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‘It’s like sailing’ – Experiences of the role as facilitator during moral case deliberation

Dara Rasool¹, Annica Kihlgren¹ and Mia Svantesson²

Abstract

Moral case deliberation is one form of clinical ethics support, and there seems to be different ways of facilitating the dialogue. This paper aimed to explore the personal experiences of Swedish facilitators of their role in moral case deliberations. Being a facilitator was understood through the metaphor of sailing: against the wind or with it. The role was likened to a sailor’s set of skills: to promote security and well-being of the crew, to help crew navigate their moral reflections, to sail a course into the wind against homogeneity, to accommodate the crew’s needs and just sail with the wind, and to steer towards a harbour with authority and expertise. Balancing the disparate roles of being accommodative and challenging may create a free space for emotions and ideas, including self-reflection and consideration of moral demands. This research opens the question of whether all these skills can be taught through systematic training or whether facilitators need to possess the characteristics of being therapeutic, pedagogical, provocative, sensitive and authoritarian.

Keywords

Ethics, clinical ethics, ethics consultation, moral case deliberation, healthcare professionals

Introduction

Ethical issues in healthcare have been widely deliberated worldwide, and various clinical ethics support methods,¹ such as ethics consultation,² clinical ethics committees,³ and moral case deliberation⁴ have been established to support the healthcare professionals dealing with these issues. The role of the persons leading these methods of support has been described in terms of two contrasting standpoints. In the USA, the roles of the ethics consultant have traditionally been in the realms of case consultation during ongoing patient care,¹ education of healthcare professionals in ethics⁵ and policy development.⁶ Additionally, ethics consultants have also been given the authority to assume the role of a professional with knowledge and skills in clinical ethics who at times has been involved in giving advice to the healthcare professionals regarding the best course of action concerning the care and treatment process.²

In contrast over the last decade in Europe, predominately in the Netherlands, Moral case deliberation (MCD) has been introduced in healthcare.⁴ Here, the leader’s role has been described as that of a facilitator^{7,8} and an impartial moderator,⁴ whose main role is to

foster open and constructive dialogue among healthcare professionals and to support their reflection regarding a specific moral question encountered in daily practice.⁹ Specific conversation methods are used.⁴ It has been debated whether an MCD facilitator should have the authority to justify or criticise the moral decisions of the healthcare professionals, or whether they should remain impartial and withhold their normative opinion on the case.⁹

Consensus is lacking in Sweden regarding the role of the facilitator in MCDs, and in light of the variety of clinical ethical dilemmas that can arise, it can be difficult to decide which conversation method should be used. In Sweden, the term MCD has been used as an umbrella term for both ethics rounds and clinical ethics care reflections,¹⁰ and alternatively, the term MCD can simply refer to either one of those kinds of

¹Faculty of Health and Medicine, Örebro University, Örebro, Sweden

²Centre for Health Care Sciences, Örebro University Hospital, Örebro, Sweden

Corresponding author:

Dara Rasool, Faculty of Health and Medicine, Facultetsgatan 1, Örebro 70182, Sweden.

Email: dara.rasool@oru.se

reflection.^{11,12} In a previous Swedish MCD study, the facilitators described their role in terms of being both a low profile moderator who mostly listens and ensures that the speaking time is fairly distributed, and also that of an authoritarian who steers the dialogue such that the focus is on ethical analysis and clarification of the ethical issues.^{12,13} In another paper, the facilitators' role was described as one who chairs the MCD following the structure of 'the actor's model'. The role of facilitator is described: (1) to establish an atmosphere for an open dialogue that allows the participants to present the case, (2) to identify ethical issues; (3) to determine the values at stake and available actions and (4) to agree on recommendations.¹¹ According to the opinions of Swedish healthcare staff, the MCD facilitator should be a disciplinarian and be able to set boundaries and have control over the power balance in the group. Furthermore, healthcare staff reported that the facilitator should be analytical, fair, pedagogical, committed and sensitive.¹²

Studies that explore the role of the MCD facilitator and how the facilitation process should be performed are lacking. There seems to be different ways to facilitate, and there is a need to gain MCD facilitators' own experiences. This knowledge may provide information on how to improve the facilitation process, and how to adapt it to different contexts. Therefore, the aim of the current study was to explore Swedish facilitators' personal experiences of their role in moral case deliberations.

