Expertise, Ethics Expertise, and Clinical Ethics Consultation: Achieving Terminological Clarity

ANA S. ILTIS*

Wake Forest University, Winston-Salem, North Carolina, USA

MARK SHEEHAN

The Ethox Center, University of Oxford, Oxford, UK

*Address Correspondence to: Ana S. Iltis, PhD, Center for Bioethics, Health and Society and Department of Philosophy, Wake Forest University, Tribble Hall B301, PO Box 7332, Winston-Salem, NC 27109, USA.
E-mail: iltisas@wfu.edu.

The language of ethics expertise has become particularly important in bioethics in light of efforts to establish the value of the clinical ethics consultation (CEC), to specify who is qualified to function as a clinical ethics consultant, and to characterize how one should evaluate whether or not a person is so qualified. Supporters and skeptics about the possibility of ethics expertise use the language of ethics expertise in ways that reflect competing views about what ethics expertise entails. We argue for clarity in understanding the nature of expertise and ethics expertise. To be an ethics expert, we argue, is to be an expert in knowing what ought to be done. Any attempt to articulate expertise with respect to knowing what ought to be done must include an account of ethics that specifies the nature of moral truth and the means by which we access this truth or a theoretical account of ethics such that expertise in another domain is linked to knowing or being better at judging what ought to be done and the standards by which this “knowing” or “being better at judging” is determined. We conclude with a discussion of the implications of our analysis for the literature on ethics expertise in CEC. We do think that there are clear domains in which a clinical ethics consultant might be expert but we are skeptical about the possibility that this includes ethics expertise. Clinical ethics consultants should not be referred to as ethics experts.

Keywords: *clinical ethics consultation, ethics consultation, ethics expertise, expertise*

I. INTRODUCTION

The language of ethics expertise has become particularly important in bioethics in light of efforts to establish the value of the clinical ethics consultation (CEC), to specify who is qualified to function as a clinical ethics consultant, and to characterize how one should evaluate whether or not a person is so qualified. Supporters and skeptics about the possibility of ethics expertise use the language of ethics expertise in ways that reflect competing views about what ethics expertise entails. In the face of this variation in terminology and approach, and given the potential for patients and clinicians to misunderstand the nature of ethics expertise, we suggest doing away with the terms “moral expertise” and “ethics expertise” in these contexts and replacing them with a more explicit and precise account of what the expertise involves. Examining this variation in use will illuminate the differences between the various positions in the literature regarding the nature and possibility of ethics expertise and the grounds of those differences. To be clear, we do think that there is expertise in these contexts and that those in the field of CEC have a significant role to play. That role must be clearly articulated, specified, and accepted. Instead, our view is that this expertise should be distinguished carefully from ethics expertise properly understood.

This “terminological cleansing” involves multiple steps. First, we should be clear about the general nature of expertise, which we argue refers to special knowledge or skills over a particular domain. Then, we should be clear about the range of relevant domains over which an ethics expert might be taken to have expertise. Judgments of expertise require clarity not only about the domain over which the expert has special knowledge or skills but also of the standard to use to make the judgments required to distinguish experts from nonexperts. We explore these possibilities regarding ethics expertise in part by considering different ways in which the terms “ethics expertise” and “moral expertise” are used in the literature. Finally, we argue that “ethics expertise” most appropriately refers to expertise in knowing what ought to be done or being better at making moral judgments than nonexperts. And, any attempt to articulate expertise with respect to knowing what ought to be done must include (1) an account of ethics that specifies the nature of moral truth and the means by which we access this truth or (2) a theoretical account of ethics such that expertise in another domain is linked to knowing or being better at judging what ought to be done and the standards by which this “knowing” or “being better at judging” is determined.

We conclude with a discussion of the implications of our analysis for the literature on ethics expertise. Throughout, we pay special attention to discussions of ethics expertise among moral philosophers and clinical ethics consultants, both of which have been the focus of much of the ethics expertise literature. We do think that there are clear domains in which a clinical ethics consultant might be expert, but we are skeptical about the possibility

that this includes ethics expertise. Clinical ethics consultants should not be referred to as ethics experts in virtue of being CECs.

II. WHAT IS EXPERTISE?

For someone to be an expert in *X*, there must be something that he can do or that he knows that nonexperts cannot do or know, or he has to be better at knowing/doing *X* than nonexperts. The expert in 20th-century Spanish architecture is someone who knows more about that subject than the non-expert. The expert driver is someone who knows how to drive in a way that the nonexpert does not. Expert problem solvers are better at solving problems than ordinary problem solvers or can solve problems ordinary people cannot solve, and so on. This is not a controversial understanding of expertise. Numerous contributors to the literature have used a definition similar to this one. For example, Szabados notes that “[t]o be an expert at something is to have acquired special skills or knowledge” (1978, 127). Weinstein refers to “expertise as a capacity either to provide strong justifications for claims in a domain or to exercise a skill well” (1994, 61). In short, expertise in *X* refers to knowing or being able to do *X*, whereas nonexperts cannot know/do *X*, or expertise refers to doing or knowing *X* better than the nonexpert.

