

Communicative contingencies and the interplay of expertise and ethics in medical/healthcare decision making

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In the medical/healthcare setting, models of decision making – and shared decision making – abound in order to keep pace with biomedical, technological and socio-ethical landscapes in contemporary society. However, these models, invariably underpinned by rationalist, cognitivist and algorithmic principles, although process-oriented in spirit, underplay the ‘communicative contingencies’ that are a quintessential feature of decision making in situated encounters involving healthcare professionals and patients/families. More specifically, the ubiquitous presence of uncertainties and doubts surrounding diagnosis and treatment decisions that underscore the extent to which communicative contingencies matter in healthcare encounters is overlooked.

In this presentation, my main point of departure is that in many healthcare encounters, decision making is not always visibly evident and its communication does not routinely follow a linear order; instead, it is a dispersed, emergent activity and it is through the communication process itself that specific decisions evolve as part of ecological adaptation and become consequential. The inevitable challenge for healthcare professionals is to mobilise their biomedical, scientific expertise while attending to practical ethical matters – beyond following medical decision rules – in communicating decisions. The same challenge is mirrored in the case of interaction/communication researchers when locating and articulating the exact nexus of decision making and their interpretive trajectories.

In critically reappraising the twin notions of ‘expertise’ and ‘ethics’ and their interplay in situated contexts, I propose a framework of ‘communication ethics’ which extends my earlier work on ‘communication expertise’. I will use two diverse healthcare scenarios – genetic counselling premised on a commitment to non-directiveness and emergency medical calls foregrounding a commitment to directiveness – to illustrate how notions of biomedical expertise and principles-based ethics manifest contingently at the communicative level by drawing on intuition and phronesis, while attending to lifeworld matters beyond the medically salient signs and symptoms.



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