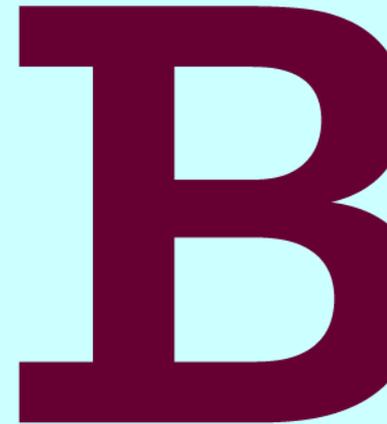


**Phronesis and the
Medical Community**

ESRC Seminar



Dr Mervyn Conroy

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Project Aims

Arts and Humanities Research Council 3 year funded project:

- Explore the nature, transmission and enactment of phronesis by doctors through medical education and into practice
- Develop a methodology that combines arts and humanities with social science to understand and convey phronesis
- Explore the role that phronesis plays in strengthening and sustaining trust between the medical community and wider community

Research Team

U of Birmingham:

- Merv Conroy (PI)
- Ben Kotzee (Co-I)
- Catherine Hale (Co-I)
- Alexis Paton – RF
- Prof Kristján Kristjánsson (Advisor)
- Prof Angus Dawson (Advisor)
- 4 x clinical advisors

University Hospitals Birmingham

- Prof Phil Begg (Co-I)
- Joanne Plumb (Co-I)

U of Warwick:

- Deborah Biggerstaff (Co-I)

U of Nottingham:

- Christine Johnson (Co-I)
- Fiona Harding (F2)

U of Cumbria:

Prof Alison Marshall

Andy Sullivan  UNIVERSITY OF
BIRMINGHAM

Phronesis: What is it and why study it?

- Often called “practical wisdom”
- The ability to use knowledge and experience to make wise decisions in medical practice
- Main tension:

*Formal rules, regulations and codes of conduct,
obligations or duty*

Vs.