Two important specifications must be made to apply this definition of expertise. First, when we give content to *X*, we specify the domain over which the expert possesses expertise. It is easiest to see this when the standard is straightforwardly cognitive—knowing or understanding, either knowing that or how. There is nothing here, however, that restricts the kinds of things that might be domains. Second, the possibility of there being experts in any domain rests on there being a standard according to which we judge individuals to distinguish experts from nonexperts. That is, there must be a standard against which we judge the knowledge or action of individuals to judge that the expert knows or can do something that the nonexpert cannot do or know, or that the expert knows or does *X* better than nonexperts.

On the first alternative, the expert knows or can do something the non-expert does not know or cannot do. Here, the standard employed will be used to sort people into two distinct categories: those who know/can do and those who do not know/cannot do. The second definition is weaker than the first because it only includes reference to a relative standard rather than an absolute one. That is, on the second account being an expert only requires being better than others at knowing or doing *X*. Nevertheless, identifying experts even using this weaker definition requires clarity about the domain of expertise and the standard for judging what level of knowledge or skill is better than another. (Ordinarily, we might think that an expert is not merely better but perhaps significantly better or consistently better than nonexperts.) What matters most for this paper, and for our argument, is that in both cases there must be a defined domain of knowledge or skill and a

standard against which experts and nonexperts are judged in order for us to talk meaningfully of experts over a domain. There must be a standard (either for betterness or rightness) against which the expert and the nonexpert can be compared. The claim that there must be a standard for distinguishing between experts and nonexperts does not imply anything about the standard itself. It does not, for example, stipulate that the standard must be objective, or absolute, or have a particular origin. Nor does it say anything about whether the correct group of people has been identified as being experts in a particular case.

In sum, an expert has expertise in a certain domain. This expertise entails being better at something or knowing (significantly) more in that domain than nonexperts. In this domain there are (demonstrable) standards such that the experts are “better” than the nonexperts. The extent to which these standards are demonstrable is the extent to which we can know who the experts are. There might be experts, but we do not know who they are because we do not have access to the standards and so cannot tell experts from nonexperts. The extent to which these standards are agreed to be the standards for the domain is the extent to which we can agree about who are the experts. If there is significant disagreement about the standards or about their existence, then we will not agree on who has expertise. It is likely that there will be a range of different claimants to expertise, each of which depends on accepting a certain set of standards.

As we shall see, part of the problem in the case of ethics expertise arises because of disagreement and variation, both about the specification of the relevant domain and its nature or, in some cases, the existence of a standard.

III. THE HIGHLY PROBLEMATIC NATURE OF ETHICS EXPERTISE

We argue that although there is a range of ways of specifying the domain, in the context of ethics expertise, the centrally contested and proper domain is the domain of knowledge of what ought to be done in any given situation. Then, we examine the implications of this conclusion. Most importantly, if there are ethics experts, then the criteria that apply generally to expertise apply here also. Ethics experts must be better at something or know more in the relevant domain than nonexperts. In this domain, there must be standards enabling experts to be distinguished from nonexperts.

The Primary Domain of Ethics

Most accounts of ethics expertise identify a domain over which a person might have special skills or knowledge that might be helpful in determining what ought to be done but do not necessarily give expertise in knowledge of what ought to be done. For example, the purported ethics expert is said to be someone who lives a good life, who is good at providing useful advice

to help people make ethical decisions, or has a strong grasp of moral philosophy. In each of these cases, there looks to be some sort of basic account of the nature of ethics.

On one fairly obvious reading, ethics *is* about what ought to be done. When we have an ethical dilemma, it is a dilemma about what we ought to do. It looks to be importantly tied to decision-making: questions about what ought to be done tend to arise in contexts where a decision is needed. This basic account is our preferred account and is one that captures what we call the primary domain of the ethics expert.

Importantly, this way of understanding ethics is very distinct from the academic discipline of ethics, but it captures the direct sense in which it applies in the clinical context. When there is a clinical ethics problem, there is a problem or dilemma about what ought to be done in a clinical situation. This sense makes no reference to a distinction between ethics and morality. Indeed, if there were a distinction between the two, it would collapse in this setting: the problem would still be what ought to be done. In the clinical context, decisions must be made and actions taken or not taken.

It might be suggested that ethics need not be so action- or decision-oriented—that it may be about the kind of person one should be, what to value, or how to live the best life. In each case, these either reduce to questions about how we ought to act/what we ought to do or can be subject to the same set of issues about expertise (i.e., the expert knows what to value). Again, however, the clinical context requires concrete and timely decisions about what will be done.

On this understanding of “ethics,” ethics experts will be experts in knowing or judging what ought to be done. They will be good at resolving dilemmas about what ought to be done or they will be good at making decisions about what ought to be done. On this account of “ethics,” the domain is given as “knowing or judging or deciding what ought to be done” and the expert will be (significantly) better than the nonexpert at knowing or judging or deciding what ought to be done.

We think that this account of ethics is to be privileged over others in terms of being the primary or basic sense of ethics that is involved in ethics expertise. This is partly a claim about ordinary usage or basic intuitions.

