALTHCARE: ARE WE SPEAKING ABOUT THE SAME?

Sabine Salloch, Professor, Hannover Medical School, Germany

Medical professionalism forms the subject of a wide and diverse range of academic disciplines: Historical analyses often focus on the development of professional formations in various national contexts and eras. The sociology of the professions constitutes a distinct and theoretically rich field of research analyzing key factors of professionalization on the individual, institutional and societal levels. Also in healthcare education, professionalism is a major subject and the related competencies are included in teaching curricula and practical courses.

In all academic branches mentioned professional ethics forms a key aspect of the general notion of healthcare professionalism – often without clear linkage to philosophical approaches that have been developed to clarify the specific character, scope and limitations of professional ethics. In the presentation, key disputes from the “philosophy of professional ethics” will be introduced and their impact on physician practice will be illustrated. A special focus is laid on deontological / rule-based approaches towards professional ethics and on the question whether professional ethics necessarily involves a supererogatory moment. The presentation ends with concrete suggestions for the further development of theories of professional ethics and for the practice of professional organizations issuing ethics codices.

BETWEEN PHILOSOPHICAL CONTROVERSIES AND MEDICAL PRACTICE IN INTENSIVE CARE: HOW CAN "FIELD PHILOSOPHERS" CONTRIBUTE TO BOTH?

Marta Spranzi, Associate professor, UVSQ Medical school, clinical ethics consultant, AP-HP, R2E Unit, CESP U1018 University Paris-Saclay/INSERM

Controversies in medical ethics often involve philosophers and philosophical notions. Outstanding among them is the one concerning the similarity/difference between euthanasia and withdrawing and withholding of treatment. These issues also are very salient on the ground. I will describe how empirical research can affect the theoretical debate, and viceversa, how a philosopher can bring her competence to bear on medical practice. I'll do so by drawing on a clinical bioethics study, I conducted with colleagues at the Clinical ethics center (AP-HP Paris) devoted to « Practitioners' perceptions of different kinds of withdrawing and withholding treatment (“Wd & Wh”) decisions in intensive care units ». These practices in France are founded upon two professional and legal normative principles: the “discontinuity” between “Wd & Wh” and active euthanasia, and the ethical “equivalence” between all forms “Wd & Wh” decisions. Both premises are contested from the theoretical point of view and neither do they easily fit facts on the ground. Anecdotal observations show that a) practitioners find certain “Wd & Wh” decisions “active”, i.e. potentially morally problematic, and b) that a great variability exists among the way different instances of “Wd & Wh” are perceived. The study results show that on both the Continuity and the Equivalence issue, practitioners vary widely (three groups have been identified) and that such variation depends on the values that each of them considers as the overarching guide to their practice: either avoiding loss of chance for the patient, or trying to maximize her future quality of life. The study exposed the reasons and origins of intensivists' “variability” on these issues, as the phenomenon is referred to in the literature (Nadig and Ford 2019), i.e. the physicians' personal and radically different approaches to the perception of “Wd & Wh” practices. In other words, I argue that medical professionalism has to be complemented by a richer notion of medical integrity, which is itself inseparable from a form of personal integrity.

Patients and mental health care professionals: Can field philosophy contribute to improve practices?

PERSUASION OR COERCION? AN EMPIRICAL ETHICS ANALYSIS ABOUT THE USE OF INFLUENCE STRATEGIES IN MENTAL HEALTH COMMUNITY CARE

Emanuele Valenti, Senior Research Associate in Health Care, Bristol Medical School

