# Educating for Moral Action

## A Sourcebook in Health and Rehabilitation Ethics

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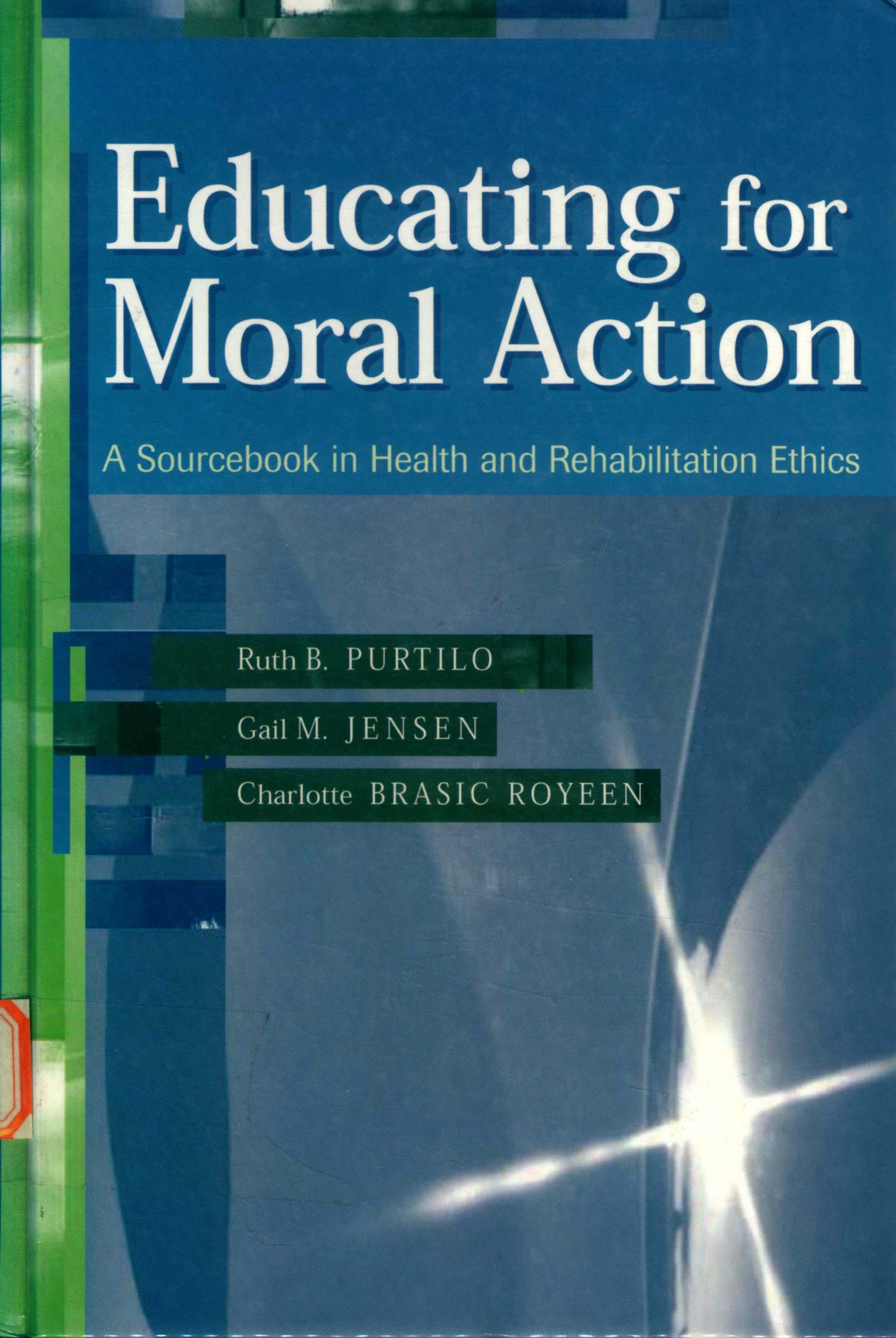

# *Educating for Moral Action:* A Sourcebook in Health and Rehabilitation Ethics

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To the communities we have the privilege to serve and with whom we share common goals for a more healthful society.

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# A Note from the Editors

It began over morning coffee and the task of putting together a major grant with an imminent deadline staring us in the face. We shared the conviction that intentional action can emerge from dialogue and the belief that seldom do physical therapists and occupational therapists have an opportunity to enjoy the stimulation of a sustained exchange of shared ideas and concerns. Right then and there we began to dream. Why not create the occasion for such an opportunity?