If we consider other, let us say, secondary domains, such as knowledge of moral philosophy, we might quite happily be prepared to say that someone can be an expert in this domain without being an expert in knowing what ought to be done. If we were so inclined, we would think that there was no necessary connection between the two domains. It is only when we make the opposite claim that the stakes are raised. That is, when someone claims, for example, that having knowledge of moral philosophy makes someone both an expert in moral philosophy and an expert in knowing what ought to be done, our interest is piqued. We might rightly require arguments for thinking that there is such a connection. We take it that this shows

us something important about the centrality of knowing what ought to be done for the debate about ethical expertise.

A second, perhaps more important, reason for thinking that this is the primary domain of ethics expertise comes from the practical force of being an expert. When we think of expertise, we are very close to questions of authority, legitimacy, and justification. But when an individual has knowledge of what we call “secondary” domains, their expertise and so their authority has limited practical force. That is, absent any connection to the primary domain, the authority possessed by the expert in moral philosophy is limited to that domain and seems relatively unproblematic. But when we add the connection to the primary domain—that is, knowing about moral philosophy yields/enables/produces knowledge about what ought to be done—the authority of the expert now has direct claim on others and what they do. Again, we take it that this shows us something important about the centrality of knowing what ought to be done for ethics expertise.

The Challenge of Meta-ethics to Ethics Expertise

In many areas of activity in which we acknowledge expertise, it is relatively easy to specify a domain of knowledge or ability and then to establish the standards by which we can determine experts in that domain. This is because in many fields of enquiry and practice there is a reasonable body of knowledge that seems important and relevant to the issues that arise for the context in question. However, both sets of specifications are significantly more fraught when it comes to ethics. This is partly because in meta-ethics both the nature of ethics and the existence of standards in ethics are contested.

Perhaps most importantly, there is a sense in which there is a clash between the authority that comes with being an expert and questions of authority in ethics. Typically, experts’ judgments are to be followed, all things being equal. At the very least, the fact that experts recommend a course of action gives us strong reasons to do as they suggest. Giving such authority to others over our ethical decisions can be distressing. If each of us is a moral agent capable of making moral decisions and responsible for our choices, suggesting that there are others to whom we should defer seems to undermine our moral status.

Along these lines, we might think that there is something special about ethics, that it is particularly personal or that there are certain kinds of things that matter when it comes to making decisions about what we ought to do. These special characteristics of ethical decisions might mean that the normal relationship between determining what ought to be done and ethical expertise is different.

But if there are special personal or contextual characteristics about making ethics decisions (and getting them right or being better at making them), then this would seem to undermine or limit the possibility of ethics expertise

in the sense described above. If, for example, decisions about what ought to be done are distinctively context dependent, then only someone with full access to that context could be in a position to be an ethics expert—someone outside of the context may be able to provide useful or helpful suggestions, but the decision about what ought to be done would rest with those in the context, and any standard or comparison would be limited in that respect.

Similarly, if we understand ethics to be particularly personal, then the prospects of a standard for assessing expertise look thin. Again, someone may advise the individual in certain helpful respects, but this advice could not amount to the kind of authority that ethics expertise would require—because of the lack of a standard of comparison. In both of these cases, the advisor might be expert in some other area related to ethics but not in ethics.

A number of contributors to the literature on ethics expertise in the context of ethics consultation invoke a notion of ethics expertise that involves knowing what ought to be done, and they appreciate the importance of standards in a way similar to ours. For example, Gesang holds that a moral expert is a person whose “moral judgments are correct with high probability and for the right reasons” (2010, 153). Here, the domain of expertise is knowing what is right and wrong and why. As Gesang points out, whether we believe such experts can exist depends on how we justify moral judgments. Certain accounts of moral justification can accommodate the existence of ethics and others cannot. So, he argues, the plausibility of moral expertise existing depends on our account of moral justification. Gesang defends coherentism, the view that ethical theory, moral feelings, common sense-based ordinary moral judgments, and nonmoral facts and theories all give us grounds for moral judgment. When all four cohere, that is, all point to the same conclusions, our moral judgments are justified (156). Here, Gesang attempts to provide precisely the kind of meta-ethical account of the nature of ethics that we suggest is required to defend a claim of ethics expertise: his account is an attempt to unify four elements that he takes to be key in a way that gives the kind of authority that can underpin a claim to expertise.

Many others reject the possibility of ethics consultants being ethics experts in this sense in part because of issues of authority and the standards necessary for it to make sense to speak of ethics expertise. In his discussion of ethics expertise, Cowley (2005) similarly connects ethics expertise to helping others determine what they ought to do, but he adds the requirement that they also motivate them to do what they ought to do. His objection to ethics expertise involves claims about the personal nature of ethical perception that, he argues, makes it impossible for ethical reasons to have the kind of normative force necessary for expertise. Ethical deliberation is bound by the ways in which situations are described such that, despite knowledge of ethical theory, the application of theory will not alter one’s judgments. Rather, the deliberation is so bound up with our description and hence our perception of the situation that, he says, “the theory comes *too late* to guide

action" (2005, 277). The authority that must be associated with ethics experts renders ethics expertise implausible for Cowley.

