

# 健康照護研究倫理中的關係典範 ( Relationships Paradigm in Healthcare Research Ethics )

~心中有關係就沒有關係

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# 單元內容

- 研究倫理中的重要原則
- 研究倫理中原則典範的挑戰
- 健康照護專業中關係論的緣起
- 健康照護專業中關係的倫理（relational ethics）之主軸
- 健康照護專業中倫理的關係（ethical relationships）之要素
- 研究倫理中關係典範（relationship paradigm）之運用
- 倫理留心（ethical mindfulness）之特質。

# Game Playing

“Game playing,” in science or in any occupation, can be defined as the *ability and willingness not only to govern your actions by a set of rules, but to have the rules work in your favor*. It is a legitimate approach to a satisfying life in science, based on the assumption that you have intelligence, energy, training, and perception—the normal basic equipment for a scientific career. Alternatively, games may be characterized as “*winning strategies*” or “*prescribed procedures for standard responses to actions by others*” or “*codified responses to actions by others*” or “*conducted according to rules,*” but whatever the





# China to Probe Baidu Search Engine Over Misleading Medical Advertising

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ASIA & PACIFIC 18:49 02.05.2016 [Get short URL](#)

0 138 1 0

China's Cyberspace Administration (CAC) is going to investigate the medicine advertisements at China's largest search engine Baidu, according to local media.

**NEWS**

|               |                  |                       |
|---------------|------------------|-----------------------|
| <b>LATEST</b> | <b>MOST READ</b> | <b>MOST DISCUSSED</b> |
|---------------|------------------|-----------------------|

16:30 France to Reject EU-US Trade Accord at Current Stage of TTIP Talks

<http://www.scmp.com/news/china/policies-politics/article/1940511/china-launches-probe-baidu-over-paid-search-listings>

The **D**evil

is in the



**Details**

# Drug trial participant brain dead, 5 others hospitalized in France



By **Jen Christensen**, CNN

Updated 1950 GMT (0350 HKT) January 15, 2016 | Video Source: CNN



**BFMTV NEWS 24/7**

**DIRECT 16:27**

**DOW JONES INDUSTRIAL AVERAGE**  
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**DEVELOPING STORY**

**SIX HOSPITALIZED IN FRENCH CLINICAL DRUG TRIAL**

**CNN**

S&P 500 -198.34

# Experts blame 'toxic' drug for death in French medical trial

TECHNOLOGY Wednesday 20 April 2016 - 7:08am



File: The experts said the problem with the drug was probably its poor ability to bind to its target, the FAAH enzyme. Photo: Photo by Frank Bienewald/LightRocket via Getty Images

- **PARIS - Medical experts said on Tuesday that the death of a man in a French drug trial was probably caused by the compound itself, saying it was probably toxic.**
  - <https://www.enca.com/technology/experts-blame-toxic-drug-deadly-french-medical-trial>

# James "Butch" Quinn

## ~ Artificial (Abiomed) Heart Recipient



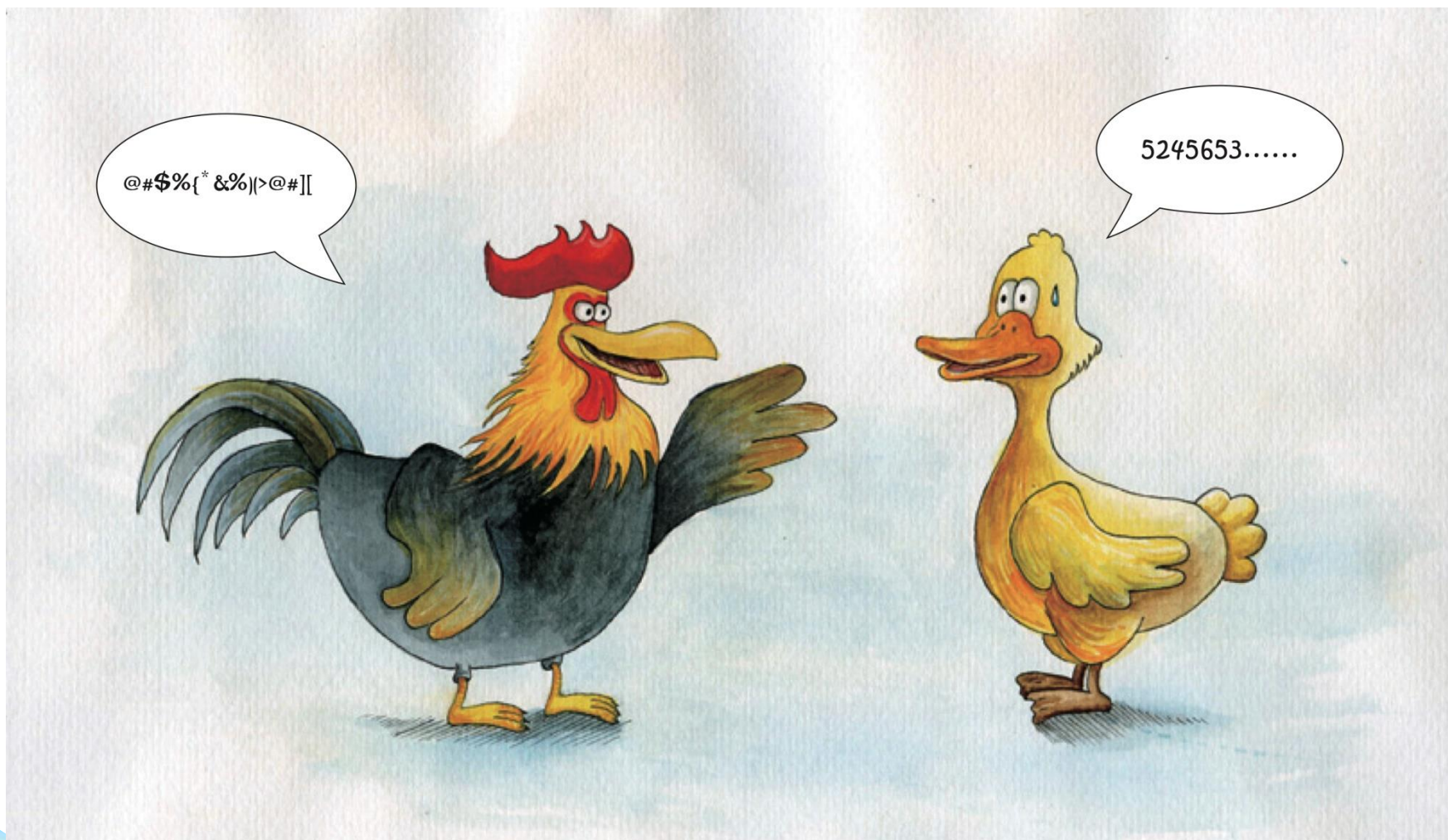
- 2002
- 52 year old with 9-year history of heart disease
  - irreversible high blood pressure
- Lived for 10 months with the device
- Sustained fatal stroke
- Died two days later after brain dead



