A workshop-based method for applied medical ethics
Moral Agency Theater (MAT) workshops

Stepping out of the clinic into a practice space designed to sharpen our capacities for handling challenging patient interactions.

Many medical and nursing curricula offer simulated, controlled encounters with the “standardized” patient. This way, students can rehearse diagnostic and communication skills in a low-stakes setting.

By contrast, Augusto Boal’s approach to theater enables participants to stage their own moral dilemmas about clinical encounters. Boal’s work enables learners to pose questions from their own experience of moral distress (when they could have acted better but were constrained from doing so) or moral regret (when they know they could have acted better, but just didn’t). We can practice better responsiveness.

Moral Agency Defined:

Moral agency involves the power to take action in a morally troubling situation. Because what is best to do is very often not obvious, we need practice in creating better alternatives to clinical situations gone wrong. When moral challenges are thematized and interventions are enacted with the intent of improving the interaction, we are practicing our agency, as Boal puts it, in the “second world” of theater for moral action in the “first world” of living.

Given medicine’s promise to heal and, at least, to do no harm, our aim in practicing moral agency is to prevent harm by improving our responsiveness to patients and our collaboration with staff members. Moral agency is tried out and collaboratively considered via a deliberative process about what is best to do and how.

Enacting the scenarios

In a MAT scenario, the protagonist, with whom those watching identify, struggles with a complex and challenging issue, striving to reach a goal. In the first enactment of the scene, the protagonist fails to achieve her or his objective. After a brief dialogue between audience members, the scene is performed again. This time, any audience member (or spect-actor, as Boal calls them) may stop the scene and step into the role of the protagonist, attempting to achieve her or his objective(s). Many such interventions can take place in a single workshop, exploring multiple possibilities and answers to the questions posed. Because these dilemmas reveal the edge of the participants’ learning and capabilities, the stakes are now much higher than in a “standardized patient” exercise.

Examples of scenarios

1. A bedside nurse having to negotiate with a charge nurse, who needs the bed, about a baby who’s health status has deteriorated since the discharge order,
2. A doctor who has to explain her daughter’s birth injury to a distraught mother,
3. A nurse antagonist who takes personal offense at a patient’s soiled bed, and so leaves him in it longer than necessary,
4. A doctor who has to deal with an angry father who’s child they could not save in surgery,
5. A nurse failing to give “only one” dose of insulin to a patients with high blood sugar because “it’s too much trouble and you have to stick them and they might get infected”; without telling her patients this, she always checks the box saying the medicine was not given because patient refused the medication, suggesting the student nurse to do the same,
6. Obese patients whose care is reluctant because they are presumed culpable in bringing on their condition.

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7. Staff telling student nurse that patient who had a sex change was weird, speaking dismissively behind “her” back.
8. Not believing patient has pain.
9. Staff unavailable to care for patient needs because they are too busy shopping online or having excessively long smoking breaks.
10. Delay in giving medication to a patient labeled a “drug seeker”.
11. A dying patient’s sister who wants to keep her imminent death a secret from her sister.
12. An E.R. nurse who has to tell a woman, lying next to her dead husband who was pronounced dead on arrival, that they need the room.
13. Having to tell a colleague that he/she made a medical or moral mistake.
14. Having to negotiate with a busy authority, a doctor or charge nurse, on behalf of the patient.
15. Having to explain to the furiously blaming father of the child whom the surgeons could not save that the staff tried everything they could.
16. Being responsive to the mother holding her birth-injured baby in her arms, as she is asking for an explanation of what went wrong.
17. What to say to an administrator when having to report on a colleague’s inappropriateness.
18. Having to explain to a frustrated patient and her angry sister that a routine test has unexpectedly turned up a serious condition.

We are an interdisciplinary team prepared to offer a series of MAT workshops, lasting anywhere from two to eight hours, designed to support your staff’s moral resources by facilitating a process that enables practitioners to thematize and stage for each other their moral dilemmas.

- Not to complain or vent, but to invite those watching, the “spect-actors”, to enter the scenario—replacing the ineffective protagonist—to enact an intervention.
- Not as an end in itself, but thereby to use this “second world” practice back in the “first world” of living—now with a wider repertoire for responsiveness.

We adapt the process to the specific needs of each setting so that participants can best pose issues and deliberate together.

Aristotle’s ethical theory
Aristotle states that moral deliberation is ingredient to moral action. Ethical practice emerges from appraisal of each situation as it arises, with the ideal being to avoid the extremes of either excess or deficiency. For example, if courage is the mean between the deficiency of cowardliness and the excess of rashness, we have to deliberate about how to hit “the mean.” Those best practiced are best able to hit it, regularly. According to Aristotle, we can best engage in such deliberations together with good friends who also want to do the right thing at the right time in the right way.

Boal’s theater work
Boal’s Theater of the Oppressed operationalizes the moral deliberation that Aristotle describes. MAT workshop participants appraise situations together. Their deliberations treat the regret and/or moral distress accompanying difficult ethical situations as starting points for creating alternatives.
Gretchen A. Case is Assistant Professor in the Division of Medical Ethics and Humanities, the Department of Internal Medicine, and the Department of Pediatrics at the University of Utah. Dr. Case’s research and teaching interests are in the medical humanities: the many ways in which the arts and humanities intersect with the medical arts and sciences. Her scholarly projects often combine communication, performance, disability theory, cultures of medicine, oral history, and ethnography. Dr. Case has more than ten years of experience as a public historian, specializing in histories of science and medicine. She is currently developing empirically-based theatrical approaches to improving communication between health care providers and patients with Dr. Sydney Cheek-O’Donnell as part of their Initiative in Theatre, Performance, and Medicine.

