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Published in:
Bioethics

DOI:
[10.1111/bioe.12346](https://doi.org/10.1111/bioe.12346)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2017

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Jellema, H., Kremer, S., Mackor, A-R., & Molewijk, B. (2017). Evaluating the Quality of the Deliberation in Moral Case Deliberations: A Coding Scheme. *Bioethics*, 31(4), 277-285. <https://doi.org/10.1111/bioe.12346>

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EVALUATING THE QUALITY OF THE DELIBERATION IN MORAL CASE DELIBERATIONS: A CODING SCHEME

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Keywords

moral case deliberation,
pragmatic hermeneutics,
dialogical ethics,
clinical ethics support,
coding scheme,
deliberative quality

ABSTRACT

Moral Case Deliberation (MCD) is an up and coming form of ethics support wherein clinical professionals deliberate about moral questions they face in their work. So far, it has been unclear what quality of deliberation in MCD is entailed and how to evaluate this quality. This article proposes a coding scheme that fits the theoretical background of MCD and allows researchers to evaluate the quality of the deliberation in MCDs. We consider deliberation in MCD to be of good quality when participants enrich their own understanding of a case by being exposed to the viewpoints of others. In order to have such an enriching effect, the deliberation in an MCD ought to involve different kinds of arguments from the perspectives of different stakeholders and in favour of different resolutions to the case; and the process of deliberation ought to be critical but constructive.

1. INTRODUCTION

Moral Case Deliberation (MCD) is a form of clinical ethics support (CES) that is used to aid health care professionals when dealing with difficult moral situations in their work. The procedure can be summarized as follows:

Moral case deliberation consists of a collaborative, systematic reflection on a real clinical case. (...) The reflection takes 45 minutes to 1 day and is structured by means of one of a variety of conversation methods. Methods are chosen depending on the purpose of the moral case deliberation and can focus on the process (e.g. individual self-reflection, teambuilding, training attitude or skills) or the product (e.g. solutions, compromises, answers, actions).¹

Several organizations are currently using MCD, for example in training and education, in projects to improve moral competencies of health care professionals, in specific thematic projects or as a regular means of structural

ethics-support.² The rise of MCD as a method of ethics support has led to an increasing amount of MCD research. Much of the literature on MCD has focused on its theoretical foundations,³ its supposed effects⁴ and its implementation.⁵ With respect to MCD evaluation

² E.g. A.C. Molewijk et al. Implementing moral case deliberation in Dutch healthcare – Improving moral competency of professionals and the quality of care. *Bioethica Forum* 2008; 1(1):57–65.

³ Molewijk et al., *op. cit.* note 1; N. Steinkamp & B. Gordijn. Ethical case deliberation on the ward. A comparison of four methods. *Medicine, Health Care and Philosophy* 2003; 6(3):235–246; G. Widdershoven & A.C. Molewijk. Philosophical foundations of clinical ethics: a hermeneutic perspective. In: Schildmann J, Gordon JS, and Vollmann J (eds) *Clinical ethics consultation: theories and methods, implementation, evaluation*. Aldershot: Ashgate 2010, pp. 37–51.

⁴ C. Bartholdson et al. Clarifying perspectives: Ethics case reflection sessions in childhood cancer care. *Nurs Ethics* 2015 Mar 3; R.M. Janssens et al. Evaluation and perceived results of moral case deliberation: A mixed methods study. *Nurs Ethics* 2015 Dec; 22(8):870–880; M. Svanteson et al. Outcomes of moral case deliberation—the development of an evaluation instrument for clinical ethics support (the Euro-MCD). *BMC Med Ethics* 2014 Apr 8; 15:30–6939-15–30; F.C. Weidema et al. Aims and harvest of moral case deliberation. *Nurs Ethics* 2013 Sep; 20(6):617–631.

⁵ Molewijk et al., *op. cit.* note 2; F.C. Weidema et al. Enacting ethics: Bottom-up involvement in implementing moral case deliberation. *Health Care Analysis* 2012; 20(1):1–19.