# Was it Wrong?

- a **14**-page ~ trial's informed consent form
  - bluntly outlined the experiment's risks
    - stroke, brain and organ damage, discomfort and pain
- **Risk**
  - “New and experimental operation”
  - Complications could occur (previously unknown or unforeseen)
- **Potential benefits**
  - “uncertain and not proven”
    - <http://www.nytimes.com/2002/10/08/science/on-medicine-s-frontier-the-last-journey-of-james-quinn.html?pagewanted=all>

# 雞同鴨講



# 樂觀主義陰謀

- Dr. Caplan calls "the conspiracy of optimism" that surrounds medical research
- Mrs. Quinn recalls that she and her husband were intent on saving his life.
  - "It was like a do-or-die situation," she said.
  - "The device could save your life, or you die."
- <http://www.nytimes.com/2002/10/08/science/on-medicine-s-frontier-the-last-journey-of-james-quinn.html?pagewanted=all>

# Reactions

- Lawsuit over **consent process**
- Recipient's widow says she and her husband *were misinformed and misled on risks, benefits and the potential for pain and suffering*
  - “There was no quality of life. It was too painful. He said he wished he'd never done it.”
- “*The informed-consent process failed,*” said Alan Milstein, Quinn’s attorney, who has represented plaintiffs in other cases involving clinical trials.
  - “They didn’t understand what it meant to volunteer for a human subject experiment. They thought this was *his only chance*, that it was a therapeutic option, and not that he was a human guinea pig.”
    - <http://ahrp.org/artificial-heart-implant-leads-to-suit-over-consent-process/>



# Principlist Paradigm

- **Principle-based justice ethics**
  - Focus on balancing principles
  - Presumes universal, or at generalizable, ethics
  - Individual is primary
  - Foster a psychological distance between scientists and subject

# One Word of Caution

## ■ Not absolute

- Changing
  - Many variables exist in the context
  - In conflict
  - Several principles seem to be applicable
- 
- A moral person's *actual* duty is determined by weighing and balancing all competing *prima facie* duties in any particular case.
    - W.D. Ross, moral philosopher

# Concerns of Principlism

1. continuing errors and abuse of human subjects of research in America despite federal regulations
2. American regulations should not be applied in all cultures
  - American regulations grounded in the principles of autonomy, beneficence and justice
3. regulation is not the answer to all ethical questions concerning human subject research

• King, Henderson, & Stein, 1999

# Questions to consider in the principlist paradigm

- What principles is applicable in this case?
- How would applying the principlist paradigm help you analyze this case?
- Impartiality scientist's connectedness to participants?
  - Nurse? Researcher?





# Conflict Nature of Science & Ethics

- **Scientific responsibility**
  - Search for truth through randomized controlled trial (RCT)
- **Ethical duty**
  - Protecting welfare → jeopardizing control

**Scientific Rigor**

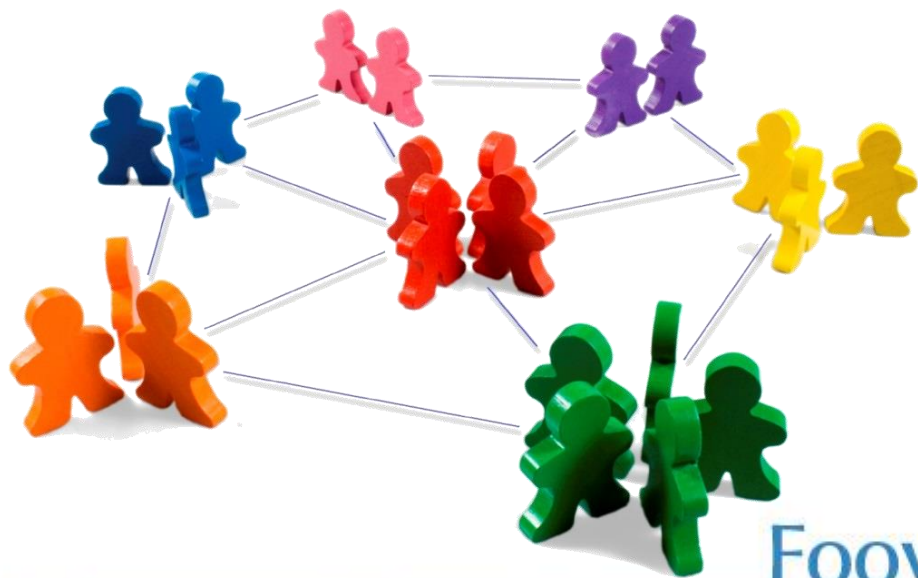


**Participant welfare**



# 關係典範

# Relationships Paradigm



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# Ethics 倫理

- **Ethics is concerned with whether or not our actions are morally good (Pesut & Johnson, 2013) and with judgments about what is right or wrong (Fry & Veatch, 2011).**
  - **(Benner, 2004)**
  - **Benner, P. (2004). Relational Ethics of Comfort, Touch, and Solace—Endangered Arts? *American Journal of Critical Care*, 13(4), 346-349.**

# 關係倫理 Relational ethics

- considers “how we interact with others”
  - (Oberle & Raffin Bouchal, 2009)
- Attention to
  - 道德空間  
the moral space where morality is enacted
  - 自己與他人的關係  
the relationship between self and others
    - (Benner, 2004)
      - Benner, P. (2004). Relational Ethics of Comfort, Touch, and Solace—Endangered Arts? *American Journal of Critical Care*, 13(4), 346-349.