Methods

This study is a part of a European project evaluating the outcomes and content of MCDs.¹⁰ This larger project provided a framework for MCD only in terms of certain common denominators, i.e. inter-professional meetings at a workplace led by an external facilitator who assists healthcare professionals to reflect systematically on a concrete ethical issue connected to a real case in their practice.¹⁰

Design

This study applied a qualitative method with explorative design¹⁴ with an interest in gaining knowledge about diverse roles of the facilitators from their own experiences during MCD sessions.

Participants and settings

All 11 facilitators who had participated in the large European MCD evaluation project¹⁰ also agreed to participate in the current study. The focus of this study is on the facilitators' own personal experiences of their role in the MCD sessions. They had originally

been selected for the European project since they were already facilitating MCDs or were interested in starting such in their counties in central Sweden, i.e. with or without previous MCD-facilitation experience (Table 2). The facilitators received no specific general training other than one day of lectures delivered by the chief investigators (MS and Bert Molewijk). The project contained a series of eight MCD sessions⁷ at 10 different Swedish workplaces from three hospitals and two community care facilities (Table 1).

Convenience sampling of facilitators was used for the project as MCD is not common in Sweden, and due to the limited number of practicing facilitators in central Sweden, some were acquaintances of the second author. The characteristics of the facilitators are provided in Table 2.

They were instructed to encourage discussion regarding ethically difficult patient situations brought up by the participants. They were given the following definition of ethically difficult situations¹⁰: 'situations in which you experience unease or uncertainty of what is right or good to do or are in disagreement about what should be done'.

Data collection

Semi-structured individual interviews were conducted by the first author with the following questions: 'How did you experience facilitating the MCD at those workplaces?' 'What did you experience as good during the MCDs?' 'What did you experience as difficult or challenging during the MCDs?' 'How did you experience your role as a facilitator?' Follow-up questions were used, such as: 'Please tell me more about...' or 'What do you mean by that...?'

Table 1. Settings where facilitators conducted the MCD sessions.

Institutions	Workplaces/specialties	MCD sessions (n)
University hospital	Peritoneal dialysis unit	8
	Dialysis unit	8
	Internal medicine clinic	4
General hospital	Acute medical illness unit	7
Community hospital	Internal medicine ward	8
	Dialysis unit	7
	Geriatric cardiology ward	6
	Geriatric palliative ward	8
Community care	Rehabilitation	8
	Short-term care ward	6
Total: 5	10	70

Table 2. Background of the facilitators.

Facilitators, N = 11 ^a			
Age mean (range)	62 (53–73)	Other education than for profession	
Female/male	4/7	Ethics	4
Profession		Teaching education	2
Chaplain/deacon	6	History of ideas	1
Philosopher	2	Sociology	2
Nurse	2	Cultural studies	2
Physician	1	Youth recreation education	1
Previous experience as MCD-facilitator		Tasks beside profession	
Over 3 years	4	Ethicist	2
Only experience of facilitating reflection groups	5	Politician	2
No previous experience	2	Clinical supervisor	2
		Psychosocial supervisor	3

^aAt three workplaces, two facilitators facilitated together and two facilitators facilitated two workplaces each.

Depending on the participants' preferences, the interviews were conducted at the participants' workplaces, homes or universities. The interviews lasted 40 to 80 min, and the audio recordings were transcribed verbatim by an experienced research secretary.

Analysis

The analysis process was inspired by the framework method according to Gale et al.¹⁵ and the software program NVivo10 was used to facilitate the analysis. The process began with the first author becoming familiar with the data by reading and re-reading all the transcripts. All of the authors then coded one transcript each of the same interview and in a meeting compared their coding with each other. The first and last author coded the remaining 10 transcripts together, and the codes were grouped together in order to create preliminary subcategories. All of the authors discussed the coding and subcategories to arrive at a preliminary working analytical framework. A preliminary matrix was then created in the NVivo program to chart the data. The charting aimed to reduce the subcategories without losing the original meaning and to ascertain that the subcategories were supported by the meaning units in the dataset. During that process, all authors met repeatedly to discuss the analytical framework to ensure its consistency and to revise it. Subcategories were grouped under thematic categories and from this a metaphoric theme was derived to describe the thematic categories.

