## Ethical decision making within Multi Disciplinary Teams: Restricted Beneficence- A model for clinical ethical decision making.

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This research builds on the work of Holm (1996)\*, which analysed the decision making strategies employed by mixed Nurse Physician groups, and is the culmination of the author's doctoral studies into ethical decision making within multidisciplinary teams. Whilst many authors have published research focussing upon the ethical deliberations of individual professions, the healthcare team ethic has, until recently, been largely ignored. It was therefore one of the aims of this research to investigate this team decision making process, in order to inform the ethics education that may be required by healthcare professionals. It has been suggested that this ethics education must have practical applicability and the author was therefore interested in the strategies real clinical teams utilised when presented with ethical dilemmas, so that elements they employed could be critiqued and potentially incorporated into future instruction.

This empirical study recruited 15 clinical teams from various professional backgrounds. These teams were presented with a profession specific hypothetical case study scenario that focussed on resource allocation issues. The resultant transcriptions of the teams' discussions were analysed for evidence of strategies employed within the resolution process.

The results indicated a value to the collective deliberations. It also indicated that teams employed a very pragmatic approach to this decision making process but their main focus, (whilst not matching any previously published model of ethical decision making), did employ a strategy that the author has termed "restricted beneficence". These results inform a model that incorporates their eight key areas for consideration and attempts to bridge the gap between the theoretical and the practical application of ethics education.

\*Holm, S, Gjersoe, P., Hartling. O., Ibsen, K. and Marcussen, H. (1996) Ethical reasoning in mixed Nurse Physician groups *JME* 22:168-173