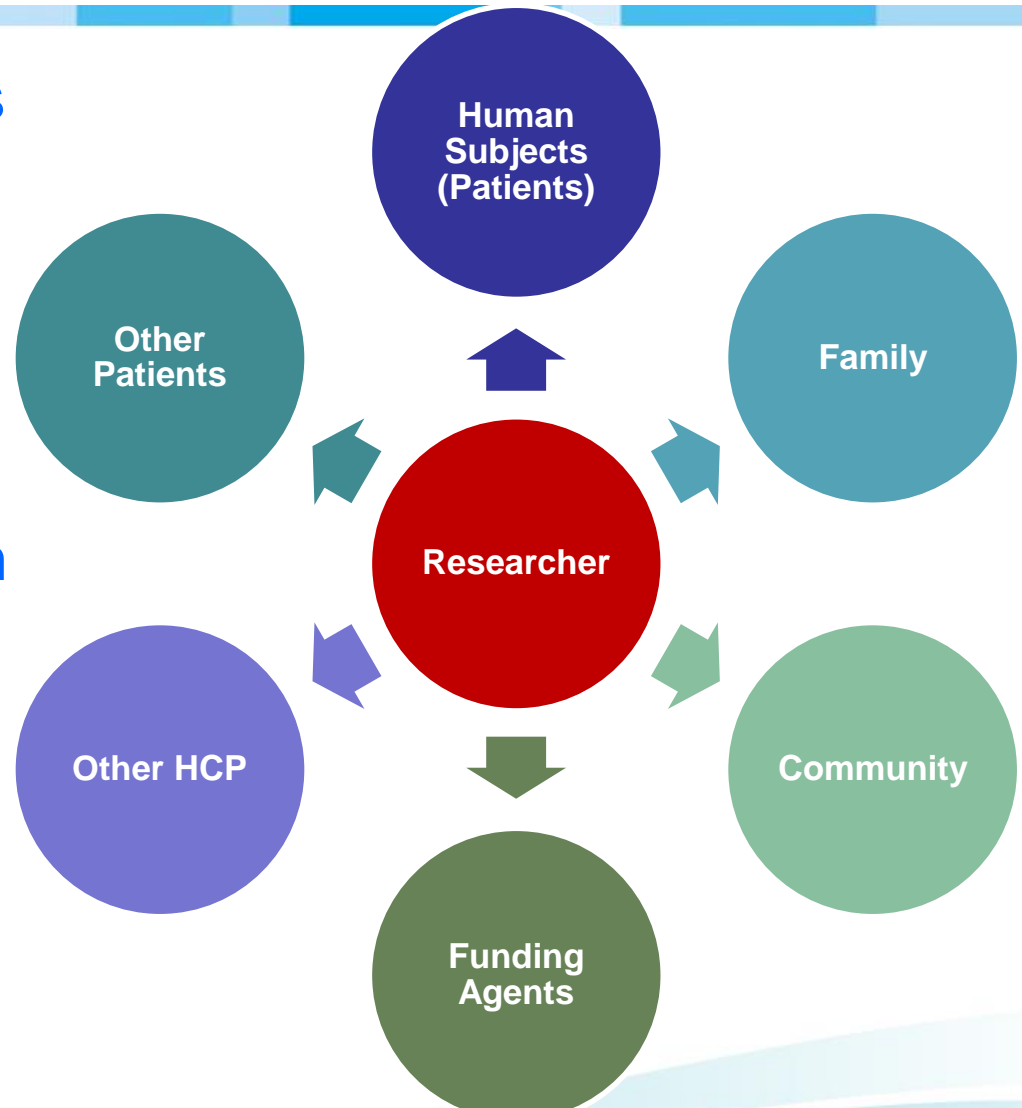
# Relational Ethics

- directs us to an analysis of the ‘relational space as the location of enacting morality’
  - Bergum (2004), p. 487
- The significance of relationships
  - ‘we can only live well autonomously if we live well together’
    - Bergum (2004), p. 491
  - moral good and happiness is rooted in our relationships with others
    - MacDonald, H. (2007). Relational ethics and advocacy in nursing: Literature review. *Journal of Advanced Nursing*, 57(2), 119-126. doi: 10.1111/j.1365-2648.2006.04063.x

# Relationships

Relational ethics assumes that ethical practice is consistently situated in relationships—with patients, family members, other caregivers, the community, and the health care system (Bergum, 2013; Pergert & Lutzen, 2012).

Benner, P. (2004). Relational Ethics of Comfort, Touch, and Solace—Endangered Arts? *American Journal of Critical Care*, 13(4), 346-349.



# Relational ethics in everyday practice

- Moore, J., Engel, J., & Prentice, D. (2014). Relational ethics in everyday practice. *Canadian Oncology Nursing Journal*, 24(1), 31-39.



## Relational ethics in everyday practice

by Jane Moore, Joyce Engel, and Dawn Prentice

### Abstract

Oncology nurses frequently encounter ethical issues in their everyday practice because of the complex needs of patients, which require the expertise of many health care providers. The involvement of various health care providers, as well as of the patient and family means there is the potential for differing views about what is best for the patient. The focus of this paper is to share a case history describing the ethical issues experienced by nurses and to illustrate how relational ethics can offer guidance for nurses caring for patients with cancer.

### Case history

Matthew (a pseudonym) was a 20-year-old student attending university and living with his parents and sister when he was diagnosed with B-lymphoblastic leukemia (B-ALL). B-ALL is the most common type of acute lymphoblastic leukemia in which too many B-cell lymphoblasts are found in the bone marrow and blood (Pui, Robinson, & Look, 2008). Following bone marrow biopsy confirmation of B-ALL, chemotherapy was commenced and complete remission was achieved.

Two years later, Matthew presented to the hospital with a one-week history of abdominal and shoulder pain, fatigue, ecchymosis to both legs, and epistaxis. Blood work confirmed relapsed B-ALL and Matthew received re-induction therapy. Matthew developed febrile neutropenia and a presumed fungal pneumonia and received antifungal treatment.

Several weeks after initiation of the re-induction therapy, Matthew developed a lesion on his right upper arm. The biopsy showed the lesion as asseptate hyphae, which is highly suggestive of mucormycosis, a rare fungal infection that has increased in incidence over the past decade (Pagano et al., 1997). Mucormycosis can invade the vascular system and occurs most frequently in patients with acute leukemia, in patients with lymphoma who are neutropenic, and in patients who have received transplants and are receiving immunosuppressive therapy (Skiada et al., 2012).

