

## Discourse

# Ethical Challenges of the 21st Century: Attending to Relations

Vangie Bergum

A woman had a dream. In this dream she dreamt that Life stood before her and in her hands Life held two gifts — in the one Love, in the other Freedom. Life asked the woman to choose. After a long deliberation, the woman finally chose Freedom. “And Life said, ‘Thou hast well chosen. If you hadst said, ‘Love’, I would have given thee that thou didst ask for; and I would have gone from thee, and returned to thee no more.” But “now, the day will come when I shall return. In that day I shall bear both gifts in one hand” (Schreiner, 1890, pp. 99–100). Does Schreiner mean that with Freedom as the choice, Love is possible as well, while with Love only, there is a danger of losing Freedom? I am intrigued with such a proposal and tend to think that in health-care and nursing ethics, as in Life, we need both of Life’s gifts. We need both freedom and love. We need the individual freedom to make decisions and choices for ourselves, and we need love and compassion for others within a community.

Since the beginning of the 20th century when Schreiner wrote about this woman’s dream we, as a society, have focused on freedom — individual autonomy, human rights, and the liberal philosophy that individuals can have anything they want — it is up to each person to be a success in life. Now, as we begin the 21st century, our challenge is to integrate our belief in individual freedom (autonomy) with a strong and deliberate commitment to our connections and love for one another (community). Freedom without the temperance of love has the danger of loss of freedom, and love (for self, ideology, God) without the container of freedom has the danger of intolerance of those who are different — different beliefs, different culture, different language, and different expertise. In this discourse I invite us to equally value freedom for

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individual choices and love and understanding for the difference we find in ourselves and in others. These are the gifts of Life in its wholeness.

Discourse is the perfect opportunity to continue to hold the tension between individuality (freedom) and community (love). The word discourse comes from the Latin *discursus*, conversation, or “a running back and forth,” a place of movement (Morris, 1978, p. 276). In this discourse let us move back and forth between individuality and community — without getting stuck in one or the other. In this ethical space, dialogue and conversation can continue to hold that movement, in spite of our differences, so that we can learn how to live and care for each other more effectively. In our global world we vividly recognize our interdependence, and it is in this world that we can realize our ethical responsibility to hold the relational space where the tension of both individual freedom and community responsibility can be contemplated. In such a space of ethical dialogue there is a melding of the micro and the macro, a melding of ethics for the bedside and ethics for the globe. How can we tend to the needs of our patients and at the same time be aware of the needs of the hungry and the poor in our community? How can we attend to differences in others while learning about the strangeness (and differences) within ourselves (Kristeva, 1991)? “Accepting and recognizing differences is a process fraught with apprehension and anxiety, either working together towards a community-in-difference (where justice and compassion flourish) or a falling apart into islands of opposition (and the spread of rancor and hate)” (Olthuis, 2000, pp. 5, 6).

### Relational Ethics

Nurturing the space between us *as an ethical focus* is our task. In nursing we talk about the importance of the relationship with people (patients, clients, colleagues, and families) who are often different from us in culture, language, life experience, or knowledge. In fact, nursing is characterized by its commitment to relationship. Within a relational ethic, we want to give relationship between people primary consideration. We want to acknowledge and give attention to the space between us. Let me take the rather simple hyphen, the hyphen that connects the nurse and the patient as in nurse-patient relationship. When we focus our attention on the relation itself, it might be more useful to move away from the short horizontal line of the hyphen (nurse-patient) and create two vertical lines (nurse | | patient) to give renewed attention to this space. The vertical lines provide a space that stirs us to contemplate

the interconnection of human life. Note that the vertical lines (nurse | .. | patient relationship) give more attention to the individuality and separateness of each person in the relationship.

We call this space the *relational space* or ethical space that is described by ethical themes such as mutual respect, engagement, embodiment, uncertainty and possibility, freedom and choice, and environment (Bergum & Dossetor, in press). Consider the thematic notion of mutual respect. How might the notion of mutual respect be developed within this relational space? We propose that mutual respect can be expressed only in a space or moment that gives equal attention to the needs, wishes, expertise, or experience of both parties to the relationship. Mutuality, as such, is not something that can be applied by the nurse to the relationship. Rather, mutuality and mutual respect develop between nurse and patient — in that back-and-forth movement of relational space.

If our ethical interest lies in the quality of our relationships rather than in the quality of our minds or bodies, then intersubjectivity or interconnectedness needs to be a primary focus of attention (Taylor, 1993). This ethic of relationship bridges the duality of the traditional Kantian ethic of justice and equality and the care ethic of compassion (Jeffko, 1999). In 1943 Gabriel Marcel wrote about the need for moral renewal and called for “centres of example,” which could be “nuclei of life around which the lacerated tissues of true moral existence can be reconstituted” (Marcel, 1978, p. 164). Let us look for current examples of our moral commitment to learn how to live together in spite of diversities and differences.

### **Centres of Example**

We discuss three centres of example that search for change through a focus on the quality of relationships between and among individuals, families, and communities.

#### ***Individuals***

We begin with a story of a dying patient (D. Pullman, personal communication, December 24, 1998): “During the last [18] months of my mother-in-law’s life, my wife spent much of her time caring for her. Finally, near the end, we decided to put her into the hospital and found a bed on a palliative care ward. Once again my wife was introduced to yet another professional and prepared herself to tell the whole sad story of her mother’s illness in all its gory detail as she had been forced to do

so many times to so many different caregivers over those 18 months. But this time there was a difference. The professional who sat down with my wife said, 'Tell me about your mother. Don't tell me about her illness. Tell me about her as a person. What kind of a woman was she? What did she do in her life? What were her joys and sorrows?'" While this story describes just a moment in health-care practice, such a moment can be enlivening or defeating. Little moments (just one conversation) can make a difference to the dying person's life and death. Nurses know the need to understand the person as a person, not only as a disease, or symptom, or condition. Nurses know that a dying woman is still a person who wants to live her life as fully as she can.