Influence strategies such as persuasion and interpersonal leverage are used in mental health care to influence patients' behaviour and improve adherence to the treatment. One of the ethical concerns about their use is that they may constitute informal coercion and negatively impact patients' satisfaction and quality of care. Influence strategies may have different impacts on patients' perceptions, and hence an umbrella definition of informal coercion may be unsatisfactory. Furthermore, previous research (Valenti, 2015 et al.) showed that professionals perceive dissonance between theoretical reports of informal coercion provided by literature and their behaviours in clinical practice. In my presentation, I will indicate how the finding of secondary data analysis of a qualitative study identified a contradiction between the theoretical frameworks of coercion applied by medical sociology and clinical psychiatry and professionals' experiences explored in the study. My analysis will be focussed on the contradiction between the normative account extracted by empirical studies related to informal coercion and professionals' views examined in our qualitative study. Notably, we will explore how two different theoretical frameworks about informal coercion influenced the empirical research in mental health, e.g., the "enforcement approach" and the "pressure approach" (Anderson, 2008). The former is extracted from political philosophy (Dahl, 1951), the latter by analytical philosophy (Nozick, 1967), and law (Wertheimer, 1993). Finally, I will highlight how findings showed that all pressures and leverages are coercive when they have specific characteristics and how mental health professionals are rarely aware of that within their everyday practice.

FROM ADDICTION CARE TO PASCAL'S WAGER: HOW TO HELP SOMEONE WHO HAS "FALLEN" TO RECOVER?

Margaux Dubar, PhD student and lecturer at Jean Moulin Lyon 3 University, member of IRPhiL and the Healthcare Values Research Chair

Faced with a loved one who suffers from addiction, we can quickly give in to either a feeling of helplessness or a cascade of abuses for wanting to "save" them. If they no longer seem to have the strength to control their consumption and behave normally, can we decide and act in their place, even if it means locking them up? There is a paradox in claiming to pull someone out of addiction by placing them under one's control... this is why, against those around them who deplore the addict's lack of willpower, caregivers prefer to push them to stimulate their motivation. Addiction care has evolved considerably since the turn of the century: risk reduction or reasoned consumption are objectives that are increasingly imposed on the imperative of abstinence, the therapeutic alliance with the healthcare professional and even the commitment of the patient as an actor in their care, which are supposed to replace the old paternalistic model. However, my field investigation in the day hospital and in a support group led me to question this evolution of discourse and practices: does it really give the person who has fallen the means to recover? Reading Pascal's famous wager will allow me to get out of the impasse of physical constraint or demonstration by A + B to reflect on a reconditioning of the body supported by a "negative" persuasion.

Empirical bioethics or "philosophy in practice": Which directions for further research?

IS EMPIRICAL BIOETHICS PHILOSOPHY IN PRACTICE? REFLECTIONS ON THE RATIONALE, FRAMING AND FUTURE OF EMPIRICAL BIOETHICS

Jonathan Ives, Professor, University of Bristol

In this talk I will outline briefly the ongoing project of 'Empirical Bioethics' as it has played out in the UK, and reflect briefly on the similarities and differences between the framing of empirical bioethics in the UK, mainland Europe, Australia and the US.

In so doing, I will outline the rationale for empirical bioethics as a form of practical applied ethics, and frame it as a pragmatic response in part to concerns in the academy about the limits of philosophical applied ethics, and in part to the priorities of funders and policy makers. Drawing on examples of my previous and current empirical bioethics research, I will consider what this means for the methods used in gathering and analysing data for empirical bioethics, and how this might deviate from standard approaches in other empirical disciplines.

I end by offering a reflection on some of the challenges I foresee for the future of empirical bioethics, and the opportunities for the field offered by international collaboration around methodologies.

A COMPARISON BETWEEN THE BASIC ASSUMPTIONS OF EMPIRICAL ETHICS AND THE PRACTICE OF EMPIRICAL RESEARCH IN PHILOSOPHY

Catherine Dekeuwer, Associate professor, Lyon 3 Jean Moulin University, IRPhIL and SPHERE UMR 7219, University of Paris/CNRS

P. Borry, P. Schotsmans and K. Dierickx (2004) identify four basic assumptions of empirical ethics. Among them, I will focus on the ways empirical ethics considers people's actual moral beliefs and reasoning : should they be only the starting point of ethics or play a more substantial role? Secondly, according to empirical ethics, the methodology of the social sciences is useful because it is a way to map these realities, as well as people's behaviors and moral intuitions. However, can we consider that the task to map the reality is the only or the best way to use social sciences' methodologies ? I will discuss these two basic assumptions in regard of my own empirical researches in philosophy and I will show to what extent ethnographic material is fruitful for philosophical purposes.