¹ A.C. Molewijk et al. Teaching ethics in the clinic. The theory and practice of moral case deliberation. *J Med Ethics* 2008 Feb; 34(2):120–124, p. 120.

research in particular, Hem et al. provided a systematic review of the literature on the evaluation of clinical ethics-support services in mental healthcare. They only found five papers. Four of these concerned MCD. Most MCD evaluation research made use of research methods such as 'responsive evaluation, qualitative interviews, observation notes, facilitator forms and short questionnaires'.⁶ These research methods mainly involved evaluations of MCD by its participants or the facilitators themselves. Until now three important aspects of MCD evaluation have been neglected:

- (1) almost no observational research methods have been used in which outsiders evaluate the MCD sessions;⁷
- (2) no MCD evaluation research has focused on the quality of the deliberation within MCD and developed a substantial view on what quality of this deliberation entails and because of this,
- (3) no specific research instrument has been developed to describe the quality of (the deliberation within) MCD.

Yet a focus on these three aspects can yield valuable insights into the methodology of defining, observing and measuring the quality of CES in general, and of MCD in particular. Furthermore, trying to measure and describe the quality of MCD will highlight possible areas of improvement, both in healthcare practice and in education and training of the MCD facilitators. Finally, research on quality of MCD can contribute to the current debate on the accreditation and certification of CES in general, and of MCD in particular.⁸

The aim of this article is to make a first step towards filling this gap in current MCD evaluation research. We developed a coding scheme that can be used to evaluate the quality of the deliberation in MCDs by coding the

verbal expressions made by participants. Possible applications of this scheme are empirical studies on the quality of MCD, in training or educational programs, and in the current discussion on the quality of MCD. In the following section we explain our conception of the quality of deliberation. Two indicators of good deliberation are identified: 'variation in terms of the arguments given' and 'critical engagement'. These two indicators are operationalised using a coding scheme, which is described in section three. Section four describes the method of coding. Section five discusses how the results of the coding scheme can be used in order to draw conclusions on the quality of the MCD deliberation. Finally, in section six we discuss some limitations and possible uses of our coding scheme.

2. DELIBERATIVE QUALITY WITHIN MCD

In this section we discuss our view of the quality of deliberation within MCD. MCD is a deliberative procedure, concerned with moral aspects of a situation. Yet the fields of ethics and deliberation theory are rife with theoretical disagreement over what constitutes good moral reasoning and good deliberation. Furthermore, as mentioned, different goals have been distinguished for MCD. Each goal will yield its own conception of deliberative quality. In this article we base the coding scheme on a theoretical framework of MCD that is used within many clinical practices and MCD research. The choice for this theoretical background for the coding scheme ensures that there is a certain degree of consistency between the coding scheme and the understanding of MCD as used within these contexts. The theoretical framework consists of the theories of pragmatic hermeneutics and dialogical ethics.⁹ In this section we explain this theoretical understanding and determine two indicators of good MCD: (1) variation in arguments and (2) critical engagement.

2.1 Pragmatic hermeneutics and dialogical ethics

As mentioned in the introduction, with MCD one can aim for several process benefits (e.g. individual self-reflection) and several 'products' (e.g. compromises). However, an overall aim of MCD is involving participants in

⁶ M.H. Hem et al. Evaluating clinical ethics support in mental healthcare: a systematic literature review. *Nurs Ethics* 2015 Jun; 22(4):452-466.

⁷ See D. Rasool et al. What healthcare teams find ethically difficult Captured in 70 moral case deliberations. *Nurs Ethics*, 2015 May; 1-13 & C.F. Grönlund et al. Managing Ethical Difficulties in Healthcare: Communicating in Inter-professional Clinical Ethics Support Sessions. *HEC Forum* 2015 May; 1-18 for exceptions.

⁸ J. Schildmann & J. Vollmann. Evaluation of clinical ethics consultation: A systematic review and critical appraisal of research methods and outcome criteria. In: Schildmann J, Gordon J, Vollmann J (Hrsg): *Clinical Ethics Consultation: theories - methods - evaluation*. Ashgate Publishers, Farnham, 2010; 203-215; E. Kodish et al. Quality attestation for clinical ethics consultants: A two-step model from the American Society for Bioethics and Humanities. *Hastings Cent Rep* 2013; 43(5):26-36; A.C. Molewijk et al. What quality is actually assessed within written records? *Am J Bioeth* 2016; 16(2): in press; R.A. Pearlman et al. (2016). Ethics Consultation Quality Assessment Tool: A Novel Method for Assessing the Quality of Ethics Case Consultations Based on Written Records. *Am J Bioeth* 2016; 16(2): in press.