For all of our planning, even our high expectations were exceeded when the 24-member Dreamcatchers ethics education working group convened for almost 3 days—each member equipped with a working paper he or she had created for the event, plenty of food and wine, four carefully selected ethics consultants from fields outside our own, and a large measure of goodwill and enthusiasm.

The group of contributing authors came together for a working conference on Leadership in Ethics Education for Physical Therapy and Occupational Therapy. This conference was, in part, supported by a Health Resources Services Administration, Allied Health project grant (HRSA Grant #D37 HP 00824), entitled Dreamcatchers and the Common Good: Allied Health Leadership in Generational Health and Ethics. One of the project goals of the grant was to develop and implement innovative leadership in ethics education for allied health. The Leadership in Ethics Institute was held at the Center for Health Policy and Ethics at Creighton University in September 2003. The institute itself was the combined effort of the grant initiative, Center for Health Policy and Ethics, and the School of Pharmacy and Health Professions. We are indebted to all for the support of such a creative project for physical therapy and occupational therapy.

What made this event different from other initiatives that we and many other therapists engage in as committed members of our professional organizations? First, we were an independent think tank, not an "official" group of our professional organizations or institutions. Although several members already are recognized leaders in their organizations, each came as an individual scholar/teacher/clinician. Second, we all were—and are—committed to offering leadership as our professional organizations and institutions develop their ethics curricula and refine their ethical practices and policies. Third, we agreed that not only the classroom but also the clinical, administrative, policy, and research environments must be taken into account in the shaping of ethical issues. Fourth, we agreed that we want to be participants in activities that affirm the common ground in occupational therapy and physical therapy. Fifth, we agreed that all ideas were welcomed and would be respected, acknowledging that we have obviously been informed by what we and other professions have adopted as ethical approaches and relevant topics but that we should not be bound by them. We wanted the freedom to traverse a new path, if necessary, that accurately shows who we were and are and that takes us where we want to go. Finally, we hypothesized that as agents in the larger health care system, our working group materials could be used by ourselves and others to influence the direction ethics education and practice could take to improve ethics educational approaches in other health profession curricula.

At the conclusion of the conference, 10 markers for our (and others') continued work together in our professions emerged. We offer them here for your reflection:

1. Wisdom and continued flourishing counsel toward learning from each other across our professions.
2. Ethics pedagogy should focus learning on both reflection and action.

3. Ethics education and practice must involve assessment of stakeholder values at individual, institutional, and societal levels. Currently the individual realm has a hold on our moral thinking and action.
4. Evidence-based practice pervades all three levels of ethical concern.
5. Moral courage is required in order to tackle sensitive topics and content areas.
6. Professional ethics approaches focused on considerations of "care" and virtue theory are highly compatible with the actual functions assumed by therapists, although expanded understandings are needed to ensure institutional and societal levels are included. Duties, rights, and responsibility also have their place in an overall ethical framework.
7. Use of metaphor as pedagogical tools enhances vision and understanding.
8. Any ethics approach that separates classroom from clinical realities warrants ferreting out of our curricula.
9. We must successfully meet the "just right" challenge of not over- or underestimating students' experience, development, and motivations for entering the professions: the demographics of our student populations are changing.
10. All pedagogy today must be directed to continuing competence and compatible with adult, lifelong learning.

Our goal was not to gather all the important or expert voices, to be exhaustive in our delineation of markers, or to utilize every tool that our respective professions have brought to bear on ethics education to date. Rather, we began somewhere, calling upon colleagues with whom we have had informal conversations, with whom we have worked, or whose writings and teaching we have held in high regard. Even as this book goes to press, the working group members are preparing to bring even more people into the conversation.

We invite you to join the conversation, first through reading this book, which is designed to be a book of resources, not the final path itself. For some, it will be the first broad exposure to various clinicians, academics, ethicists, and policymakers. Others will fall into step with us somewhere along the path, bringing their own experience, disciplinary expertise, and ideas that will help create a better course. Indeed, each of us, as forgers of the path, have an opportunity to work on this "labor of love" together.

