Ethics support in health care: What do we do and how can we do it right?

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> Go to any hospital and listen to the physicians' and nurses' rounds, open any newspaper and read the news on health care, talk to relatives who have recently experienced a major medical treatment: You will inevitably encounter many questions that have an important ethical dimension. How should refugees be treated? What are our obligations to prevent epidemics like Ebola or Zika? Which safeguards do we need for phase I clinical trials or research with vulnerable persons? How do we manage fair allocation of the increasingly expensive drugs? What is the right solution for the desire to hasten death in old age? What are the best ways to prevent economically driven overtreatment in hospitals? When is it legitimate to restrain or detain the mentally ill? These are just a few examples: The number and diversity of ethical questions in health care is increasing, both on the public health level and on the individual level.

> Yet, people disagree about the ways these questions should be tackled. While some argue for policy solutions and laws, others emphasize the need for a better education of health care professionals in order to make good ethical decisions. Again others, however, suggest that we need more ethics support in our health care institutions. Certainly, these approaches are not mutually exclusive and they can and should co-exist. But what exactly is the contribution of each of them in solving the vexing ethical quandaries? In particular, what does health care ethics support mean and what is the value of discussing values?

After a dynamic development during the last few decades, ethics support services today are highly diverse. They follow somewhat different goals, employ differently trained professionals, use different methods, and achieve different results. This variety may be a strength. It may mirror a close responsiveness of the ethics support services to the respective institutions and situations they are embedded in. It may also constitute a social version of the evolutionary trial-and-error principle, ultimately demonstrating the most appropriate and most effective form of ethics support.

Nevertheless, variety may also be the sign of an uncertainty. Clinical ethicists might be uncertain as to what is the best way to support clinicians. They might wonder how they should do it right. They might ask themselves what the impact of their work is. Surely, reflect-

ing on ethical issues is in itself worthy, it has an intrinsic value that does not rest upon its results. Yet, it is also true that each intentional human activity strives at certain goals. It was the ancient Greek philosophers who coined the term "arete" to explain that every human activity aspires a certain ideal or virtue. The "arete" of the shoemaker is to craft durable and attractive shoes, the "arete" of the physician is to promote the health of his patients. But what is the "arete" of the ethics consultant? What is or are the goal(s) of health care ethics support and how do we best reach those goals? And finally: How do we know whether we have reached those goals?

This issue of Bioethica Forum wants to stimulate reflection upon these questions. In the three original articles, the focus will be on a description of the current situation of health care ethics support, notably in Switzerland. Sibylle Ackermann et al. present a survey of the Swiss Academy of Medical Sciences about the prevalence and characteristics of these services throughout Swiss health care. Stella Reiter-Theil and Jan Schürmann focus on a leading academic ethics support service in Basel, showing how important and surprising it is to become aware of the ethical issues that arise in clinical ethics consultations. Finally, Karin Pasman-de Roo et al. from the Netherlands expand our views by giving insights into a special evaluation of their ethics training for health care professionals. For a second section of the journal, we invited international experts to contribute personal viewpoints on the issues of health care ethics professionalization, evaluation, and the role of ethics consultants. Their short, but concise and stimulating contributions complement each other to a nice picture of the current challenges of health care ethics support. We are confident and optimistic that some of these challenges will be met in the future, and that health care ethics support can really make a difference to health care professionals and their patients.

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