⁹ T.A. Abma et al. Good care in ongoing dialogue. Improving the quality of care through moral deliberation and responsive evaluation. *Health Care Analysis* 2009; 17(3):217-235; S. Metselaar et al. Beyond Recommendation and Mediation: Moral Case Deliberation as Moral Learning in Dialogue. *Am J Bioeth* 2015; 15(1):50-51; Molewijk et al., *op. cit.* note 1; F.C. Weidema et al. Client participation in moral case deliberation: A precarious relational balance. *HEC forum* 2011; 23(3):207-224, p. 208; G. Widdershoven et al. Empirical ethics as dialogical practice. *Bioethics* 2009; 23(4):236-248; Widdershoven & Molewijk, *op. cit.* note 3.

jointly making sense of the various perspectives on a concrete ethical question: '[In MCD] participants are challenged to explore both their thinking and the issues within the case in order to create a mutual learning process by the confrontation of perspectives.'¹⁰ We take this mutual learning through the confrontation of perspectives by means of a dialogue to be the central goal of MCD. This idea is inspired by the philosophies of pragmatic hermeneutics and dialogical ethics which are briefly described below.

According to a *pragmatic hermeneutic view*, MCD aims at articulating and exploring the various, sometimes conflicting, perspectives on a morally complex situation.¹¹ The approach starts from the idea that human life is an ongoing process of interpretation; our understanding of situations is always partial. We see situations from a particular perspective that is shaped by our previous experiences. However, our perspectives are not rigid. They can be changed through experiences and dialogue: '[D]ialogue results in learning processes. (...) [O]ne learns to address the situation in a different way, and to find solutions which one did not have in mind before (...) One does not learn by taking things over mechanically, but by investigating the validity of the other's point of view'.¹² On this view a good dialogue explores (a) the various understandings of the participants of the given issue and (b) the various solutions to it. MCD challenges participants to see the situation from multiple perspectives. Therefore it is important to the learning process that participants are open to the contingency of their own interpretations and to the point of view of the other participants.

Dialogical ethics is a procedural approach to ethics.¹³ This means that it does not provide a specific normative theory that can be used to answer ethical questions (e.g. deontological ethics, virtue ethics, consequentialist ethics). Instead, it presupposes that ethical questions in concrete situations ought to be answered through a specific procedure: a dialogue. The ideal type of this dialogue is that of a critical yet constructive discussion in which participants are open to the interpretations and arguments of others. This dialogue should be a joint and thorough reflection on the various perspectives on the situation. Following this approach, MCD should not be a theoretical, academic discussion in which the moral question is identified prior to the MCD session or by an ethics expert, nor a deductive application of a-historical,

absolute ethical principles.¹⁴ Instead, in MCD, 'the' moral question is identified and where needed adjusted through an ongoing reflection on participants' concrete experiences.

These approaches have a number of similarities. Both stress that there is no external normative framework which can function as the only source for validating the rightness of our reasoning, point at the importance of dialogical meaning-making and require openness to the views of others.¹⁵ This requirement of openness is due to the fact that both pragmatic hermeneutics and dialogical ethics see *confrontation of various perspectives* as the central mechanism of dialogue and moral learning. Based on these two theories, we distinguish two different kinds of confrontation, that are important to the quality of the deliberation. In section 2.2 we describe confrontation with respect to the *content* of what the other participants put forward within the dialogue. This notion of confrontation is operationalized as *variation in arguments*, specifically the arguments given for different resolutions and attached to different stakeholders. In section 2.3 we describe confrontation as *engagement* with one another. The latter of confrontation is related to the *process* of interaction between participants. Engagement occurs when participants critically but constructively question and explore each others views and jointly explore the case at hand.

2.2 Confrontation as variation

Variation means the extent to which participants confront each other with new perspectives on the question at hand. Empirical research suggests that exposure to the views of others in deliberative contexts is linked to improved (e.g. more balanced, more informed, more developed) (moral) decision-making.¹⁶ In fact, group deliberations with little variation may actually lead to worse moral decision making than decisions without much deliberation. Specifically, when the group members are homogenous in their views, *group polarization* tends to occur. Group polarization means that because no dissenting opinions are discussed, groups tend to settle on

¹⁰ F.C. Weidema et al. Client participation in moral case deliberation: A precarious relational balance. *HEC forum* 2011; 23(3):207–224, p. 208.