Shortly after the development of the arm lesion, Matthew had a sudden cardiac arrest. The arrest was secondary to a massive hemoptysis that resulted from a fistula formation between his lung and his right axillary artery. This type of aggressive tissue invasion is consistent with disseminated mucormycosis and is usually associated with extremely high rates of mortality. Matthew was resuscitated and transferred to the intensive care unit for a bronchial artery embolization and stent placement. The development of further lesions on his arm and hand was ongoing and Matthew continued to deteriorate. With great reluctance, Matthew, his family, and the primary physician, made the decision to institute a 'Do Not Resuscitate' (DNR) status. This shifted the goal of therapy towards comfort measures, and a recommendation that

Matthew be discharged home on a new antifungal medication. While the previous antifungal therapy was covered under public insurance for both institutional and home use, the new antifungal medication was not. Matthew and his family had no private insurance coverage, and the cost of the new antifungal medication was approximately \$2,000 per week, which Matthew and his family could not afford. In such circumstances, the Ontario Ministry of Health and Long-Term Care (MHLTC) have a special access program that facilitates patient access to drugs not funded on the public formulary, or where no listed alternative is available (Government of Ontario, 2012). A request was made to the ministry to cover the cost of antifungal therapy for Matthew. However, it was denied on the basis that there was a lack of published research showing efficacy of this particular antifungal medication in treating mucormycosis in immunosuppressed patients. It was suggested that his drug costs may be covered at home if he was placed on an alternative, previously used medication, which was less expensive, but for which efficacy was questionable in relation to the treatment of mucormycosis.

Although Matthew wanted to go home, the denial of funding for the antifungal therapy meant that he could stay in hospital on the new medication or go home on those that had proven ineffective. Subsequently, Matthew remained in hospital for the last 15 months of his life. His family incurred considerable inconvenience and expense in visiting him because they lived 45 minutes by bus from the hospital. Several weeks after the initiation of the DNR order, Matthew died.

### Introduction

In 2013, more than 180,000 Canadians will be diagnosed with cancer. Approximately 75,000 will die from the disease and nearly one million will continue to live with cancer 10 years after diagnosis (Canadian Cancer Society, 2013). Although the care of cancer patients involves professionals from several health disciplines, nurses are the largest body of health care providers who work with oncology patients on an hour-to-hour basis (McLennon, Ulrich, Laisiter, Chamness, & Helft, 2013). To provide high-quality care, oncology nurses require a specialized skill set to manage the complex physical, psychosocial, emotional, and spiritual needs of cancer patients. This complexity is complicated even further by the sometimes competing beliefs, values, and goals of the patient, family, and health care team and the various duties of the interprofessional team that can lead to conflicts about best approaches to care and fragmentation in communication (Abma, 2005; Pergert & Lutzen, 2012). Not surprising, nurses routinely encounter ethical issues or concerns related to providing care to cancer patients and families (Leung & Esplen, 2010).

Ethical issues and concerns may occur when there is tension between what the nurse believes is the right thing to do in a certain situation and the views of other health care providers, or between what the patient desires and what is possible or recommended from a system or treatment perspective (Ahmed & Ali, 2013). Pavlish and colleagues (2011), in their study of clinical ethical incidences, found that nurses reported two major areas of patient care concerns: those related to quality of life in the context of pain and suffering and those related to promotion of patient autonomy and decision-making. Nurses in the study also reported having regrets about witnessing patient suffering (physical and emotional), as well as a perception that they were not doing enough to help patients and that the health care system had failed. Ethical concerns faced by nurses also involve communication issues between patients, families, physicians, and other health care providers. Reinke et al. (2010) reported that nurses who cared for patients with terminal conditions, identified that communication issues, specifically those relating to the reluctance of physicians to discuss prognostic-related topics with patients, were a major ethical concern for nurses. Similarly, McLennon et al. (2013) found that oncology nurses who cared for advanced cancer patients reported common ethical concerns such as problems with truth telling, conflicting obligations, and futility. Truth telling was related to

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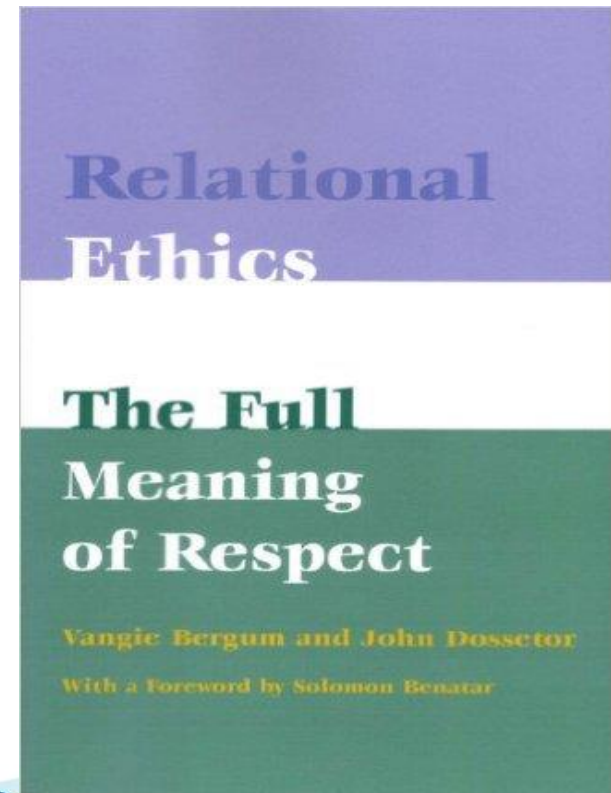
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# Cores of Relational Ethics 1/4

## 1. Full meaning of RESPECT → mutual respect

- reliance on compassionate and reciprocal empathy for the feelings of others
- understand “original position” behind a veil of ignorance

- Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group





# 相互尊重 Mutual Respect

- interactive and reciprocal
- emphasis on respect for and acceptance of difference
- both respectful of others and respectful of oneself
  - Bergum V. (2004) Relational ethics in nursing. In *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice* (Storch J.L., Rodney P. & Starzomski R., eds), Pearson Education Canada Inc., Toronto, pp. 485–503.



# Cores of Relational Ethics 2/4

## 2. Interpersonal relationship

- Duty to interact with subjects on their own terms in response to their own needs

## 3. Common good – partners

- Scientists and prospective participants to uphold the common good rather than individualistic notions of the good life

# Cores of Relational Ethics 3/4

- 4. Based upon justice-Care position**
  - 1. individuality is a product of ongoing interactions between a person and her or his social environment**
  - 2. respect for individuality need not threaten a sense of community**
  - 3. one cannot care for others without recognizing and being responsive to their individuality**

# Cores of Relational Ethics 4/4

## 5. Research Vulnerability

- a susceptibility to harm that does not rest solely upon the physical, psychological, or social characteristics that society views as disadvantageous, but upon the degree to which an *individual's welfare* is dependent upon the specific actions of scientists within a specific experimental context
  - **Subjects: susceptibility to research risks**
  - **Scientists: specific ability to alleviate risk**

# 倫理的關係的要素

## (Key Elements of Ethical Relationships)

1. Embodiment
2. Mutuality
3. Engagement
4. non-coercion
  - Freedom
5. Choice
6. Consideration of the environment
  - Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group

# 具體化 Embodiment

- focus on both the mind and body
  - healing for the person focus on both the mind and body
- requires nurses to connect with others in a way that they can really understand what the person is experiencing
  - Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group
- as the recognition ‘that scientific knowledge and human compassion are given equal weight ...emotion and feeling are as important to human life as physical signs and symptoms’ (p. 492)
  - Bergum V. (2004) *Relational ethics in nursing*. In *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice* (Storch J.L., Rodney P. & Starzomski R., eds), Pearson Education Canada Inc., Toronto, pp. 485–503.