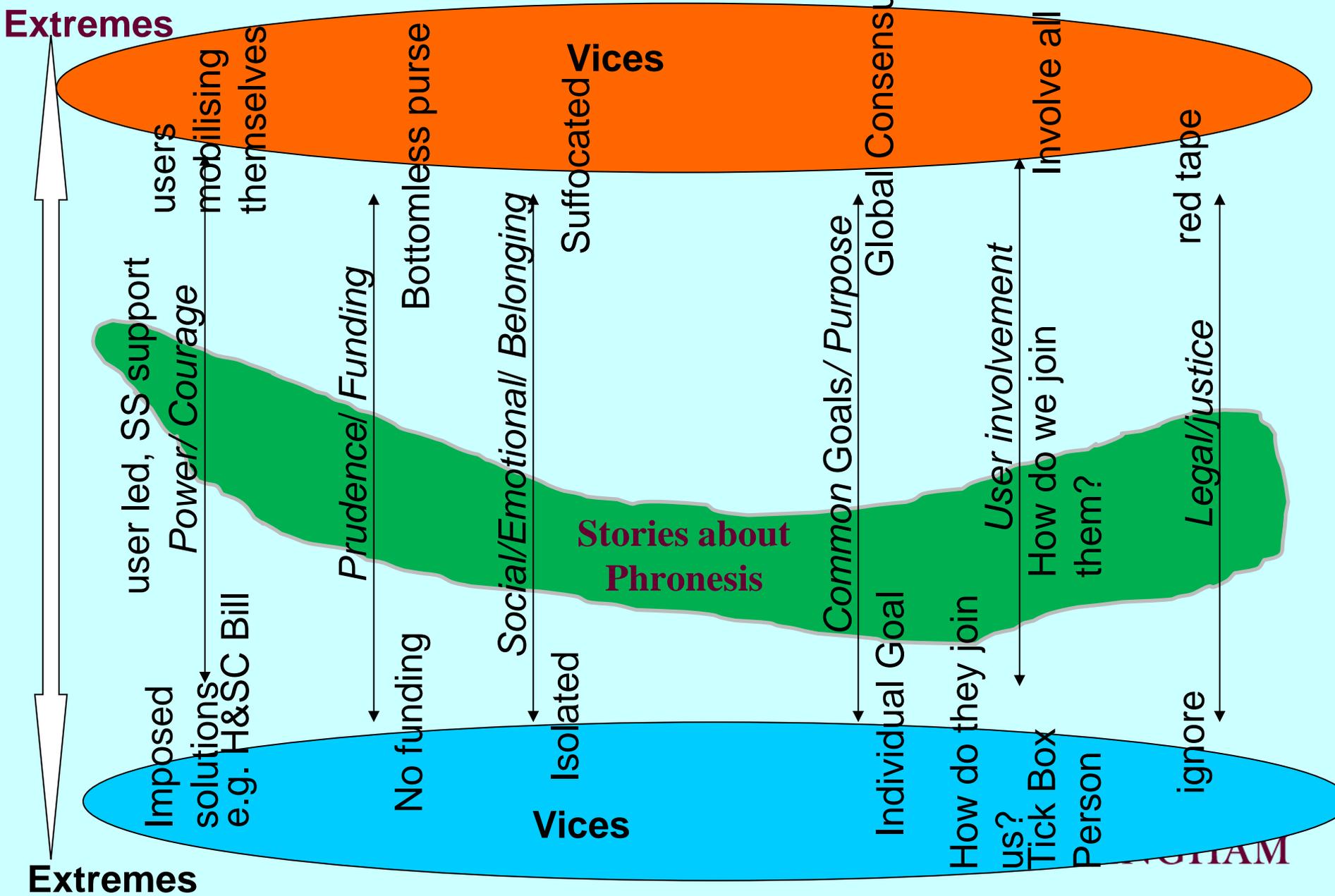
Virtue ethics / phronesis

- Phronesis is becoming more popular but there are still debates about which version should be used
- So our proposal is research the medical community at various points in their pre-clinical & clinical training plus experienced doctors

What is Phronesis? Ajudication?

In his treatment of the moral virtues in the *Nichomachean Ethics* Aristotle holds that it is not sufficient that a person possess all the moral virtues, they also need the ability to bring these virtues to bear appropriately in practical situations. The virtue that enables a person to do so is practical wisdom or *phronesis*.

Ethics of Health and Social Care Communities (Conroy et al 2012)



Virtue continuum of courage and whistleblowing (Conroy 2014)

Extremes unlikely to benefit the individual, the collective or the practice.



whistle blowing

story telling

COURAGE

Denial

Moral Debate

Resistance

keeping schtum

rationalising corrupt acts as justified

What would a wise decision (phronesis) look like?

Phronesis and Medicine (Tyreman 2000)

- Does the physician keep the patient alive and suffering or relieve the suffering but shorten life?
- What has caused this person's heart attack, his hypertension, poor diet, lack of exercise or personal sense of low esteem?
- How can a physician know what advice to give the patient?

What is good and best for a patient requires that the doctor know the patient, know the disease, know how other professionals are supporting them, what family or other support/dependencies exist and knows what community and society construct as good care.

Research Questions

- To what extent is phronesis created, maintained and moulded over the educational and practice life of doctors in the UK?
- How well are doctors equipped morally to navigate the competing discourses of medicine?
- What does an empirical study of phronesis within a medical context add to theoretical debates about phronesis?

Methodology

Three distinct and ontologically compatible roots:

- From humanities: virtue ethics (MacIntyre 1981)
- From social sciences: *phronesis*-based ethnography (Flyvbjerg's 2013)
- From the arts: participatory video production approach (Schugurensky 2005)

Research Design

- Literature review and ethics applications.
- 3 x Workshops
- Access arrangements to three medical schools and other sites as required.
- Ethnographic research (interviews, observations and diaries) with four cohorts of doctors: three cohorts of medical students (year two, year five and foundation placement years 1&2 (as a longitudinal cohort), and one cohort of five years plus qualified.
- Dissemination via conferences, journals, a book, professional bodies and medical schools

Research Design contd

- Co-produced video series as part of the research process to animate the data and link to a pre-existing health and social care virtual community (Stilwell).
- Final workshop with academics, practitioners, educators and policymakers to present the video series/ analysis and receive feedback
- Writing up the research report, journal articles and dissemination.

Analysis

- The arts based analysis will initially focus on the localised *stories, themes* and a *serial* (Czarniawska 1997)
- A serial that includes the themes will be used as the basis of the video series and the theoretical analysis
- The nature of phronesis will be examined through theoretical lenses drawn from MacIntyre's *virtue ethics* (1981), Kaldjian's *medical phronesis* (2010) and Kristjánsson's *four binaries* (2015)

Phronesis: Four Binaries (Kristjánsson 2015)

MacIntyrean or Aristotelian	Universalist or Relativist	Generalist or Particularist	Natural or ambivalent/ painful
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