¹¹ G. Widdershoven et al. Empirical ethics as dialogical practice. *Bioethics* 2009; 23(4):236–248; Widdershoven & Molewijk, *op. cit.* note 3.

¹² Widdershoven et al., *op. cit.* note 11, p. 238.

¹³ A. Rudnick. The ground of dialogical bioethics. *Health Care Analysis* 2002; 10(4):391–402.

¹⁴ Moral principles and theory can of course be highly valuable contributions when invoked by a participant in a dialogue. Dialogical ethics cautions against moral reasoning being *only* deductive reasoning detached from the case at hand, as opposed to reasoning by means of a dialogue about the concrete case.

¹⁵ Molewijk et al., *op. cit.* note 1.

¹⁶ D. Gracia. Ethical case deliberation and decision making. *Med Healthc Philos* 2003; 6(3):227–233; H. Mercier. What good is moral reasoning? *Mind & Society* 2011; 10(2):131–148; H. Mercier & H. Landemore H. Reasoning is for arguing: Understanding the successes and failures of deliberation. *Polit Psychol* 2012; 33(2):243–258; V. Price et al. Does disagreement contribute to more deliberative opinion? *Political Communication* 2002; 19(1):95–112.

more extreme opinions or decisions than the initial inclination of the members.¹⁷ For example, if the members of a group have somewhat racially prejudiced opinions, then group deliberation may lead to a group opinion that is very prejudiced.¹⁸ The risk of group polarization is particularly pressing when certain stakeholders, such as patients, are not present in the deliberation to give their interpretations and their counterarguments, since the phenomenon relies on dissenting views not being taken into account in the deliberation. Group polarization can be avoided if participants are confronted with arguments that go against their own position.¹⁹

Based on both the theoretical framework and the empirical research discussed above we distinguish two types of variation that are important to the quality of the deliberation:

1. *Variation in arguments for the resolutions discussed:* Different possible resolutions to the moral question that is being addressed within MCD ought to be discussed. This does not mean merely mentioning different resolutions, but also giving arguments for and/or against them.
2. *Variation in arguments attached to stakeholders discussed:* A stakeholder is a person, an institution or a group of persons with some involvement with or interest in the situation at hand. These may or may not be participants in the deliberation. A central aim of MCD is to explore the various perspectives on the case at hand. Accordingly, if key stakeholders are not present in the deliberation, participants ought to discuss the kind of arguments they would be likely to give in favour of their position.²⁰ These stakeholders must not merely be mentioned; the reasons why they hold certain views must also be discussed.

Both types of variation rely on arguments of participants to support their positions. We use a broad understanding of the notion of argument. Roughly speaking, we distinguish three types of arguments:

- a. *Arguments:* An argument is understood as a reason for a conclusion. This is a broad category that

encapsulates most types of arguments. For example, participants may invoke certain legal or practical obstacles in the case to argue that a certain action should be undertaken, or they may point to the risks or long-term consequences of an action to argue that this action is not to be undertaken.

- b. *Moral arguments:* MCD focuses on the *moral* aspects of the case at hand. Therefore, moral values can be strong reasons to prefer a particular conclusion. We acknowledge that no sharp line can be drawn between moral and non-moral arguments. Here we (pragmatically) understand moral arguments to be arguments that *explicitly* refer to either:
 - (i) A principle (e.g. 'do not steal');
 - (ii) A role-specific duty (e.g. 'the duty of a doctor to take care of his patients');
 - (iii) A value (e.g. 'honesty', 'respect for autonomy', 'fairness').
- c. *Stories:* It has often been argued that anecdotes and storytelling are important for moral deliberation because the emotional response they evoke contributes more to changing our moral views than rational argumentation.²¹ Stories are also considered to be important in the theories of pragmatic hermeneutics and dialogical ethics: 'Important vehicles for meaning-making are stories, by which people interpret and understand their situation and try to find out which actions are suitable. In stories, our experiences are at first vague and ambiguous, and then get a more prominent form.'²² It has been argued that stories are generally used as support for a conclusion, either to invoke emotions or as a type of analogous reasoning.²³ Participants in an MCD may, for example, tell a story about how a measure has affected a specific stakeholder. They may also tell a story about a case similar to the one under discussion to argue for a resolution in the current case. Following this line of reasoning we treat stories as a type of argument.