The Editors
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# Overview Chapter

Ruth B. Purtilo, PhD, FAPTA

A foray into the *Oxford English Dictionary* reveals that "source" comes from ancient roots meaning "a fountainhead or point of origin." As usage often sculpts meaning, over time this term has also become shaped to mean "a generative force or stimulus, an instigator." The authors of this sourcebook designed it to serve as both point of origin and instigator for the reader who ventures along the path of its chapters. Although it will be of most interest to ethics educators in the health professions, the work will stimulate all who are invested in working toward the realization of an ethical environment and an understanding of the behaviors and dispositions that support it.

The authors themselves went back to draw from the origins of their own considered reflection, fields of study, and professional experience. Readers who have been exposed to even basic bioethics approaches and methodologies will recognize that familiar ethical theories and methods are incorporated into many of the authors' contributions. Basic tenets of professionalism, too, some traditionally conceived and others adapted to fit modern characteristics of the professions in society, can be found. Moreover, authors drank deeply from the foundational work of scholars in many disciplines whose insights enrich the understanding of ethics.

As important as the return to foundational origins is, the authors' primary goal from the beginning was to think broadly, imaginatively, to reach and risk. The result is a sourcebook that is a generative force able to stimulate further thought, discussion, debate, and considered action. It is the instigator function that gives this sourcebook its vitality and margin of value among the many other good ethics writings in the health professions, bioethics, and related disciplines.

A significant point of difference distinguishing this sourcebook from other valuable sources is the contributors' collective skill in paring away extraneous material to reveal foundational ethical concepts, a meaningful context, and relevant concerns in today's rehabilitation and other health professions environments where physical therapists and occupational therapists work. I take special delight in this volume because it offers a promising break in the silence that has often ensued in professional, bioethics, and health policy discussions when colleagues are asked to devote their attention to concerns in these settings. We who work there are aware that the well-being of the population of persons seeking services from rehabilitation, community-based, and other professionals can be seriously compromised when there is a failure to give considered attention to key quality-of-life issues, institutional injustices, and damaging attitudes and behaviors encountered by persons with persistent functional impairments. At the same time, the authors of this sourcebook often step back from the usual ethical approaches to patient or client, institutional, and societal challenges to ask "Do the usual approaches and concepts fit? If not, what can we do to improve the situation for students and others faced with real-life everyday challenges in rehabilitation, long-term care, community, and other nonhospital settings?" I am hopeful that the book's success will be just one sign that the health professions, the field of bioethics, and society more generally are committed to preparing the path to answers along with the authors and others who already have taken up this task.

My guess is that many readers of this volume will have come to the point of wanting to explore the topics in this book along a path similar to my own. Most started out on their professional venture with exactly the enthusiasm for their professional choice as I, although many will not have started as many years ago. At first, I had a narrowly

construed idea of my role, and it had to do with modalities, skills, and an earnest conviction that I was going to help people in need. Very little self-consciousness was devoted to "ethical" issues.

When I graduated with my physical therapy degree, the scourge of the U.S. polio epidemic was finally receding, thanks to the introduction of a vaccine, but in its place new challenges had washed up on the societal shore. With all the verve of a new therapist, I energetically "rehabbed" patients faced with the functional challenges of spinal cord injuries, burns, strokes, and other common conditions. And when the opportunity to work in Africa was presented, I pulled my ponytail into a bun and went to work with patients who presented with nutritional deficiency–induced impairments, spinal TB, Hansen's disease, and yes, unfortunately, polio. But it was not long before I learned that every patient's "condition," wherever found on the globe, was only a part of the person's story, and it was to the larger story that I was inexplicably drawn over time.

The patient's story seemed to account for so much: who among patients had the courage and stamina, resiliency, and insight to survive amidst challenges that I am sure to this day would overcome my own resolve; which values seemed to support—or undermine—the human will under the extreme circumstances of persistent impairment from injury or illness; when, how, and why did patients' relationships with loved ones and others endure or crumble over the course of my professional encounter with them; and, perhaps, most perplexing, what could I *really* do to make a difference when the very life from which these people had been catapulted had to be transformed into something new and useful for their days, months, and years ahead. My wonder at the larger human questions I faced in the rehabilitation environment followed me from the clinic into the classroom and administrative offices. It was well summed up by a 6-year-old boy who, upon seeing a young man with quadriplegia whom I was treating early in my clinical career asked, awestruck, "You been in a *wreck* or something?" To which David, the patient, replied, "Yeah. Or something."