Ethical considerations

For the large MCD project an advisory statement specifying no objections to the study was provided by the Swedish Regional Ethical Review Board of Uppsala (dnr 2012/34). Taking this into consideration, we did not seek approval for the present study. We also

assessed that this study implied a low risk for harm to the participants and that they were not considered to be in a state of dependence to the first author who performed the interviews. Information regarding the study was provided to the facilitators by written letter and all gave their informed consent.

Results

One of the participants described the facilitator role as: 'It is like sailing' (participant 8). This gave inspiration to use the generic metaphor of sailing to understand the facilitator's role as being: 'Like sailing': against the wind or with it. The result illustrates the dominating variation of roles as being either challenging or accommodative (Figure 1).

The results showed that a role the facilitators experienced during the MCD was to maintain an atmosphere in which the MCD participants both as a group and as individuals could feel secure. The facilitators perceived their role to be one of supporting the participants in navigating their moral reflections by clarifying the core ethical issues. They could take on a role of challenging the group of MCD participants when they shared a homogeneous viewpoint, which could be likened to sailing a course into the wind. The facilitators could also be accommodative to what the participants needed to talk about and let them decide over the case, i.e. sailing with the wind. On the other hand, it could also constitute steering the participants to a harbour, in this case redirecting the dialogue to moral reflection or problem solving.

To promote security and the well-being of the crew

The role could be experienced as promoting a space for a dialogue where participants could have tolerant attitudes, listen to each other's opinions and respect

Subcategory	Category	Theme
Creating an open space for mutual understanding Encouraging release of emotions Acknowledging participants' emotional burdens	To promote security and the well-being of the crew	
Using pedagogical tools to identify the core ethical issue Helping to clarify the participants' perspectives of the case Supporting participants' own abilities to morally reflect	To help crew navigate their moral reflections	
Challenging the participants' perspectives Taking patients' perspectives Promoting self-reflection by asking questions	To sail a course into the wind against homogeneity	<i>Like sailing: against the wind or with it</i>
Adapting to what the participants want to talk about Giving the participants control of the content of dialogue Let the participants be the experts	To accommodate the crew's needs and just sail with the wind	
Keeping focus on the moral dimension within a patient case Steering the dialogue from participants' psycho-social needs to the patient's situation Suggesting recommendations for the right course of action	To steer towards a harbour with authority and expertise	

Figure 1. Overview of facilitators' experiences of their role during MCDs.

expressed feelings. Establishing a comfortable atmosphere within which the participants could feel safe and free to 'open up' and talk about difficult personal experiences related to their work was described as a prerequisite by the facilitators for initiating dialogue.

The facilitators experienced many situations when they thought the participants felt uncertain and frustrated, when they needed to share an emotional burden, and engage in self-reflection during the MCD. They felt that a provision for the release of emotions needed to be provided in the dialogue. The participants could come to the sessions with feelings and emotions related to psychosocial aspects in their private lives as well. Letting participants express their feelings could be experienced by the facilitators as justified whether these feelings related to patient care or their private lives. The role could have a therapeutic effect, where listening to participants' experiences was perceived to relieve troublesome feelings. A secure atmosphere without concern for repercussions was felt to promote free expression of opinions: "*It has happened that people cry and are sad. . . here you are allowed to cry. We approach existential situations and such, so it's OK to, but it is a closed room. So that's something I believe is very important*" (Participant 1).