All three types of arguments can be given as reasons to support a certain resolution to the case at hand. These types of arguments can also be used to invoke the interests of a certain stakeholder in the deliberation. A deliberation is more varied (a) if arguments are given for

¹⁷ C.R. Sunstein. The law of group polarization. In: J.S. Fishkin & P. Laslett (eds.). *Debating deliberative democracy*. Oxford: Blackwell Publishers; 2003: 80–101.

¹⁸ D.G. Myers DG. Discussion effects on racial attitudes. *Science* 1970 Aug 21; 169(3947):778–779.

¹⁹ Sunstein, *op. cit.* note 33.

²⁰ Developing perspective taking (i.e. the ability to adopt perspectives different from one's own) has often been described as central to good moral reasoning. See for example: L. Kohlberg. The psychology of moral development: The nature and validity of moral stages. *Harper Collins College Div*; 1984; J. Piaget. The moral judgement of the child. *Simon and Schuster*; 1997.

²¹ P. Bloom. How do morals change? *Nature* 2010; 464(7288):490–490; D.M. Ryfe. Narrative and deliberation in small group forums. *Journal of Applied Communication Research* 2006; 34(1):72–93; See Bloom, *op. cit.* note 37; J. Haidt. The emotional dog and its rational tail: a social intuitionist approach to moral judgment. *Psychol Rev* 2001; 108(4):814.

²² Molewijk et al., *op. cit.* note 1., p. 121.

²³ Mercier, *op. ed.* note 30.

more resolutions, and (b) if arguments that are given invoking the interests of more stakeholders. Our coding scheme will operationalize this notion of variation.

2.3 Confrontation as critical engagement

We take the concept of critical engagement in part from the work of Stromer-Galley, who writes: 'Another element of deliberation is engagement – both with the topic under discussion and between participants. (...) [I]t is important to note whether participants are actually engaging each other, or if they are simply engaging in monologues in the presence of an audience, which in turn fails to respond.'²⁴ However, this view sees engagement as mere interaction. We contend that interaction should also be *critical*. One specific threat to the engagement in group deliberation that has been pointed out in the literature is that of *group think*, which is 'characterized by striving for agreement in a way that hinders group members from evaluating differing or diverging views or courses of action.'²⁵ This means that dissenting views are ignored or suppressed in favor of the desire for conformity within the group. Group think stifles the investigation of different perspectives. Furthermore, it may then be the case that group polarization, discussed in the previous section, becomes a risk factor because this phenomenon is caused by dissenting opinions being ignored within the group. It is therefore important that participants ask one another critical questions during the deliberation and dare to disagree with one another. The idea that critical discussion, especially disagreement, within a (moral) deliberation is important to the quality of that (moral) deliberation has found broad empirical support.²⁶

However, critical engagement does not mean a hostile discussion, in which participants are treated as if under interrogation. A hostile environment may actually diminish the learning effects of (moral) deliberation.²⁷ Instead, critical engagement means a constructive dialogue where participants show effort to understand one another's views, attempt to help each other to formulate their arguments as clearly as possible, express disagreement and, when challenged, explain their own views in response.

An important aspect of critical engagement is that participants ask one another questions and, of course, make attempts to answer the questions asked by others.

So far we have mainly discussed critical engagement of participants aimed at one another's contributions. However, as said, engagement not only means that participants critically and constructively question each other's views but also jointly explore the case at hand. This second type of critical engagement means that participants investigate the details of the case by asking questions about that case and clarifying the question at stake.