# 相互關係 Mutuality

- a relationship that is beneficial to both parties
- encompasses a deep understanding of the values, beliefs, and goals of the other
- is a reciprocal and interactive process
- a human exchange that rewards
  - the nurse with truly knowing the person and
  - the patient with a sense that his or her participation in care is respected and invited
- Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group

# 參與 Engagement

- **takes time and skill, requires the nurse**
  - to connect with the patient with openness, trust, and responsiveness and
  - to set appropriate boundaries
    - Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group
- **key components of engagement**
  - True presence, personal responsiveness, and empathy
- **cultivation of a sensitivity that promotes *authentic connection***
- **Engaging in the ‘lived life’ of the individual, at the same time that we engage in the ‘lived body’, is the embodiment of care in nursing**
  - Bergum V. (2004) Relational ethics in nursing. In *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice* (Storch J.L., Rodney P. & Starzomski R., eds), Pearson Education Canada Inc., Toronto, pp. 485–503.



# 免於脅迫 Non-Coercion

- not forcing someone to do something against that person's wishes
- Not to limit choice and freedom
- the person should be regarded as someone who is capable of self-determination and moral decision-making
  - Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group

# 選擇 Choice

- is the ability to make one's own decisions and is directly tied to *freedom*
  - (Bergum & Dossetor, 2005)
- Within this context, the capacity for *choice* or *autonomy* is seen as interdependent, and emerges out of the moral space that asks “*what are you going through?*” and “*what is the best thing to do in this situation?*”
  - (Wright & Brajtman, 2011, p. 24)

# 環境 Environment

- “each of us... a living system... that changes through daily action”
- Interconnectedness: how the environment (e.g., patient, family member, health care providers) directly or indirectly affects each other
- explores critical *elements* or *characteristics* of the healthcare system within which nurses work and how the nature of nurses’ relationships is affected by this *system*
  - the impact/ influence of political and power structures that play a role in relationships and patient care
    - Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group

# Advocacy & Relational Ethics

- **Advocacy 擁護/代言** is “universally considered a moral obligation in nursing practice” (p.119)
- “Relational context has a powerful role in influencing nurses’ advocacy actions” (p. 125)
  - **MacDonald, H. (2007). Relational ethics and advocacy in nursing: Literature review. *Journal of Advanced Nursing*, 57(2), 119-126. doi: 10.1111/j.1365-2648.2006.04063.x**

# Patient Advocacy 病人代言

- rooted in
  1. the recognition and valuing of patient rights
  2. the role of nurses as advocates for the interests and rights of individuals

- Bandman E. & Bandman B. (2002) *Nursing Ethics Through the Life Span*, 4th edn. Prentice Hall, Upper Saddle River, NJ.

- Hallik M. (1997) Advocacy in nursing – a review of the literature. *Journal of Advanced Nursing* 25, 130–138.



# Assumptions of Relational Ethics

- Relational Ethic Derived from a **Justice-Care** Perspective
- Research **Vulnerability** as a Relational Construct
- Relationalism and **Participant Perspectives**
- **Debriefing** as Part of the Ongoing Process of Co-Learning
  - "Paper Three: Relational Ethics and Research with Vulnerable Populations" Online Ethics Center for Engineering 6/27/2006 National Academy of Engineering Accessed: Wednesday, October 07, 2015 <[onlineethics.org/Topics/RespResearch/ResResources/nbacindex/index/mpaper3.aspx](http://onlineethics.org/Topics/RespResearch/ResResources/nbacindex/index/mpaper3.aspx)>. From <http://onlineethics.org/cms/9004.aspx>

# Debriefing → 成果回饋

國立成功大學人類研究倫理審查委員會 105.03.21 版 頁 4 / 6

## 2.7 研究參與的風險評估及因應措施

①請自評研究參與者可能遭受權益損害風險，如身體受傷或不適、心理或情緒方面的負向感受、工作權益受損、財務損失、法律訴訟、被污名化、貼標籤或歧視等；②請就可能遭受權益損害風險，簡述可能發生的原因，以及事前預防、現場或事後的因應措施。

## 2.8 研究參與補償或成果回饋(回饋對象可為個別研究參與者、所屬群體、社區、部落、機構等)

無

有，請簡述①補償的物品、金錢、額度；②於哪個階段補償；③中途退出的補償作法；④回饋的方式及內容。

## 3. 研究團隊之利益衝突揭露

### 3.1 研究團隊的職務或身份與研究參與者有不對等權力關係

否 是，說明：\_\_\_\_\_

### 3.2 研究團隊是研究合作、計畫委託、或經費補助單位的支薪顧問或督導

否 是，說明：\_\_\_\_\_

# Research Vulnerability

- as a Relational Construct
- Research vulnerability is defined
  - in terms of a susceptibility to harm that does not rest solely upon the physical, psychological, or social characteristics that society views as disadvantageous, but upon the degree to which an individual's welfare is dependent upon the specific actions of scientists within a specific experimental context.
  - "Paper Three: Relational Ethics and Research with Vulnerable Populations" Online Ethics Center for Engineering 6/27/2006 National Academy of Engineering Accessed: Wednesday, October 07, 2015  
<[onlineethics.org/Topics/RespResearch/ResResources/nbacindex/mindex/mpaper3.aspx](http://onlineethics.org/Topics/RespResearch/ResResources/nbacindex/mindex/mpaper3.aspx)>.  
From <http://onlineethics.org/cms/9004.aspx>