Suter (1984) similarly defends the thesis that there are no ethics experts in our sense. Suter argues that moral and scientific reasoning are so different that there is no ethics expertise because there is no shared understanding of what kinds of knowledge and evidence could be used to settle disputes regarding moral judgments. In the absence of criteria to determine who is an expert and who is not, there can be no expertise. Again, here, what is important is that ethics expertise refers to knowledge about right and wrong. Unlike Broad, who argues that moral philosophers do not have special knowledge of what ought to be done, Suter's argument turns primarily on claims about the lack of a standard by which to evaluate expertise. An expert "is someone with a special skill, technique, competence or knowledge—what can be called expertise—in a field, trade or study. The person is an authority in it" (54). An ethics expert would be one who has special skills, technique, competence, or knowledge about ethics. For there to be experts, there must be tests to evaluate people to know who is an expert and who is not an expert (55). Suter claims that although there are tests that allow us to determine who is an expert about areas like chemistry, "we have no comparable tests in morals, no commonly accepted criteria or tests to distinguish between experts and nonexperts, or to determine who are more or less expert in morality" (55). He concludes: "It is significant that wherever we talk of a high level of competence or of expertise, we have certifying tests, or criteria, to determine its presence or absence. We lack these in morality: so it actually makes little sense to talk of experts in morality" (55). Suter's claims here represent a clear meta-ethical challenge about the existence of standards that are able to distinguish the ethics expert from the nonexpert.

We do not go so far here as to argue that there can be no ethics experts. What matters for our purposes is that these authors' understanding of ethics expertise involves knowledge of what ought to be done as the primary domain for ethics and that their skepticism is underwritten by meta-ethical claims that require a definitive response.

IV. ETHICS EXPERTISE: DIFFERENT ACCOUNTS AND THE STANDARDS BY WHICH WE JUDGE EXPERTISE

When we are concerned with saying that someone is an expert, we should first specify the domain of knowledge or skill covered by that expertise and, second, specify the standard against which possible experts will be judged. We argued above that knowledge of what ought to be done is the proper domain of knowledge or skill for ethics expertise. The literature on ethics expertise includes a number of other domains, however. We consider here the possibility that these domains link to the proper domain of ethics

expertise such that expertise in one or more of these areas amounts to ethics expertise. First, we examine other domains over which the ethics expert might be an expert, and we seek to be clear about what it is that the expert in this domain knows or can do better than the nonexpert. The second question that will be addressed to each of the accounts below is whether the specified domain of expertise amounts to the domain of ethics and so can amount to ethics expertise. Does expertise in the domain in question make one better at knowing what ought to be done? This second question will be examined with special reference to the kind of expertise that might be exemplified in the CEC.

The Good Life

One way of characterizing the ethics expert is as one who lives a good life. Such experts also might be described in terms of living virtuous lives or being virtuous. Here we might think of Robert Burch, who suggested that the notion of moral expertise “seems repulsive because when we begin to think of a moral expert, we imagine some sort of arrogant philosopher-king, a kind of Mustapha Mond and Grand Inquisitor rolled into one. . . . But . . . perhaps we should rather think of figures like Confucius’s ‘superior man’, Christianity’s ‘saint’, or philosophy’s ‘wise man’.” Moral experts should be thought of in terms of a moral ideal that “ordinary men striving to live a morally better life keep dimly before their minds . . .” (1974, 658). Weinstein (1994) recognized this as one of four ways in which we might understand ethics expertise.¹

If we understand ethics expertise in terms of the good life, the domain over which the expert has expertise is in what it is to live a good life. To judge whether someone is an ethics expert in this sense requires a standard that would allow us to distinguish those who live the good life (or are better at living the good life) from those who do not live the good life. In short, it requires an account of virtue or the good life against which we may judge potential experts. Weinstein argues that in the face of different accounts of the good life, the standards by which we judge candidates for ethics expertise vary, and that competing accounts of the good life do not rule out the plausibility of ethics expertise.

Whether we believe expertise of this sort links to the proper domain of ethics expertise, knowing or being better and judging what ought to be done, depends in part on our own understanding of ethics and of how we distinguish right from wrong. Proponents of virtue ethics might argue that the virtuous person will be better at judging what ought to be done. The virtuous person has cultivated the proper habits of discernment and the disposition necessary to determine what ought to be done. Following Burch, we might think that a holy monk living in the desert is an ethics expert, whereas we are less likely to think that the typical CEC is such an expert.

So even if the meta-ethical arguments concerning the nature of virtue and the good life are successful, we are some way from an account of ethics expertise that will apply in the clinical ethics context. The success of this endeavor depends heavily on the success of this approach to be adequately refined for the clinical context and for this refinement to produce an account of the virtues in this context and the means for identifying those who possess them.