Looking back, it is not surprising that I stumbled into the study of ethics as a way to try to get at that "or something." I wanted answers to deal with the bigger questions of meaning and value as they presented themselves in the lived experiences of men, women, and children in the institutions of health care where I worked alongside other members of the rehabilitation team. But often I found that the issues I thought pressing did not have the "excitement value" among fellow bioethicists that transplantation and intensive care units, or even "death and dying" issues, held for them. Today, with the changing demographics of our society, where more are living longer but with quality of life challenges as their walking mates and bedfellows, the issues that long have compelled rehabilitation professionals are becoming everyone's concern.

Whatever your own professional journey that leads you to this moment, what can you, the reader/searcher, expect to find in this sourcebook? For one thing, you will find that the authors are writing in a professional and social environment that in some promising regards is dramatically changed from the days when I first started struggling with the bigger questions that accompanied me on my professional path to becoming a physical therapist–ethicist. Let me name some:

Today there is *a dramatic increase in the number of therapists committed to the exploration of the larger questions of value and meaning* through the study of ethics, the social sciences, and other fields while continuing to contribute in their roles of clinician, educator, researcher, and/or administrator. I am no longer by any means one of a scant few rehabilitation professional-ethicists. Several contributors to this

volume include just some of the leaders in the study and application of ethics in rehabilitation and other key settings where therapists apply their skills.

Indeed, today *the range of health-related settings in which physical therapists and occupational therapists apply their skills has increased dramatically.* They span the continuum from prevention and health maintenance, to acute care settings and the more traditional rehabilitation context, to home care and hospice. Physical therapists and occupational therapists also are deeply involved in community (including industry, school, and public health) settings as reflected in many of the contributors' chapters. This change not only increases the scope of practice but also of ethical questions encountered daily. This, in turn, requires therapists to understand and earnestly engage with a wider range of professional colleagues as solutions to ethical quandaries are sought. The richness of an enlarged circle of dialogue is reflected in the authors' framing of the questions and proposed approaches and strategies found in this volume. The four consultant contributions from the fields of philosophical ethics, nursing, pharmacy, and moral theology further bring home my point.

There is a *dramatically increased awareness in professional education programs that ethics and human values must be deeply integrated into students' professional preparation and formation.* This reflects, in part, a trend from the late 1960s onward in academic health profession programs generally toward a recognition that base competencies must include ethics knowledge, dispositions, and skills of ethical decision making. The trend to demand such competencies slowly is changing the face of professional curricula in both the classroom and clinical settings of rehabilitation and other therapy-oriented programs. The authors of this volume draw heavily on the good work being done nationally by their professional associations and in their local institutions.

There is also *a dramatic loss of public confidence in the authority, sincerity, and authenticity of the health professions as useful partners in societal efforts to improve the well-being of all persons,* especially those who are socially marginalized. In some regards, one can hardly call this a positive change. However, a positive outcome from this negative state of affairs is that the traditional "bedside ethic" that dominated the growth of bioethics in the United States and the Western world during the past half century is gradually being replaced by a more accurate conception of ethics as including interrelated individual, institutional, *and* societal dimensions. Consultant contributor John Glaser's framework of the "Three Realms of Ethics" fits well with the lived experiences of health professionals. The interdependence of clients, professionals, policy makers, and stakeholders in the larger society is no secret to therapists, and the task of finding a framework and the concepts and issues that highlight it is taken up by several authors in this book.

In short, overall the path is better laid out today and the overall environment is more inviting for adding such dimensions as rehabilitation, mental health, and community health concerns to the active bioethics and professionalism discussions than when I began my professional venture. More therapists are contributing to the discourse; a wider range of professions has increased and refined the areas of professional contribution and cross-professional collaboration; ethics teaching is finding its way into various aspects of formal professional preparation, and the necessity of including institutional and larger societal stakes in ethical analysis is saving the professions from ethical obsolescence, which would result if the focus of ethical concern remained solely at the traditional level of the professional-client relationship.

However, I daresay that in the final analysis, it is not these changes, important as they are, that will compel the reader to absorb, reflect on, and respond to the contributions in this book. The contributors were able to take advantage of the present environment and the benefit of each others' support and critique to expand upon the

boundaries of their own thinking to date as well as to think collectively about the concepts, context, and pedagogies that will help enrich ethics education in the health professions generally and provide some important markers for it in the rehabilitation fields more specifically.