To help crew navigate their moral reflections

Another aspect the facilitators experienced in their role was how to navigate the MCD together with participants. They considered it essential that all participants were involved in the dialogue and also that they could think beyond their work titles. The role could be described as clarifying the ethical aspects while the case was presented by the participants. When helping to identify the core

issue of the case, it was perceived as necessary to use tools such as a whiteboard or flipchart in order to clarify the case for the participants. Facilitators described giving the participants' time to describe and formulate the issues from their own perspective, to aid them in understanding the case. The clarification process of the issues was described as stimulating the participants to reflect on their perspectives regarding the case:

It can help the participants to see the problem more clearly I think. To clarify the problems, because the problems are there from the beginning. If you can describe the problem sometimes in ethical terms, like for example it is a conflict between self-determination and doing good and these kinds of things. (Participant 5)

There were descriptions of a need to be more cautious in the role initially and let the participants take the initiative in the dialogue without controlling it. Promoting the participants to take the initiative was considered as a way to get them involved in the reflection where they could feel responsible for how the case was deliberated. The participants could gain the self-confidence needed to describe the case from their own perspective. The facilitators could confirm to the participants how the case was being understood by them and encourage the participants in their ability to think from an ethical perspective. They guided the participants so that they could formulate the case and then present it from an ethical standpoint.

To sail a course into the wind against homogeneity

Another dimension of the facilitator's role concerned their attitude towards the case as it was presented.

Facilitators described taking the role of a provoker, whereby they challenged homogenous opinions that caused them to reflect on their own actions from the perspective of the patient. The role could be experienced as being that of a patient advocate, by either illuminating the patient's perspective or by taking the role of the patient. For example, they could ask the participants if an action was beneficial to the patient, and remind them about respecting patients' self-determination: *"Well, yes but what is the patient thinking? Have you asked that question? What is doing good in this situation? What happens with his self-determination if you force him to have dialysis?"* (Participant 10).

Other ways of provocation described by the facilitators was asking questions related to a performed action in a retrospective case. For example, if the participants described an action that the facilitator felt was ethically questionable, they could ask the participants reasons for the action and whether it was the only option they had. Posing challenging questions was felt to help the participants to reflect more on situations they would encounter that were similar.

Some facilitators emphasized the need for balance and caution when challenging participants, while others were more authoritarian in their role. Those who felt they needed to challenge with caution argued that too strong a challenge could risk impairing the quality of dialogue or participants' abilities to reflect. Facilitators who argued for challenging participants more robustly felt it would enhance participants' reflections.

To accommodate the crew's needs and just sail with the wind

Another role described was to accommodate the needs of the participants and discuss those needs. It was experienced as essential to recognise participants' desires and let them steer the content of the dialogue. To accommodate participants' needs was described initially as to allow the participants to decide the case or subject matter they wanted to discuss from their everyday work. This was experienced as giving the participants a sense of control over the subject. With this sense of control, the facilitators felt they could further participants' opportunities to reflect more deeply and express their opinions as experts on the case.

But I am relatively sensitive to how the group dynamics work and so on. And I try then to be accommodative in terms of where they are. So I don't need to lay out a structure which is absolutely mine. (Participant 1)

Accommodating participants' needs could be perceived as responding flexibly to and acknowledging participants' views of the case. Needing to be cautious

in order to avoid acting as an ethics expert was expressed. The facilitators felt it was important to raise ethical awareness and stimulate the ability to ethically deliberate that which emanated from participants' needs. The participants could be perceived by the facilitators as having enough expertise and knowledge to deal with the ethical issues themselves, but they needed to become aware of this. Conducting the dialogue to a point where participants, by reflecting over the patient case, could find their own way forward was perceived as one important role. Facilitators pointed out that solutions to the ethically difficult situations remained with the participants.

To steer towards a harbour with authority and expertise

The role could be experienced as authoritarian when the facilitators made an assignment on how the MCD dialogue should be maintained. Facilitators expected participants to bring a case containing moral dimensions. Despite the information given to the participants and an awareness that the purpose of the MCD was ethical reflection, it was experienced that other issues outside the realm of ethics were discussed, which the facilitators defined as psycho-social issues relating to private life or organisational issues. This could generate an urge to redirect the focus back to the ethical aspects of the case: *"This is an ethical reflection, I believe...we try to avoid talking about organization or bad management and so on. They can do that in another forum"* (Participant 8).