# Beyond Regulations ~ Ethics in Human subjects Research

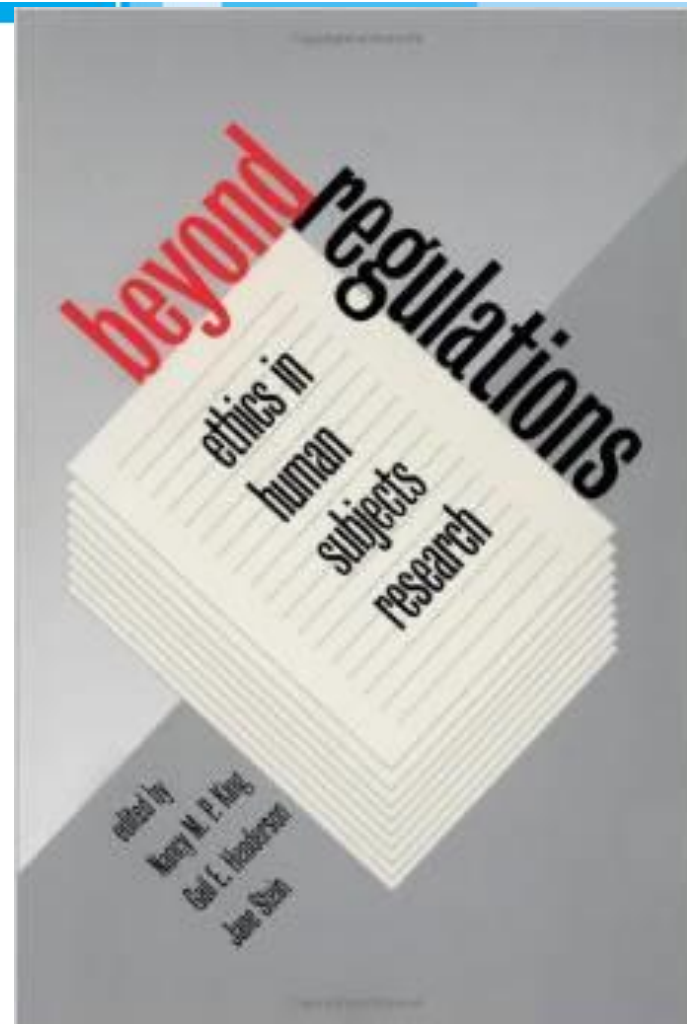
- Relationship in Research
  - Relationship-focused
  - Richly contextual perspective

Principlist Paradigm



Relationships Paradigm

- King, Henderson, & Stein, 1999



# 關係典範的焦點

## Focus of relationships paradigm

1. Relationships
2. Interactions
3. Contextual and historical considerations
4. Power
5. Responsibility

- King, N. M. P., Henderson, G. E., & Stein, J. (Eds.). (1999). *Beyond regulations: Ethics in human subjects research*. Chapel Hill: University of North Carolina Press.



# 多層關係 1/5

## 1. Multi-layering

- Layering of relevant relationships
- Identifies relevant relationships in research
  - King, Henderson, & Stein, 1999



# 情境/環境 2/5

## 2. Context-based /Environment

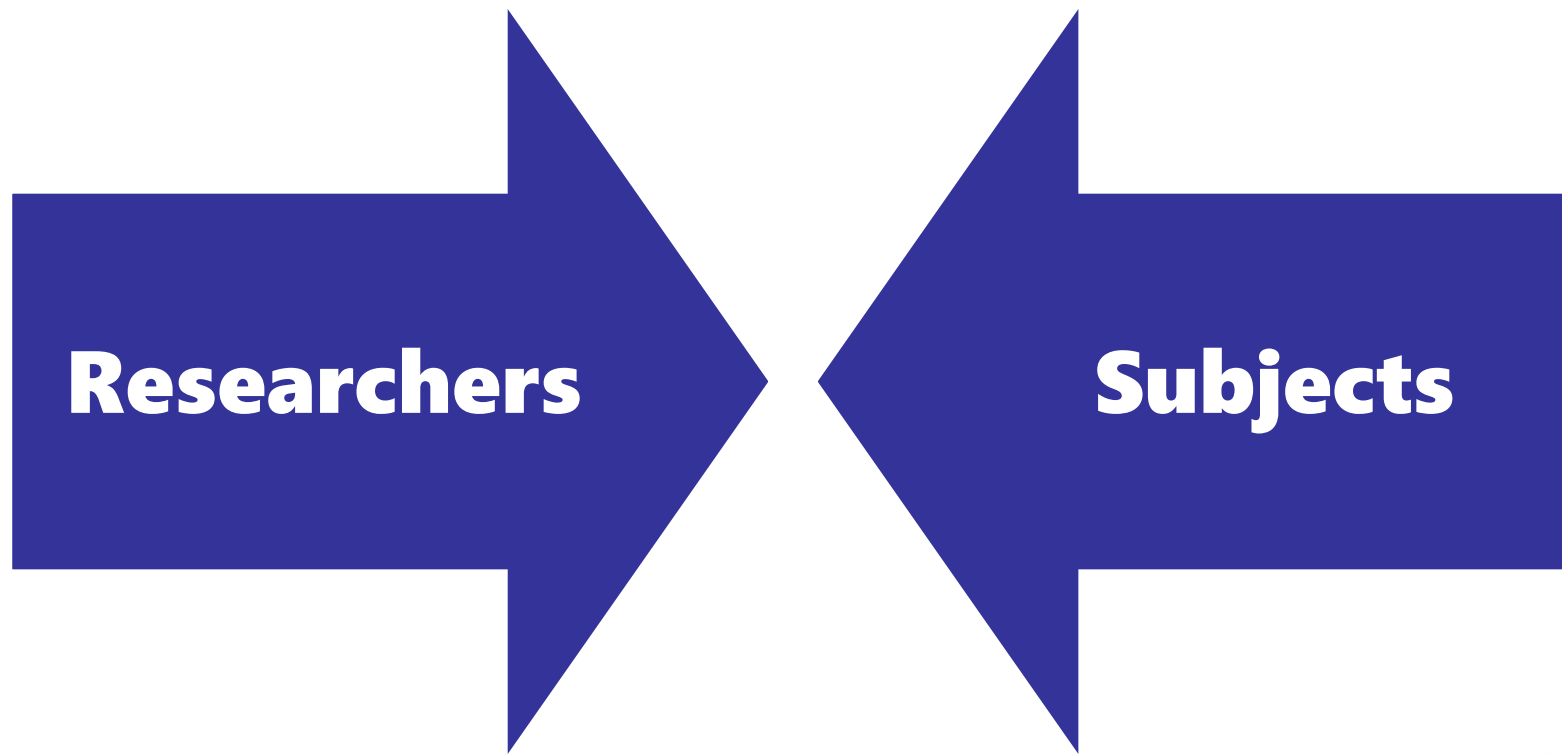
- Describes and names context in which research takes place
- Context-based
  - Culture, gender, race/ethnicity, community, place
- Cross-cutting issue, wider frames of reference
- Historical considerations