### *Families*

James Olthuis (2000) describes research that points to a need to rethink the philosophy of the family. Through individual interviews and group discussion with street youths, researchers listed listening, understanding, and assurance of worth as the top three unmet needs of youths within their families. The youths lived on the street "because they had not been welcomed, recognized, embraced, blessed, or shown mercy" within their families (p. 128). This research challenges standard theories in which families are discussed in terms of function, role, or type and proposes that what is really at stake is the presence or absence of intimate connecting. Speaking about families in terms of functional effectiveness (that is, as dysfunctional) dehumanizes the reality of the pain, darkness, and suffering they experience. "Being cared for within the family, we experience belonging, trust, empowerment, connection — and learn to be at ease in the world. It is in the family that compassion begins to root in our souls" (p. 135). Healing and recovery occur not in isolation but in relationships, where compassion rather than judgement is needed. Do we not dismiss families too easily with the word "dysfunctional"? How can we see dysfunction as a condition of all families and not a category for just some? Most families, I suggest, need the back-and-forth movement between good functioning and dysfunctioning. It takes conversation. It takes attention.

### *Communities*

As we begin the 21st century we find ourselves in a world of great disparities (great wealth and great poverty) and clashes between cultures, ideologies, and religions. The violence and killing are escalating in many parts of our world. A small "intentional" community, Neve Shalom/Wahat al Salam (NSWAS – <http://nswas.com>), situated

equidistant from Jerusalem and Tel Aviv-Jaffa, is another example of how to light the fires of change. This cooperative village of Jews and Palestinian Arabs of Israeli citizenship, begun in the early 1970s, demonstrates the possibility of coexistence between two divergent and historically hostile groups. The "intention" of this community is mutual acceptance, respect, and cooperation. A number of activities (Village School for children, School for Peace for youths, House of Silence for spiritual reflection for people of all creeds and cultures) are informed by a vision of a humane, egalitarian, and just society that can evolve out of interaction with each other. Although the NSWAS, or Oasis for Peace, is a small community — just a moment in the bigger world — its vision has the potential to spread. In 2002 NSWAS was one of two recipients of an annual award presented by UNICEF, whose aim is to produce a better future for children.

In these examples, the intention is to build understanding, not judgement, in order to hold both of Life's gifts — understanding what it is like to be the person in their wholeness who is dying, is homeless, or even is violent. The intention is to create opportunities for understanding who we are, as well as the sharing of ideas, hearing different points of view, valuing all points of view as worthy of attention. These opportunities for understanding can lead to greater responsibility for all. These examples point to the moral commitment of nursing to understand the lived life of the person we care for, which, of course, includes knowledge of symptoms or circumstances, disease processes or cultural disparities, as well as the meaning of the experience for them (Bergum, 1994): "Tell me about your mother. *Who* is she?" In the book *Before Ethics*, Peperzak (1989), in pointing to relations with wanderers and strangers, suggests that the simple "hello" is enough to initiate a morally important event. Cameron (1992), too, shows how the question *How are you?* has moral significance: "When a nurse turns a 'How are you?' into an ultimate gesture of being present for someone, she lives the essence of caring for someone" (p. 184) — the essence of ethical discourse. We need to take the time and effort to together create opportunities to understand experience by asking questions (*What is it like for you? What are you going through?*) in order to bridge gulfs that can occur between us. The nursing *How are you?* can be an ethical question as well as a common greeting.

A relational ethic is a community ethic rather than an individualistic one. Jeffko (1999) states that the principle of community is one in which people are treated as subjects ("who" one is, as a whole person) and not only as objects ("what" one is, as a symptom or condition). "Since the field of morality is the field of interpersonal actions and rela-

tions, the principle of community refers to the good and well being...of each and every person, in both their relational and individual aspects" (p. 21). The relational aspects have to do with understanding and caring for each other (love), and the individual aspects have to do with understanding and caring for the self (freedom). Jeffko also reminds us that "since the self is as much a person as another, how one treats oneself has moral significance" (p. 22) — a particularly pertinent reminder to nurses and other health professionals. Because the nature of our communal life is one in which differences are wide and deep, the principle of community challenges us, as nurses, to relate to each other in mutual respect, to suffer with others, to exercise power with (as opposed to over) others — to be together in diversity and difference, in spite of adversity (Olthuis, 2000).

### Conclusion

Nursing is a leader in relationships, and if we can think of relationship as our ethical responsibility, relationship will be given as much attention as other outcomes. Are we not at a time when recognition of our common humanity needs to override the religious differences, ideologies, and history that keep us apart? "The greatest challenge to the world community in this century is to promote harmonious relations between peoples of disparate origins, histories, languages, and religions," says George Erasmus, a Canadian Cree leader, in a newspaper article entitled "Why can't we talk?" (Erasmus, 2002). *Discourse* is the place for talking. I offer this contribution to the discourse (the talking together) that needs to happen in order for us to move towards lofty goals of good relations and peace between peoples throughout the world.

I invite readers to engage in discussion about what a relational ethic might look like within specific nursing practices. How can a principle of community (treating each other in our wholeness) be explicitly related to nursing? Can this kind of approach to nursing ethics be at all meaningful or useful?

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