The book is divided into three major sections focused, respectively, on **concepts**, **context**, and **pedagogy**, each with physical therapists' and occupational therapists' contributions as well as one or more consultant offering. What follows is a brief synopsis of each chapter. My hope is that it will bring some measure of readiness to you, the reader, about what to expect. The surprise will be how much more you will find in these actual chapters!

*Section 1, "Broadening Our Worldview of Ethics,"* contains pieces by seven contributors who chose to explore basic ethics (or ethics-relevant) **concepts** that might warrant consideration or rethinking because of insights from the environments where physical therapists and occupational therapists primarily are employed. Contributors examined ideas not often found in professional ethics texts or that are present but used in a different way. In Chapter 1, I offer commentary and reflection on the basic concept of *respect*, suggesting that by adding insights from modern psychology and law to more traditional interpretations, a professional ethic will give more attention to the role of the professional's *self respect* as well as increase the parameters of traditional expressions of respect for others. Suzanne Peloquin in Chapter 2 asks and addresses the provocative question of whether *empathy,* commonly viewed as a centerpiece of professional interaction, should be interpreted as having a moral dimension in the form of a moral disposition or attitude. (The theme of empathy arises again when Carol Davis addresses it in Section Three, which focuses on ethics education.) The next two chapters shift the reader's attention from the individual virtues of respect and empathy to what one might call a *"group moral virtue" of competence* applied to the entire professional enterprise. Penelope Moyers (Chapter 3) proposes that the moral justification for occupational therapy and physical therapy practice is the development and maintenance of *competence*, tying it to client-centered care; in Chapter 4, Shirley Wells highlights shortcomings in traditional bioethics approaches occasioned by a paucity of *cultural competence* to adequately account for the complexities of race, ethnicity, culture, and religion as well as to shape models of morality and moral reasoning. She outlines *an ethics of diversity* that would move the professions toward redressing these shortcomings. Jeffrey Crabtree (Chapter 5) and Charles Christiansen (Chapter 6) emphasize *moral dimensions of the professional-in-community.* Crabtree's exploration of assumptions about the self as understood in Western mainstream society (with its reliance on individual autonomy) picks up and expands on some of Wells' concerns. His analysis is set against the changing demographics of persons who seek the services of physical therapy and occupational therapy, proposing that they are more consistent with collective conceptions of the self. He provides supportive arguments for *collectivistic approaches and democratic (shared) forms of institutional decision making involving patients and clients*. Christiansen picks up on the theme of communitarian decision making as the appropriate mode for therapists to employ, emphasizing that the health care professions' institutional, especially educational, moral function is to create an environment that helps students appreciate *the special obligation of professionals to assume civic responsibilities*. To flourish, educators must emphasize *an ethics of social responsibility and leadership*.

Section One ends with a consultant contribution by nurse-ethicist Patricia Benner (Chapter 7). She presents the nurse's challenge in the identification and care of persons with chronic disease, taking into account the stigma involved in chronic illness. She walks the reader through several moral dimensions of chronic illness and the caretak-

er's own coping and proposes a means of gaining a clearer understanding of chronic illness in terms of the lived, social, and cultural experience of patients. The remainder of the chapter describes a framework of how *clinicians move from advanced beginner to expert status through reflective experience and the ethical insights and challenges* at each developmental step.

*Section 2, "Health Care Environment: Contextualizing Ethics,"* contains 10 chapters focused on the larger professional and social **context** in which the professions function. The authors include both important barriers to effective ethical functioning and supports for incorporating ethical concerns perceived from the standpoint of occupational therapy and physical therapy settings and activity.

Charlotte Royeen (Chapter 8) sets out a broad framework for this section. In her engaging analysis of our professions, she critiques some key strengths and weaknesses of evidence-based medicine in the rehabilitation professions setting, concluding that a TRIO model of ethics is appropriate for best practices in interventions involving physical therapy and occupational therapy. The TRIO model includes *habits of the mind, heart, and art.* Six factors therapists can use to ensure best practices are embodied in the form of a mnemonic, ETHICS.