Knowledge of Moral Philosophy

A second characterization is the moral philosopher. The moral expert is one who has the skills and knowledge often associated with the moral philosopher, such as distinguishing good and bad arguments, understanding moral concepts, constructing good arguments, and knowing moral principles and rules. This expertise might be understood simply as expertise in moral philosophy, in which case many will find it unproblematic although perhaps it should be relabeled as “philosophical expertise” (Cowley, 2005). The domain of expertise is moral philosophical knowledge. To evaluate candidate experts requires that we have an account of moral philosophy and then evaluate whether the individual possesses that knowledge. Note here that we must be prepared to look beyond the canon of Western moral philosophy. Although many readers, like the authors, have studied moral philosophy in the West and could compile a list of authors, concepts, and theories one must have studied to claim expertise in moral philosophy, the list might look quite different if we consulted our counterparts in other parts of the world. The standards for judging expertise in moral philosophy will vary, depending on our background assumptions about moral philosophy.

The connection between expertise in this domain and expertise in ethics (knowing what ought to be done or being better at judging what ought to be done) is deeply contested. Many philosophers reject the connection between being a moral philosopher and a moral expert or ethics expert. For example, C. D. Broad held that “[m]oral philosophers, as such, have no special information not available to the general public, about what is right and what is wrong,” and “[i]t is no part of the professional business of moral philosophers to tell people what they ought or ought not to do” (1952, 244). What matters here is that Broad holds that the domain of ethics expertise is knowing what ought to be done and, because he rejects the claim that moral philosophers have special knowledge or ability to determine what ought to be done, he rejects the claim that moral philosophers are ethics experts. They are experts in moral philosophy.

A number of authors hold that expertise in moral philosophy is linked to the proper domain of ethics expertise. The view is that extensive moral philosophical knowledge enables one to know what ought to be done. This second interpretation answers our second question in the affirmative.

Knowledge of moral philosophy links to the proper domain of ethics expertise, namely, knowing what ought to be done. Whether they are correct or not remains to be seen.

Peter Singer, for example, holds that the moral philosopher's knowledge and skills position him well to make moral judgments, that is, judgments that distinguish right and wrong, in a way that the "ordinary man" cannot do or does not do as well as the expert:

the moral philosopher does have some important advantages over the ordinary man. First, his general training as a philosopher should make him more than ordinarily competent in argument and in the detection of invalid inferences. Next, his specific experience in moral philosophy gives him an understanding of moral concepts and the logic of moral argument. . . . Clarity . . . is an aid to sound argument, and the need for clarity is something which moral philosophers have recognized. Finally, there is the simple fact that the moral philosopher can, if he wants, think full-time about moral issues, while most other people have some occupation to pursue which interferes with such reflection. . . . If we are to make moral judgments on some basis other than our unreflective intuitions, we need time, both for collecting facts and for thinking about them. (1972, 117)

Singer concludes that the moral philosopher would have "to do some fact-finding on whatever issue they were considering," but with such facts in hand, the moral philosopher generally will be "better suited to arrive at the right, or soundly based, moral conclusions than non-philosophers" (117). Here, the expert's domain is knowing or doing moral philosophy in a way the nonexpert cannot know it or do it. The standard for distinguishing experts and nonexperts depends on what we take to be the canonical content and skills associated with moral philosophy. This might include knowledge of rules of inference, logic, knowledge of moral theories, the ability to critique and construct arguments about what is right or wrong, and knowledge of the moral principles, facts, and rules that are at stake. All of this is to accept something about what the relevant principles and facts are, and it is to accept something about the structure of logic. Such a standard, one might assume, exists in the world independently of our observations, whereas others will deny this and insist that even our beliefs about the rules of inference and the structure of logic rest on assumptions (see [Engelhardt and Caplan, 1987](#)).

So in the same way as the previous account, this version of ethics expertise requires that we accept a particular picture of the nature of ethics and the relationships between thinking, arguing, etc.—the skills of the moral philosopher—and knowing what ought to be done. Noticeably, this account of the connection is markedly different from the "good life" account and so might be taken to set itself against that account of ethics expertise.

Many CECs today are not experts in moral philosophy. Although at one time the beeper-carrying philosopher roaming the hospital was the stereotype

of the CEC, that no longer is the case. Certainly, many CECs are experts in moral philosophy, but many are not. Even if we accepted the claim that expertise in moral philosophy links to expertise in ethics, many CECs are not experts in this sense.

Provide Useful Advice

A third understanding of ethics expertise, drawn largely from the CEC literature, holds that the ethics expert is one who is an expert at providing useful advice to help people decide what (they ought) to do.² The domain of expertise here is not necessarily knowing what ought to be done, but having the ability to give the kind of advice that helps others decide what to do. This can be interpreted in at least two ways. First, the ethics expert merely alleviates indecision; his advice helps people who previously were not sure what to do to decide what to do. Whether they choose well is a separate matter. What is important is that they are able to make a decision about what to do. The standard for distinguishing experts and nonexperts requires knowledge of whether the expert's advice leads people to decide what to do.