- King, Henderson, & Stein, 1999



# “All research is ‘cross-cultural’”

- King, Henderson, & Stein, 1999, p.1



# 敘述/參與 3/5

## 3. Narrative focus / Engagement

- Involves stories and interactions
- Scientist-participant dialogue

- King, Henderson, & Stein, 1999



# 持續 4/5

## 4. Continuity

- Has a temporal feature that does not begin or end with research project itself



# 改變 5/5

## 5. Change

- Change in relationships over time
- Not predetermined
  - King, Henderson, & Stein, 1999





# Questions to Consider in Relationships Paradigm

1. Define, describe, elaborate on the nature of the **researcher-subject relationship** in the case
2. Is there a priority ranking of relevant relationships besides research-subject?
3. What is the **nature** of the research in this case? (e.g. is it considered necessary? Does it have significant, and if so, for whom?)
4. How is **power** reflected or enacted through the relationships in this case?
5. What, if anything, is missed by using the principlist paradigm? What if you were only to use the relationship paradigm?

# Researcher-Participant Relationship

Building sufficient **trust** to be able to probe participants for potential rich data

**vs.**

Maintaining sufficient **distance** in respect for participants

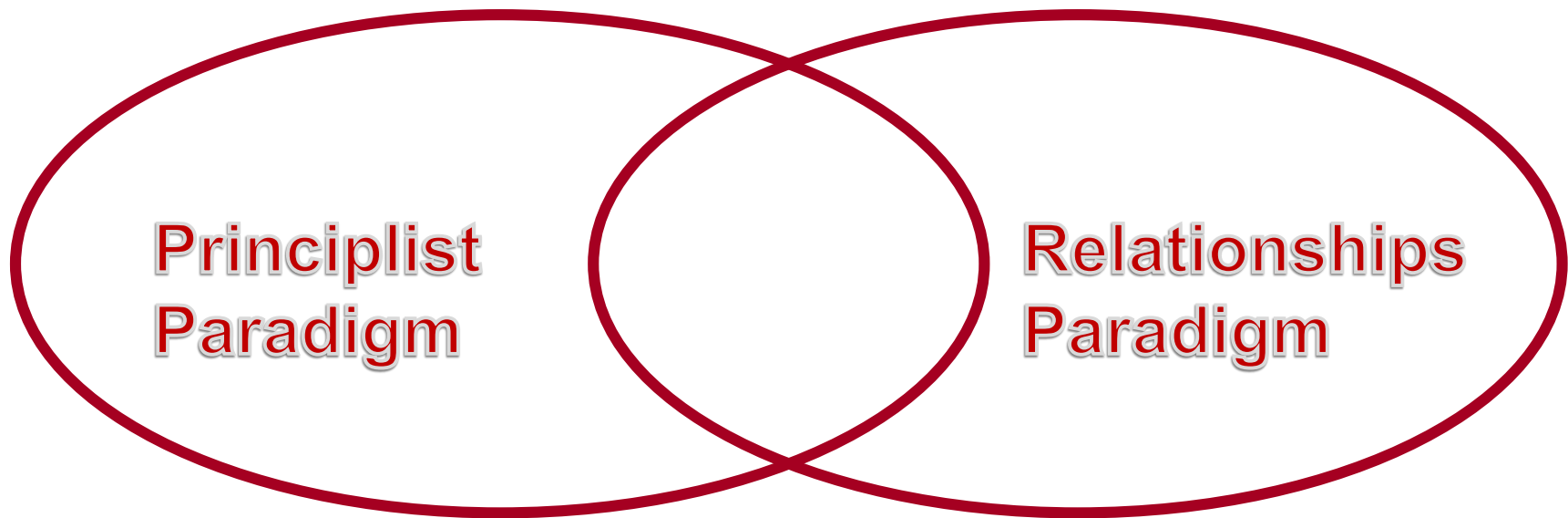
– Guillemin & Hggen, 2008

# Relational ethics

- If ethics is about how we should live, then it is essentially about **how we should live *together***.
- Acting ethically involves more than resolving ethical dilemmas through good moral reasoning; it demands attentiveness and responsiveness to our commitments to one another, to the earth, and to all living things.
- Ethics is about our interdependency as well as our freedom, our emotions as well as our reason, and our unique situation as well as our human commonalities. It involves finding the fitting responses to our ethical questions.
  - Austin, W. J. (2008). Relational Ethics. In L. M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods*. Thousand Oaks, CA: SAGE.

# Paradigms Shift

- Two paradigms overlap
- Both having meaning and value



# Scientists Responsibility with Relational Construct

- Meaningful interaction
  - Meaningful study
- Reconfigure experimental procedure individually
- ➔ Contextually defined obligations of the research contract
  - Lack of control?



# Challenging Scientific Assumptions

- **Is All Knowledge Worth Pursuing?**
  - Group stigmatization
- **Re-evaluating the Ethical Significance of Research Benefits**
  - Questioning the moral value of the cost-benefit analysis
  - Incentives for research participation
  - Advocate for participants and/or society
    - "Paper Three: Relational Ethics and Research with Vulnerable Populations" Online Ethics Center for Engineering 6/27/2006 National Academy of Engineering Accessed: Wednesday, October 07, 2015 <[onlineethics.org/Topics/ResResearch/ResResources/nbacindex/mindex/mpaper3.aspx](http://onlineethics.org/Topics/ResResearch/ResResources/nbacindex/mindex/mpaper3.aspx)>. From <http://onlineethics.org/cms/9004.aspx>



# What do we need in research?

**We need less research,  
better research, and  
research done for  
the right reasons.**

– Altman, 1994, p. 283

# 倫理留心 ( Ethical Mindfulness )

- 倫理的重要時刻 ( ethically important moments )
  - “ethically important moments in doing research—the *difficult, often subtle, and usually unpredictable situations* that arise in the practice of doing research”
    - ( Guillemin & Gillam, 2004, p.262 )
  - Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “Ethically Important Moments” in research. *Qualitative Inquiry*, 10(2), 261-280. doi:10.1177/1077800403262360



# 5 Features of Ethical Mindfulness

1. To acknowledge the role of **ethically important moment** in the everyday practice of research
2. Being prepared to give credence to **not feeling quite right** about a given situation
3. To articulate what is ethically important in the practice of research
4. Being **reflexive**
5. **Courage**
  - Guillemain & Gillam, 2006
  - Guillemain & Heggen, 2008