B.A., Speech Communication and History and MA in Communication Studies, UNC-Chapel Hill
Ph.D., Performance Studies, UC Berkeley.

Kathleen Puri, a RN since 1966, began nursing in critical care, working as a staff nurse and charge nurse, and then continued as a clinical instructor of critical care for nursing students. After earning her master’s degree in nursing management from the University of Connecticut and relocating to Tennessee, she began teaching Fundamentals and Medical Surgical nursing at Chattanooga State Community College. She became passionate about the importance of Fundamentals. From this perspective came her work on the ethics of care; for the past five years she has conducted Moral Agency Theater workshops in association with Dr. Susan Stocker for nursing students at Chattanooga State Community College.

M.S.N., University of Connecticut, Storrs, CT
B.S., Health Science, University of Hartford, Hartford, CT
Nursing Diploma, St. Francis Hospital School of Nursing, Hartford, CT

Katherine Burke is a multidisciplinary artist, teacher, and activist. Her work in medical humanities at Cleveland Clinic Lerner College of Medicine engages Cleveland residents, medical students, health care workers, and physicians in an ongoing examination of health and well-being in Cleveland. As the directing and devising force behind the acclaimed verbatim play, *May 4th Voices*, she brought to life the oral histories of witnesses to the 1970 shootings at Kent State University. An activist who uses Theatre of the Oppressed and other arts-based techniques to foster dialogue and inspire action, Burke is the current president of Pedagogy and Theatre of the Oppressed, Inc., and has taught and implemented applied theatre for social change methods nationally and internationally.

M.F.A., Theatre, 1999, Purdue University, West Lafayette, IN
B.F.A., Theatre, 1993, Drake University, Des Moines, IA

Dr. Stocker has taught philosophy at Goucher College (where she earned tenure), the University of Amsterdam, and Chattanooga State Community College. Teaching ethics for years taught her that theoretical competence in ethics does not necessarily translate into effective moral agency. Her recent publication, “Staging the Moral Imagination in the Health Care Setting”, provides the theoretical and practical rationale for this workshop-based method of applied medical ethics. It was developed for workshops in 2008 given at the invitation of Dr. Wijma and Dr. Swahnberg at an obstetrics ward near Linköping, Sweden.*

M.A., Liberal Education, 1981, St. John’s College, Santa Fe, New Mexico
Ph.D. with distinction, Philosophy, 1990 Georgetown University, Washington, D.C.

"Staging the Moral Imagination in the Health Care Setting” can be accessed under downloads: www.MATworkshops.com
About MAT workshops:

In a MAT workshop participants experience various warm-up games and then build “Forum Theater” scenarios that enact a protagonist’s dilemma. Because they are so invested in learning from these enacted deliberations, when a viable, compassionate—even elegant—solution is found, participants are both relieved and cheered.

Our workshop goals:

1) to promote quality care,
2) to foster the practice of effective moral agency in the clinical encounter with patients and with staff.

We propose, first, a series of workshops for your staff—doctors, nurses, midwife, all practitioners engaged in patients care, so they can show each other what they struggle with. These workshops allow professionals to explore together what they struggle with.

We propose, second, another series of workshops for patients. Here the question is: What do patients have to teach each other about facing their illness, and negotiating the medical encounter. What do they have to teach us? And to us?

In a further iteration of this work, we would welcome an additional session to allow practitioners and patients to see each other’s scenarios. What do patients and caregivers have to teach each other?

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To Conclude:

We would welcome the opportunity to offer this workshop-based method of applied medical ethics in your clinic. Everyone wishes to prevent harm in the health care setting, but, given the incidence of patient-reported abuse, good intentions alone do not suffice. This workshop-based Theater of the Oppressed method enacts moral learning, thus supporting the staffs’ moral resources. Better practices can be habituated, settling into a character whose sensibility is one, says philosopher Martha Nussbaum, “on whom nothing is lost”.

This work enhances quality care by:

- building teamwork,
- preventing miscommunication,
- preventing mistakes and redressing them wisely and well when they occur,
- fostering—by practicing—cooperation and collaboration,
- honoring rather than ignoring, moral regrets and moral distress,
- practicing deliberation,
- enabling embodied reflection to unfold, providing analogies for future moral challenges,
- fostering a sense of agency, rather than complicity, regret, or distress, in clinical encounters,
- finding ways to redress previous harm,
- underscoring how the institution cares about ethical concerns.

May we introduce your practitioners and/or students to this method for deliberating together about moral dilemmas in the clinical setting?

Our sincere regards,
Susan S. Stocker, M.A., M.A., Ph.D.
Kathleen Puri, M.S.N, RN
Katherine Burke, M.F.A., & current president of Pedagogy and Theatre of the Oppressed, Inc.
Gretchen A. Case, M.A., Ph.D.

Aristotle says that with friends, we are better able to live and to be at work in morally attentive ways.
“It is very easy for us to decide—in fatalistic fashion—that we are the way we are, full stop, end of story. But we can also imagine—in a more creative fashion—that the playing cards can be re-dealt. In this dance of possibilities, different powers take the floor at different times—potential can become act, occupy the spotlight and then glide back to the side-lines, powers grow and diminish, move in to the fore-ground and then shrink into the background again—all is mutable. Our personality is what it is, but it is also what it is becoming. If we are fatalists, then there is nothing to be done; but if we are not, we can try.”

Augusto Boal,
Theater of the Oppressed creator