Do therapists in any work setting perceive themselves as moral agents? In Chapter 9, Herman Triezenberg shares observations gleaned from his own research that suggest the answer is "yes." When queried about the interpretation of their moral role and what it entails, physical therapists responded that *there is a moral component to their role (presumably in any work setting)*, some aspects of which are defined by characteristics of the relationship between the individual therapist and patient and others that involve moral obligations to future patients, physical therapy peers, professional organizations, social agencies, and society at large. Adding to the theme of moral agency, Lee Nelson creates a blueprint for change and *the moral role of therapists as change agents in society* (Chapter 11). Taking the case of a lack of lymphedema services, she describes how one state's group of therapists, working with other health professionals, client groups, government officials, and others, was able to develop a plan for the provision and implementation of lymphedema services. This group's experience highlights professional responsibility, advocacy, access to care for chronic conditions, and other justice issues and concerns related to evidence-based medicine.

Two chapters address ethical implications of the exciting and ever-changing health care environment, one from the standpoint of complex technologies, the other from new discoveries related to the brain's functioning. Regina Doherty (Chapter 10) tackles *ethical questions arising from our technology-intensive health care environment.* She skillfully uses a series of case studies to exemplify why occupational therapists and physical therapists are morally obligated to become knowledgeable and competent regarding health-related technologies generally, not just with those they use. The context of her concern focuses primarily on the individual patient-therapist relationship, but with a steady eye she also considers the ethical effects of technology on professional practice and vice-versa. Later, Ivelisse Lazzarini (Chapter 14) takes the reader into a realm where past science fiction has become current scientific reality. Advances in neuroscience help us to understand how the brain works and can be manipulated. The enormous potential for clinical progress in the treatment of neurological conditions carries with it serious ethical and legal implications. She believes that rehabilitation professionals have *a moral obligation to become aware of the ethical dilemmas occasioned by neuroscience advances*, be prepared to respond to them, and include them in the ethics curricula of our students.

In Chapter 12, Laurita Hack *underscores the impact of institutional practices and policies on the behavior of professionals* by analyzing three disparities that face the phys-

ical and occupational therapy professions relative to ethical practice and moral behavior: the disparity between reflective and reflexive action, the seeming reversal of some attitudes and values once students become practicing clinicians, and the impact of an organization on the performance of therapists. She makes a persuasive case that to decrease this problem, educators and others must focus attention on the effects of institutional practices and policies.

Mary Ann Wharton (Chapter 13) uses her study of *the mission and role of the American Physical Therapy Association's Chapter Ethics Committees* to examine the current functioning of those committees. She emphasizes ways the Chapter Ethics Committees are similar to (and different from) such committees in the American Occupational Therapy Association. She urges educators to emphasize the importance of using ethics committees for education about ethics, case consultation, and policy development.

An *in-depth comparison of widely used "client-centered care" models* provides the focus of Panelpha Kyler's contribution (Chapter 15). Using examples of the interpretive model and deliberative model in the medical literature, she poses questions about their applicability to occupational therapy's and physical therapy's concepts of client-centered care and family-centered care and provides ethical considerations to support her conclusions.

This section ends with two consultant contributions (Chapters 16 and 17) by John Glaser and Karen Gervais. John Glaser, Vice President for Theology and Ethics in the St. Joseph Health System, describes a foundation of human dignity upon which ethical decisions must rest. There are *three realms of ethics (individual, organizational, and societal)* in which professionals and others must face hard choices. Traditional bioethics focuses primarily on the individual, a shortcoming Glaser sees as devastating to the appropriate work of ethics, since lives are lived within organizations and individual lives are influenced by (as well as influence) organizations and the larger society. He reflects on how a "community of concern" would look, whereby like-minded persons could acknowledge their deep interdependence (such as that described by Crabtree and Christianson in earlier chapters of this book) and in so doing be able to make decisions focused on organizational and societal considerations without unduly compromising their individual well-being.

Philosopher Karen Gervais provides *a process model for ethical decision making.* This straightforward model shows that background knowledge, case analysis, and self-assessment are three types of preparation essential to ethical decision making and describes each. An important point distinguishing this model from many others is its emphasis not only on the clinical but also on the organizational and societal factors (reflective of Glaser's three realms) affecting knowledge acquisition, case analysis, and self-assessment prior to actual decision making.

***Section 3, "Transforming Ethics Education: Strategies for Student Learning,"*** beams attention squarely on the educator and learner. Authors in this section make explicit suggestions for ethics education, although every chapter in the book was written with the goal of improving ethics education. These final chapters are not designed to be a template for one approach but rather to provide tools and ideas to guide the ethics educator to her or his own goals.