Our coding scheme distinguishes seven types of engaging contributions that we divide into subcategories. We take these types of contributions to be indicative of critical engagement between participants. Firstly, we distinguish two types of contributions that express engagement with the case at hand (i) question-asking about the case (ii) clarification of the case. Secondly, we distinguish five types of contributions that express engagement with other participants (iii) question-asking about contributions, (iv) clarification of contributions (v) disagreement, (vi) agreement, (vii) structuring and (viii) meta-talk. These categories were arrived at by combining coding categories from a number of existing coding schemes that attempted to capture (concepts similar to) critical engagement between participants.²⁸

3. A CODING SCHEME

This section operationalizes the notion of quality of deliberation within MCD described in the previous section into a coding scheme. This coding scheme is based on a pilot in which we used an earlier version of this coding scheme while coding video recordings of two different MCD sessions.²⁹ A coding scheme labels verbal contributions from a MCD deliberation into a number of categories. Our coding scheme encodes the two relevant aspects of deliberation (variation and engagement) using different coding categories. Table 1 gives examples of the type of contributions for each category.

3.1 Variation

As discussed in section 2.2, two kinds of variation are measured: variation in the arguments invoking the interests of different stakeholders; and variation in the arguments given for and against the various proposed resolutions. Participants can introduce stakeholders or

²⁴ J. Stromer-Galley. Measuring deliberation's content: A coding scheme. *Journal of public deliberation* 2007; 3(1):12, p. 7.

²⁵ H. Albißer-Schleger et al. Avoiding bias in medical ethical decision-making. Lessons to be learnt from psychology research. *Med Health Philos* 2011; 14(2):155–162.

²⁶ M.W. Berkowitz & J.C. Gibbs. Measuring the developmental features of moral discussion. *Merrill-Palmer Quarterly (1982-)* 1983; 399–410; Price et al., *op. ed.* note 16; Mercier, *op. cit.* note 16.

²⁷ M.J. Mayhew & P. King. How curricular content and pedagogical strategies affect moral reasoning development in college students. *Journal of Moral Education* 2008; 37(1):17–40; Widdershoven et al., *op. cit.* note 11.

²⁸ Specifically: M. Keefer & K.D. Ashley. Case-based Approaches to Professional Ethics: A systematic comparison of students' and ethicists' moral reasoning. *Journal of Moral Education* 2001; 30(4):377–398; Stromer-Galley, *op. cit.* note 24; Berkowitz & Gibbs, *op. cit.* note 26.

²⁹ The paper describing this pilot will be submitted later this year.

Table 1. *Variation*

#	Coding category	Definition	Examples
1.	Stakeholder	Identifies a stakeholder in the case at hand.	<ul style="list-style-type: none"> • What about the family? • We should try to see this from her point of view. • I should be consulted on this too!
2.	Resolution	Introduces a new resolution to the question at hand.	<ul style="list-style-type: none"> • There is another way of solving this dilemma, namely.... • Couldn't we solve this problem by doing...? • I'd argue that we should do...
3.	Argument		
3a.	Non-moral argument	Offers an argument that does not explicitly invoke a moral value.	<ul style="list-style-type: none"> • There are too many things unclear to go for this option. • This option would cost too much. • ...is too risky.
3b.	Moral argument	Offers an argument that explicitly invokes: <ul style="list-style-type: none"> i. A concrete principle ii. A role-specific duty iii. A value 	<ul style="list-style-type: none"> • Stealing is wrong • We have a duty to take care of the patients health • That would not be honest
3c.	Story	Tells a story or an anecdote about a concrete case to support or criticize a conclusion.	<ul style="list-style-type: none"> • I once encountered a similar situation.... • This reminds me of the time that...

Table 2. *Critical engagement with the case*

#	Coding category	Definition	Examples
4.	Question-asking about the case		
4a.	Case-question	Asks a question about the case at hand.	<ul style="list-style-type: none"> • How old is the patient? • Who made that decision? • How often has this happened?
4b.	Case-answer	Answers a question posed by another participant about the case at hand.	<ul style="list-style-type: none"> • To answer your question... • We can't answer that question at this moment.
5.	Clarification of the case		
5a.	Clarification of the question at stake.	Clarifies or identifies the question at stake in the deliberation.	<ul style="list-style-type: none"> • The question we need to answer is... • What is at stake here is... • This dilemma boils down to the question...
5b.	Clarification of facts.	Points out known or unknown factual information regarding the case.	<ul style="list-style-type: none"> • We don't know what the policy is here. • The policy here is...

resolutions into the deliberation. They can also give arguments, see Table 1.