Second, the ethics expert helps others determine what they ought to do. If we adopt this more robust interpretation, then the standard requires knowledge of what ought to be done and knowledge of whether a person's advice helps others figure this out. Motivating them to do what they decide they ought to do is a separate issue. The focus here remains on whether they are better able to decide what they ought to do because of the ethics expert's advice. The candidate ethics expert then is judged by whether the advice helps people determine what to do. This requires knowledge of what they ought to do so that we can determine whether, in fact, he not only helped them decide what to do but decide what they ought to do.

One of McConnell's definitions of moral expertise reflects this view. He notes that "a moral expert is someone who . . . is at least capable of helping people see more clearly (perhaps through questioning) what they have good moral reasons for doing" (McConnell, 1984, 194–95). Rasmussen's characterization of ethics expertise also aligns closely with the notion that the ethics expert is one who gives advice that helps people decide what to do: the ethics expert has the "ability to give non-normatively binding recommendations grounded in a pervasive ethos or practice within a particular context" (2011, 650). Rasmussen articulates domains that make it possible for the expert to give advice: "Ethics expertise includes . . . command of the moral arguments behind applicable law; knowledge of academic consensus or dissensus on a particular question; knowledge of public sentiment on a particular issue . . . historical moral foundations of clinical practice . . ." (Rasmussen, 2011, 650). These are the domains over which the expert has special knowledge or

skills. The standard for evaluating expertise is whether or not the candidate expert has the relevant combination of knowledge about moral arguments, the law, public opinion, and so on, as well as the skill to use that knowledge to help others make decisions. Rasmussen distinguishes this modest form of expertise she calls “ethics expertise” with “moral expertise.” The latter refers to persons who “possess the ability to resolve dispute on a moral issue by rendering a decisive opinion” (Rasmussen, 2011, 651). What Rasmussen calls “moral expertise” is closer to what we consider the proper domain of ethics expertise.

The connection to the domain of ethics expertise we outlined is more tenuous here. First, neither of the abilities described above on this type of account seems to have a clear connection to something that might count as “getting it right” or doing it better. It is clear that there may be standards for being good at “helping decision-makers see things clearly” or for being better at laying out the relevant regulatory and contextual details in a situation: we might develop standards to measure clarity or relevance. But, being clear about the ethical reasons or about the situation is not the same as having the right or better ethical reasons. To make that step, and so to make the step from a secondary domain to the primary domain of ethics expertise, requires an account of why it is that knowing these things that are undoubtedly relevant to ethical decision-making ensures that the knower is better at judging what ought to be done.

The expert in advising others about how to make decisions might not be better at judging what ought to be done than the nonexpert. The expert in advice-giving may help others assemble and analyze the inputs they need to decide what to do or to decide what ought to be done. This does not mean that the person is an expert at knowing what ought to be done. This description of the domain of ethics expertise reflects much of what CECs do today. This is not surprising, given that it emerges in the literature on CEC and expertise. Although it captures much of the work of CECs, it is not linked to the domain of ethics expertise we have articulated. Unlike the previous two examples for which the link between the chosen secondary domain and the primary of ethics expertise is articulated and important for the account itself, this type of account is able to provide a comprehensive account of an important secondary domain without, in our view, needing to extend the claim into the primary domain of ethics expertise.

Address Uncertainty and Resolve Conflicts

Fourth, the ethics expert might be one who is an expert at addressing uncertainty or resolving conflicts that involve ethical issues. In the case of the CEC, the ethics expert helps to resolve disputes among patients, families, and health care providers or to address uncertainty experienced by any of them regarding ethical issues.

Some scholars who use “ethics expertise” to refer to conflict resolution treat the domain over which the expert has expertise as something like negotiation or mediation techniques or other knowledge of human interaction that enables the expert to facilitate conflict resolution (see [Fiester, 2012](#)). They do not, for example, mean that the ethics expert is good at forcing people to come to consensus so as to resolve conflicts. On this view, the standard against which possible experts are measured involves recognizing certain conflict resolution techniques and methods as canonical and evaluating the extent to which candidates for ethics expertise possess the relevant knowledge and are able to apply the knowledge to help resolve conflicts. Like the previous type of account, we can clearly see how this might be tested and measured: outcomes, and so standards, for this secondary domain are clear.

Here, though, it seems quite clear that there is significant distance between the primary domain of the ethics expert and the domain of the conflict resolver—the conflict resolver might resolve things satisfactorily but with an unethical result. Consequently, it is difficult to see how the expert conflict resolver could be taken to be an ethics expert.

Those who invoke the broader notion of both addressing uncertainty or resolving conflicts, as does the American Society for Bioethics and Humanities (1998 and 2011), might focus on a collection of skills rather than focusing primarily on conflict resolution/mediation techniques. One example of the relevant skills and knowledge required for expertise is available in the *Core Competencies for Healthcare Ethics Consultation* (ASBH, 1998 and 2011). These include the ability to “identify the nature of the value uncertainty or conflict,” “access relevant ethics literature, policies, guidelines, and standards,” “communicate and collaborate effectively with other responsible individuals, departments, or divisions within the institution,” “facilitate moral meetings,” and others (see full list in [ASBH, 2011](#), Table 2). An obvious question is whether the expert must possess all of these skills and knowledge. The ASBH documents distinguish different levels of skill necessary for individuals to possess when they conduct ethics consultation and skills that are required of someone on an ethics committee but not of all members. Individual consultants acting on their own are expected to possess all of the core competencies ([ASBH, 2011](#), 19). The standard for distinguishing experts from nonexperts depends in part on how much of each skill or area of knowledge is deemed necessary and then choosing appropriate measures. Much of this work has been done recently as part of the American Society for Bioethics and Humanities Quality Attestation effort ([Kodish et al., 2013](#)).