To begin this section, Gail Jensen (Chapter 18) introduces the reader to the idea of *mindfulness as an instrument enabling health professionals to engage in lifelong learning and continue to gain expertise.* She includes the key concepts found in the literature, applications of them to clinical cases, and a critical self-reflection on her own teaching of ethics, particularly her own exploration of evidence that students are learning mindfulness.

What are the *implications for ethics education of the growing interest in spirituality* within the health professions? In Chapter 19, Linda Gabriel reflects on this from the standpoint of "a nagging feeling that some important affective learning element or ingredient is missing from my [ethics] course." After a descriptive section regarding terms often associated with spirituality, she suggests the concept of "spiritual intelligence" as a conceptual link between spirituality and ethics, the goal being to explore *the possible link between spiritual self-awareness and the teaching and learning of ethics.*

Carol Davis' goal in Chapter 20 is to provide the reader with *suggestions how to best educate and inspire students to exercise moral courage.* She begins with the question of how we develop our moral consciousness and conscience as adults. The chapter reviews components of moral action, including thought, emotion, and social interaction, and then highlights two common emotions, sympathy and empathy, for their links to altruistic behavior. She also contrasts moral sensitivity and judgment with moral courage and action.

Laura Lee Swisher (Chapter 21) offers a *framework for designing appropriate content of an ethics curriculum:* an appreciation of the field's social and environmental context; the necessity of addressing the multidimensional nature of moral behavior; the use of intermediate concepts (e.g., confidentiality, autonomy) for teaching and evaluation of moral judgment; moral motivation based on the professional role and moral obligations of professionalism; and ongoing research and scholarship focused on professional identity within the environmental context. For each of these recommendations, Swisher assigns the ethics educator a role—as organizational construction worker, curriculum architect, everyday philosopher, midwife, and scholar.

Returning to a focus on the adult learner that Gail Jensen, Carol Davis, and others emphasize in other parts of Section Three, Susan Sisola (Chapter 22) addresses barriers that create challenges to developing and implementing ethics education She suggests insights from *three adult education models as direction for overall curricular design and specific educational strategies* in ethics education.

In his "Reflections on Student Learning," Ernest Nalette (Chapter 23) takes the reader through *four foundational concepts to guide pedagogy*: concreteness, objectivity, analysis, and skepticism of convention. He proposes that the goal of ethics education is to help professionals "break the moral silence," a silence he views as a contributing factor to the detriment of patients' and professionals' well-being.

Drawing on her more than 20 years of research, Elizabeth Mostrom focuses Chapter 24 on a description of *student learning and development about ethical and humanistic dimensions of care during their clinical education experiences.* She divides the chapter into what students tell us (the voice of students) and lessons learned from clinical instructors and other colleagues. She ends the chapter with suggestions how academic and clinical faculty can expand and enhance opportunities for teaching and learning about the ethical and human dimensions of care in clinical settings.

Using the innovative pedagogical device of a moot court simulation in Chapter 25, Jan Bruckner illustrates *the effective use of a teaching case and importance of including research ethics in the ethics curriculum.* She describes the process by which informed consent is learned and assessed by students and presents a model of community consent developed by Thomasma based on the principle of beneficence with the claim that every person has the obligation to improve society.

In the penultimate Chapter 26, Aimee Luebben moves the reader's attention from the teaching of ethics to *a focus on the ethics of teaching.* She draws primarily on the ideas of Dewey and Schön, both of whom have "extolled the value of reflection to resolve complex issues" and suggests mechanisms for reflection on this important dimension of the larger picture of ethics education.

Chapter 27 is contributed by consultant ethicist Amy Haddad. A nurse by training and a recent national Carnegie Scholar of the Carnegie Foundation for the Advancement of Teaching, Amy suggests means of applying the scholarship of teaching and learning to critical inquiry about ethics education. As a fitting ending to this ethics sourcebook, she leaves the reader with the challenge of determining what works in ethics education, what is possible, and what is really happening when students learn.

Taken together, the contributors' highest hopes will have been met if, in the reading of these chapters, you bump up against ideas that resonate with not only the best of what ethics education is offering today but also with generative ways to improve our mutual goals in this arena. We hope we have raised some more questions for your own exploration and that you will enthusiastically add to the discourse.

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