# 無私就能勇敢

...李源德醫師



# To Behave Ethically

- **Four psychological/personal processes must take place before a person can behave ethically**
  - Rest (1982), a psychologist
- **The four processes**
  1. moral sensitivity
  2. moral reasoning
  3. moral commitment
  4. moral perseverance

# 4 Psychological/Personal Processes

1/2

## 1. moral sensitivity

- the ability of the person to identify moral dilemmas, which takes place when a person uses cognitive processes to identify a moral problem
  - (Duckett et al., 1992; Pimple, 1995)

## 2. moral reasoning

- the process of thinking about proper actions to perform when facing ethical dilemmas (Pimple, 1995) and is conceptualized as a cognitive developmental process
  - (Duckett et al., 1992; Riesch et al., 2000)

# 4 Psychological/Personal Processes

2/2

## 3. moral commitment

- being essential in allowing a person to choose moral actions over non-moral actions
  - (Pimple, 1995)

## 4. moral perseverance

- the strength and tenacity of the person to hold onto ethical decisions
  - (Pimple, 1995)

# 心中有關係，就沒有關係

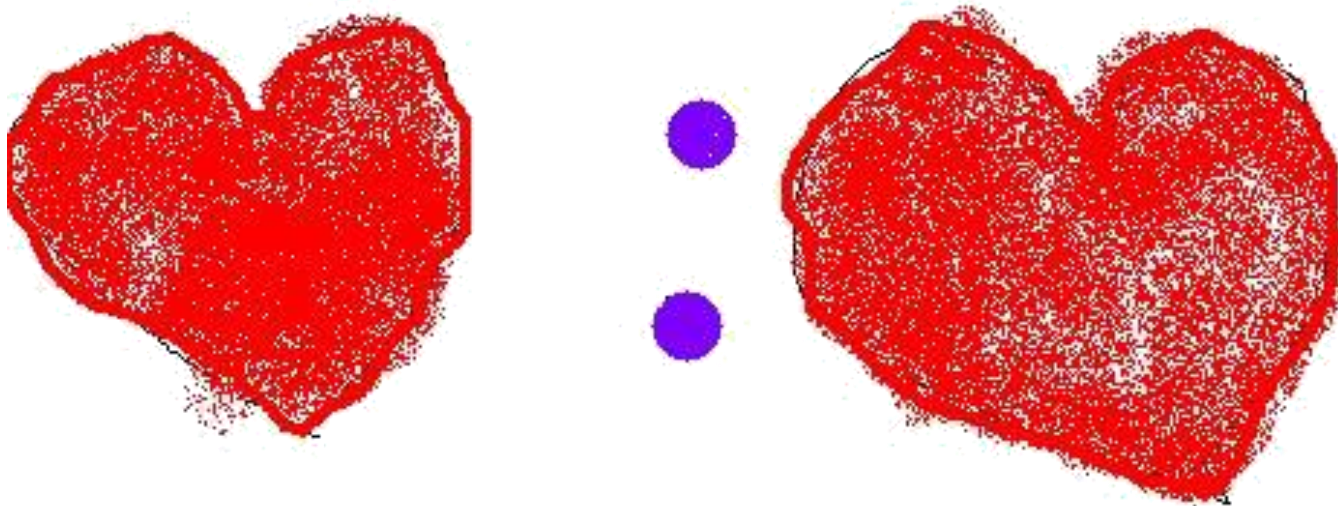
- 研究者與參與者的關係
  - 研究參與者為中心
- 有關係 → 在乎（用心）
  - 重視研究參與者：當作一回事

→ 關係建構



# 倫理的實踐：將心比心

- 己所不欲 勿施於人



Knowing is not enough; we  
must apply.

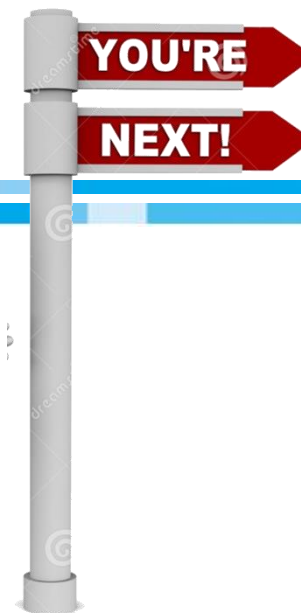
Willing is not enough; we  
must do.

知道並不足，我們必須運用。

有心並不足，我們必須去作。

– Johann Wolfgang von Goethe

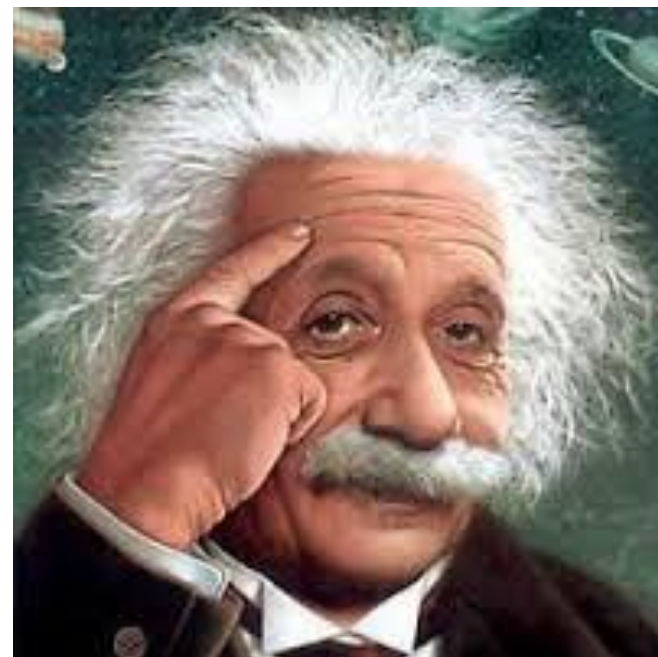
- 1749-1832
- German Playwright, Poet, Novelist and Dramatist.





**Many people say that it is  
the intellect which makes a  
great scientist.**

**They are wrong:  
it is character.**



心安理得



**Questions?**



THANKS

A 3D rendered scene featuring the word "THANKS" in large, colorful, block letters. Each letter is held by a small, white, cartoonish character with a rounded body and thin legs. The characters are standing on a light-colored, reflective surface. The letters are colored as follows: 'T' is red, 'H' is orange, 'A' is yellow, 'N' is light green, 'K' is dark green, and 'S' is blue. The background is a plain, light gray.