In each case, and indeed cumulatively, these requirements and competencies function as useful skills and tools for someone who is expert in facilitation and managing situations of a certain kind: those where particular kinds of interpersonal disagreements and dilemmas arise. But even cumulatively, without some reason or argument for thinking that the set of these domains amounts to

our primary domain of ethics—that is, of knowing what ought to be done—we are no closer to an account of ethics expertise. We require some reason for thinking that meets the challenges of different accounts and the skeptics, that these skills and abilities amount to knowing or being able to judge what ought to be done and that there is some standard by which it can be measured.

Again, here we see these skills and abilities instantiated to varying degrees among the types of expertise associated today with the CEC. But that is because they are relevant and useful to the task at hand—resolving conflicts, advising about reasoning, outlining regulation, etc.—not because they are the elements of ethics expertise.

Clarify and Appreciate Complexity

Fifth, the ethics expert may be one who is an expert at clarifying and appreciating complexity and at diagnosing “the ‘deep structure’ of ethical dilemmas” (Arras and Murray, 1982, 126). As Arras and Murray say, the clinical ethics expert is one who “engage[s] all concerned in serious and clear reflection upon the moral dimensions of their work” and “improve[s] the dialogue, . . . help[s] doctors to appreciate the moral complexities of their vocation, and, in the tradition of one of the first ‘ethicists’, [is] . . . the horsefly biting the rump of the Athenian (or Hippocratic) steed when needed” (126). They describe the domain of expertise this way: the ethics expert is “skilled in moral reasoning and schooled in the medical and psychological realities of the clinic” (126). The standard for evaluating candidate experts requires an account of what it means to be “skilled in moral reasoning” and to be “schooled in the medical and psychological realities of the clinic” such that the expert uses those skills and that knowledge to “engage all concerned in serious and clear reflection upon the moral dimensions of their work” (126).

Being able to see moral complexity often is a sign of maturity—we should not take for granted that everyone appreciates the complexity of the moral life. Indeed, some might be experts at recognizing this complexity and helping others to recognize it. Among other things, such expertise might include recognizing our own biases and helping others to see theirs, appreciating the implications of actions for others, or insight into how choices might be perceived from other points of view. All of these are skills and capacities that some people have and others do not, yet being an expert in these areas does not necessarily mean one knows what ought to be done or is better at judging what ought to be done than others. Having these insights does not necessarily mean one can apply them reliably to determine what ought to be done. Indeed, we can imagine the reverse: that the horsefly simply bites the rump of the Hippocratic steed for fun and when it feels the need. More moderately, perhaps once complexities are recognized, even if with assistance, others may be better at using those insights to determine what ought to be done. A CEC might be an expert in recognizing the range of issues and concerns at stake and helping others to

recognize and appreciate them. That does not necessarily mean that the CEC is better at using that information to judge what ought to be done.

V. IMPLICATIONS AND PRACTICALITIES

As we argued earlier, when we make claims about expertise, we must not only specify the domain over which the expert has skills or knowledge that the nonexpert does not have or is better at knowing/doing something than the nonexpert but also the standard by which individuals are judged so as to separate experts from nonexperts.

We have argued that “ethics expertise” most appropriately refers to expertise in knowing what ought to be done or being better at making moral judgments than nonexperts. We have further suggested that any attempt to articulate expertise with respect to knowing what ought to be done must include an account of ethics that either specifies the nature of moral truth and the means by which we access this truth or provides a theoretical account of ethics such that expertise in another domain is linked to knowing or being better at judging what ought to be done and the standards by which this “knowing” or “being better at judging” is determined. [Gesang \(2010\)](#) makes the related point and goes on to suggest that only some accounts of ethics and justification can accommodate the existence of the ethics experts, where ethics experts are ones who know what ought to be done. Any view about expertise of this kind will depend on the preferred foundational account of the nature of ethics and ethical judgment.

To this point, we have considered a range of different approaches to the question of ethics expertise as it appears in the context of the CEC. We have demonstrated, in each case, how these alternative accounts map onto the framework provided by our arguments concerning the nature of ethics expertise. We have also noted the ways in which these approaches vary and, indeed, conflict with each other. We take this disagreement to be important for the possibility of a legitimate claim in practice to possess ethics expertise. We conclude here with a number of remarks about the practical ramifications of our theoretical analysis.