Alongside the steering role facilitators could feel they needed to deal with participants' questions or requests for expert advice. This could comprise, for example, providing the participants with advice about what to do in particular patient situations. The role could also be experienced as less authoritarian, with facilitators describing that instead of giving expert advice, they merely supported participants' attempts to reason their way to a consensus. For example, on one occasion, the participants bluntly asked the facilitator what he thought they should do:

I can say it like this, this is what a person can think to do. But what do you think yourselves? From my standpoint I possibly would have chosen this course of action I guess I'd say. [...] A suggestion I would like us to discuss. (Participant 2)

Discussion

This study highlighted the facilitators' experiences of their roles during moral case deliberation, which was

interpreted to be like sailing; against the wind or with it. This may further be interpreted using the German philosopher Hans Blumenberg's¹⁶ philosophy that likens a sailor's journey at sea to be similar to the existence of humans and their pathways in thoughts and actions. This seafaring metaphor has been used by Blumenberg as a model that can be operationalized in many different ways. Changes in how humans imagine their relation to their life world will appear by tracing the history of these actual situations. In a life world context, people see shipwrecks everywhere when they are challenged by the meaning of life and existence, and when they search for a port for understanding life's challenges. Using this sailing analogy, the facilitator's role would be like that of a sailor watching his ship being brought safely into harbour. Ethical reflection could then be seen as seafaring, as a transgression of boundaries in order to find the right solution.

Initially, it was considered essential by the facilitator as the captain to promote the security and well-being of the crew. Security on board seemed to imply a sense of security to feel free to express opinions.¹⁶ Anxiety can possibly be prevented for those who are afraid to share the experiences they encountered in clinical practice. On board the MCD, the crew should not be worried about what other people might say.

The facilitator could also be thought of as being an observer of a 'shipwreck',¹⁶ i.e. the ethically difficult situations that the participants presented. According to Blumenberg's theory, the MCD facilitators could be seen as observers. They observe through the narratives related by staff situations that concern patients who have been 'ship-wrecked'; situations in which the staff feel uncertain and frustrated. These emotions can appear as consequences of ethical demands when facing other humans. In this way according to the Danish philosopher Løgstrup¹⁷ and the French philosopher Levinas¹⁸; rather than ethics and ethical demands arising as a result of philosophical principles, they are situated in the 'face-to-face encounter'. Everyday demands on healthcare personnel to meet other 'faces' in clinical practice are consequently ethically challenging.

Blumenberg states that every human being has a story that they want to share with others who are sitting in the same boat,¹⁶ in other words, who have experienced the same issues. In this study, staff members share their stories and emotions with the facilitator who is someone who has not experienced the same ethical issues, but rather is someone who is sitting 'higher' in the ship, e.g. in the captain's bridge and sees the aspects and issues of the world from another point of view.

The facilitators helped the participants to navigate the dialogue by focusing on getting all participants involved in the reflection. Some of the facilitators

used different tools to help staff identify the core issues. In the same way as Blumenberg in his sailing metaphor asks if there are any other ports in this world,¹⁶ the facilitators in the MCD ask if there are any alternative ways of seeing the ethical issues or of finding a way to solve the ethical issues. In their roles as facilitators, they put more focus on reflecting on the ethical issues than giving solutions for how to manage the situations. This is in line with how according to Blumenberg's theory the sailors gain life-saving experiences from their voyages, and likewise in the MCDs, the participants eventually gain enough experience to reflect ethically on their own.

The journey, or the dialogue, to sail a course into the wind started when the facilitators experienced it was essential to have the participants reflect more upon the case and to challenge them in their homogenous thoughts. Blumenberg means that the sailor needs to pass through a storm in order to see the light that comes after it.¹⁶ In the same way, the facilitators in this study created a storm by challenging the participants with the patient perspectives and supporting the opposite perspective. The purpose was to encourage the participants to think and to respond to the challenges, and as a consequence bring new light into the patient's situation. The response from the participants was to reorganise themselves and to reflect critically over their previous actions in similar situations in order to grow in moral awareness.

