Author’s response to reviews

Title: The changing landscape of care: does ethics education have a new role to play in health practice?

Authors:

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Author’s response to reviews: see over
The changing landscape of care: does ethics education have a new role to play in health practice?

I’d like to thank both reviewers for their encouraging and helpful comments. Alongside some minor grammatical amendments I have addressed each in the following ways (new words in bold):

Feedback 1

“I have two minor comments, though:
The thesis merits no less than a book. In this sense, a journal article can be no more than a brief introduction. The author may wish to clarify this point in the text”

I added the following, lines 99 – 103.

A necessarily brief and speculative introduction to such ideas is offered here in keeping with the scope of a journal paper. Its purpose is to generate reflection, discussion and collaboration among those interested in the education and practices of the health workforce, and in quality healthcare.

“I think the author places too much importance on personal development. True, the latter is no doubt a mediator in social development, but personalisation of the struggle for a better medicine is, I believe, self-defeating”

I added the following:

Lines 53 – 54:
It would support students to locate their practice in imperfect global contexts, and to understand how individual and collective forms of power can influence healthcare quality.
Finally the argument is outlined in brief for broadening and complicating the work to be done within professional ethics education, if it is to offer a critique of healthcare’s more fundamental problems.

Also lines 297 – 299 and Beckett’s reference to social agency:

Understanding the power of organisations, formal and informal groups and teams, and how to utilise forms of power, is part of developing a sense of agency that extends beyond the individual. Such agency is described by Beckett as social, embodied, negotiated and performative in nature [28].

“The author may contemplate adding a note that this struggle could be successful only if it were to be collective, and only if it were part of the greater struggle for a radical social change”

Also lines 369 I added the words ‘those of colleagues’ and the paragraph, lines 373 – 375:

However such collegiality needs to extend to a commitment to act with and alongside others if the rhetoric of the heroic individual is to be challenged.

Also a reference lines 396 – 397 and reference:

forms of power operate both to conceal, in ways described by Epstein [38], and to sustain such injustices..

I agree with the reviewer’s comments and have tried to balance a stronger focus on collective action while suggesting individual development has merit, given that I hope students will also read the paper.

Feedback 2
“My concern is with the boundary between 'ethics' and 'politics.' Whilst I am partial to the contraction ethico-politics and have argued for a political dimension to be included in the domain of medical ethics (See: Emmerich JME 2011). I think your paper might usefully signpost different 'ethico-political' concerns”

_I drew on this paper and used the term ‘ethico-political’, referencing Emmerich in lines 187 – 188:_

Interprofessional education has been part of undergraduate health programmes for many years and offers an early opportunity to learn about what Emmerich calls ethico-political problems [16].

“There is, of course, a lot here and one wonders to what degree can 'everyday' medical professionals actually (practically and positively) engage with this range of issues.

As a result to what degree does this need to be tackled in undergraduate medical education?

Would it be better to offer opportunities to specialise in these aspects of medicine, would such education be better targeted at existing specialist (intercalation / MA and MSC) course. Or as part of CPD? I think it is worth addressing these points even if only briefly"

This is a very helpful and important set of questions. However the topic of how and when new approaches would/could be introduced into educational programmes, across so many different professions, is worthy of a dedicated article. I tried to remain broad and non-specific given my personal interest in all professions and beyond, to support workers and managers, who I would like to write about separately. I also think that all ethics education ought to recognise where politics meets ethics so I have opted to
mention points in the educational journey when different ideas might be introduced. I hope these additions and amendments address the reviewer’s comments to a degree. These are:

Lines 193 - 194
Equally, the participation of patients and people using services or caring for others offers a powerful contribution to ethics education across the entire educational journey, including the lifelong Continuing Professional Development (CPD) of experienced practitioners.

Lines 236 – 239:
Students – and experienced practitioners learning through CPD – might usefully be supported to learn more about and to question these broader structures and contexts.

Lines 252 – 254:
Knowledge and influence beyond single parts of the system and, importantly, on policy development and implementation, is necessary if ethico-political awareness is to develop [16].

Lines 260 – 261
Lawlor [25] has argued that abstract moral theories are often too difficult to apply in meaningful ways to real clinical problems during undergraduate education.

Finally I added this in response to both reviewers’ comments, to re-emphasise my assertion that this subject would be better taught across disciplines and boundaries, to support and promote a greater sense of connection and collectivity:

Lines 440 – 444
It requires a concerted commitment to improvement that crosses traditional demarcations and unifies, understanding
such responses to promote resilience and to be more effective and sustainable than heroic individualism.

Thanks again and I hope these changes do justice to the help offered by both reviewers.

Julie Wintrup
7/10/14