The first of these practical ramifications is that the literature on ethics expertise should recognize that the proper domain of ethics expertise is knowing what ought to be done. Authors who want to engage in debate about the nature and existence of ethics expertise must address these issues. The literature should move away from redefining ethics expertise over and over again by suggesting alternate domains over which ethics experts have special knowledge or skills. The debate over ethics expertise should focus on whether anyone can be an expert in knowing what ought to be done and, if so, how one becomes an ethics expert and how ethics experts may be identified. This requires that the literature address fundamental questions about the nature of ethics, ethical judgment, and standards of justification in ethics.

Second, in the CEC literature and in the practical realm of health care settings, we must cease referring to CECs as ethics experts. Claims of clinical ethicists to possess ethics expertise in the sense in which we have been using it involves highly problematic presuppositions about authority and normative weight that could lead to misunderstandings among patients, families, and clinicians. They might mistakenly look to CECs for definitive answers about what they ought to do or use their advice as authoritatively binding.

Finally, none of this is to say that clinical ethicists (or bioethicists or any other ethicists) do not have something important to contribute to the clinical or other relevant setting. Nor is it to say that they have no expertise. It is only to point out that without an account of the standard by which knowledge of what ought to be done is to be judged, CECs may not be called ethics experts, that is, experts in knowing what ought to be done. An important consequence of the arguments here is that the work of defining the role of the clinical ethics consultant is an entirely worthwhile activity and one that can help to define the range of expertise and specialisms that are useful and practical in the clinical context. We take it that being free from the label of “ethics expert” will help to liberate this process from worries about “moral authority” and place it on a much more pragmatic footing.

Note that we are not claiming that one cannot be a clinical ethicist without having solved the big (unresolvable) “meta-ethical” questions, nor that one cannot be an expert in a range of ethically related domains without doing the same. In these latter cases, though, there is a presumption of standards within these domains. Instead, the claim is that one cannot claim to be an ethics expert (an expert in knowing what ought to be done) without there being standards for getting it right or being better at knowing or judging what ought to be done. To understand the proper role of the clinical ethicists, we should first attend to the nature (and limits) of the domains over which CECs are experts (see, e.g., [ASBH, 1998 and 2011](#); [National Center for Ethics in Health Care, 2015](#)).

One does not need to be an ethics expert to be a CEC, and being a CEC does not mean one is an ethics expert.

ACKNOWLEDGMENTS

Mark Sheehan is supported by the Oxford NIHR Biomedical Research Center.

NOTES

1. The three other ways in which we might understand ethics expertise include expertise in meta-ethics (“the study of the language and logic of moral arguments;” [Weinstein, 1994, 64](#)), descriptive ethics (“the study of the moral beliefs of a particular culture, institution or religions tradition;” [Weinstein, 1994, 63](#)), and normative ethics (expertise in making judgments about what ought to be done).

2. One can imagine a person who is capable of knowing what ought to be done but is not able to give advice to others to help them determine what ought to be done.

REFERENCES

- American Society for Bioethics and Humanities (ASBH). 1998 and 2011. *Core Competencies for Healthcare Ethics Consultation*. Glenview, IL: American Society for Bioethics and Humanities.
- Arras, J. D. and T. H. Murray. 1982. In defence of clinical bioethics. *Journal of Medical Ethics* 8:122–27.
- Broad, C. 1952. *Ethics and the History of Philosophy*. London: Routledge and Kegan Paul.
- Burch, R. 1974. Are there moral experts? *The Monist* 58:646–58.
- Cowley, C. 2005. A new rejection of moral expertise. *Medicine, Health Care and Philosophy* 8:273–79.
- Engelhardt, H. T. and A. Caplan. 1987. *Scientific Controversies: Case Studies in the Resolution and Closure of Disputes in Science and Technology*. Cambridge: Cambridge University Press.
- Fiestier, A. 2012. The “difficult” patient reconceived: An expanded moral mandate for clinical ethics. *The American Journal of Bioethics* 12:2–7.
- Gesang, B. 2010. Are moral philosophers moral experts? *Bioethics* 24:153–59.
- Kodish, E., J. Fins, C. Braddock, F. Cohn, N. Dubler, M. Danis, A. Derse, *et al.* 2013. Quality attestation for clinical ethics consultants: A two-step model from the American Society for Bioethics and Humanities. *Hastings Center Report* 43:26–36.
- McConnell, T. 1984. Objectivity and moral expertise. *Canadian Journal of Philosophy* 14:193–216.
- National Center for Ethics in Health Care. 2015. *Ethics Consultation: Responding to Ethics Questions in Health Care*. 2nd ed. Washington, DC: U.S. Department of Veterans Affairs.
- Rasmussen, L. 2011. An ethics expertise for clinical ethics consultation. *Journal of Law, Medicine, and Ethics* 39:649–61.
- Singer, P. 1972. Moral experts. *Analysis* 32:115–17.
- Suter, R. 1984. *Are You Moral?* Lanham, MD: University Press of America.
- Szabados, B. 1978. On ‘moral expertise.’ *Canadian Journal of Philosophy* 8:117–29.
- Weinstein, B. 1994. The possibility of ethical expertise. *Theoretical Medicine and Bioethics* 15:61–75.