The facilitators experienced it was necessary to go through the storm of seeing things from the patients' perspectives without assuming the role of moral expert. There is always a risk that the participants rely too much on their 'captain' and in a similar manner the participants can rely too much on the facilitator. When the participants identify the facilitator as an expert, there is a risk that they can rely too much on what the facilitator says, which could then in a sense remove moral responsibility from the participants.¹⁶

When the storm had passed and the facilitators were not challenging the participants, the ship or MCD dialogue could be seen as being back in a calm situation. The ship could sail with the wind and the content of the dialogue could be free flowing, and guided by reflection the participants could steer the content instead of reacting to the facilitator's stimulus. The facilitators experienced it was necessary to be flexible and allow the participants to reflect on their views and ideas regarding good care in the given situation, but it could also be necessary for the captain to set a course. For example, the participants sometimes discussed other issues outside the realm of ethics, and the facilitator needed to steer the dialogue back to the ethical aspects of the case.

To reach the goal of how to facilitate the MCD, there seems to be two main approaches among the

Swedish facilitators when leading MCDs: to be as a captain and more of a controlling authoritarian figure, or as an observer and more flexible and accommodating to the groups.

This is understandable since there is no general consensus either in a Swedish or Dutch context on how to lead MCDs.¹⁰ The facilitators in this study were not given any structure to follow, which meant they often had to improvise in their roles.

The findings from the current study can be placed into the context of previous research that touches on the facilitator's role. Previous studies have described the facilitator's role as one that creates an atmosphere for an open and constructive dialogue,^{13,19} fosters a reflective learning process, and stimulates interaction and reflection among participants.²⁰ The role of the facilitator has been described as non-directive, and having a low profile, which is in contrast to that of an expert or consultant,^{4,19,21} or an authoritarian that focuses on ethical analysis and bringing ethical concepts into the discussion.¹² The role has also been described as one that recognizes moral issues,⁴ guides the dialogue through a conflict of ethical values,²² and supports healthcare professionals formulate moral questions.^{4,12}

Our study findings are in accordance with previous work where some of the facilitator's roles were described as accommodative and where an atmosphere was created that allowed healthcare professionals to express their feelings and emotions, while others were more authoritarian, oppositional and firmly steered the reflection. In addition, this study extends upon previous work by highlighting how some facilitators alternated between the roles of being accommodative and authoritarian, by taking a more flexible approach.

Strengths and limitations

A major strength of this study was that the questions to the facilitators focused on specific occasions when they facilitated MCD sessions, and did not refer to their experiences in general. However, a limitation was that the facilitators sometimes described their role in general terms, rather than providing well-defined descriptions of their own role in the MCD. Additional follow-up questions concerning the specific situations would have been useful. Another strength was the meetings with the authors when an iterative discussion of the categorization occurred in order to increase the trustworthiness of the result.^{23,24} Abstraction of the result into a metaphor may enhance the understanding of the facilitator's role. Despite contextual and cultural diversity regarding MCD, there might be a universal understanding of the facilitator as a sailor that might be transferred.

It could be a limitation that two of the facilitators lacked experience in facilitating MCDs. However, they did have much experience in supporting people with ethical inquiries in their professions. In this study, they demonstrated a more accommodating role in which they often came back to the importance of listening and allowing the staff to express their emotions and thoughts. This may have stimulated the staff to speak more freely.

Conclusions and implications

This study has focused on the facilitators' role in MCD and common roles of facilitating could be identified. We have likened these roles to those performed by a sailor when sailing against the wind or with it. They may sail against the wind in order to promote individual self-reflection. They may be like a captain, steering the dialogue and providing suggestions to reach the harbour. They may also take on the role of observer, being more accommodative and flexible, sailing with the wind and letting the dialogue flow freely in order to reach the harbour. Balancing the disparate roles of being accommodative and challenging can create a free space for emotions and ideas, including self-reflection and consideration of moral demands. The roles have been treated as a set of skills. The question remains as to whether or not all these skills can be taught through systematic training, or whether facilitators need to possess the characteristics of being therapeutic, pedagogical, provocative, sensitive and authoritarian, all at same time, in order to become facilitators.

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