3.2 Critical engagement

In section 2.3 we distinguished two types of engagement: with the case at hand and with the (contributions of) other participants, see Tables 2 and 3.

4. USING THE CODING SCHEME

In this section we propose how the coding scheme can be used. As has been noted by other writers, coding is a highly labour-intensive process.³⁰ The method discussed here is an attempt to balance efficiency and usability with reliability.

³⁰ L. W. Black et al. Methods for analyzing and measuring group deliberation. *Sourcebook of political communication research: Methods, measures, and analytical techniques* 2011: 323–345.

Codings

The end result of the coding process is a systematically labelled list of the contributions in a deliberation. A single coded contribution is called a *coding*.

Coders

Two or more coders should code the material independently to increase reliability. As is common with coding schemes, the reliability of the scheme can be measured using *inter-rater agreement*.³¹ This refers to the percentage of times that the coders agree on how a specific contribution should be coded. The test of the inter-rater agreement should be discussed in a future article when this coding scheme is applied in actual research on the quality of the deliberation within MCD.

³¹ Ibid.

Table 3. Critical engagement with other participants

#	Coding category	Definition	Examples
6.	Question-asking about a contribution		
6a.	Question	Asks another participant a question about a contribution.	<ul style="list-style-type: none"> • Why do you say...? • Does your position imply...? • To answer your question... • We can't answer that question at this moment.
6b.	Answer	Answers a question posed by another participant about a contribution.	
7.	Clarifying contributions		
7c.	Clarifying own position	Clarifies or refines a speaker's own contribution.	<ul style="list-style-type: none"> • What I was trying to say earlier was...
7d.	Clarifying other's position	Clarifies or refines the contribution of another participant.	<ul style="list-style-type: none"> • I think what you are trying to say is...
8.	Disagreement		
8a.	Disagree	Expresses disagreement.	<ul style="list-style-type: none"> • I disagree. • You are wrong about... • I do not agree with your statement that... • You ignore the fact that... • Your position implies...which is wrong, because... • You contradict yourself because...
8b.	Criticism	Points out a flaw in the reasoning of another participant.	
9.	Agreement		
9a.	Agreement	Agrees with the contribution of another participant.	<ul style="list-style-type: none"> • You have a good point there. • I agree with you on this specific issue. • You are right when you say that... • Adding to your position... • Your argument would be stronger if you...
9b.	Elaborating	Builds upon the contribution made by another participant.	
10.	Structuring		
10.	Structuring	Remarks or questions aimed at structuring the discussion, such as summarizing the various positions that have been put forward.	<ul style="list-style-type: none"> • What has been said so far is... • How can we best summarize the discussion so far? • Our disagreement seems to be that... • So what do we agree on so far?
11.	Meta-talk		
11.	Meta-talk	Points out a feature of the deliberation at hand (positive, negative or neutral).	<ul style="list-style-type: none"> • We seem to be talking past one another. • Could you please let me finish my sentence? • I have difficulty hearing what you say. • I appreciate how you summarized this.

Source material

The source material for this coding scheme can be either video or audio material of an MCD, or a transcript of that material.

Contribution

The unit of coding is a 'contribution'. A contribution is a collection of words, a sentence or group of sentences that expresses a singular idea. One contribution can be coded into multiple categories. For example, an argument can invoke the interests of a stakeholder as well as an explicit moral value and be used to express disagreement (e.g. 'I disagree, because this measure would violate the autonomy of the patient'). This argument would then be coded into three categories.

Coding

For every contribution the coders note either the time-stamp (in the case of audio or video material) or the number of the text line(s) (in the case of a transcript) or the categories into which it is coded and a brief summary of what was said. An example of a coding:

22:02	Express disagreement Moral argument	<i>'I disagree, because this measure would violate the autonomy of the patient'</i>
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Speakers

The coding scheme does not include a notation of which participant makes a specific contribution. This choice was firstly made to make the coding scheme more efficient. Secondly, tracking the speakers is generally not relevant to evaluating deliberative quality using the proposed coding scheme. However, if the coders notice that a select few speakers are dominating the deliberation, they should note this down as it may indicate a lack of equal participation in the deliberation.

Facilitator

MCD is usually led by a facilitator who guides the deliberation.³² The contributions of the facilitator (which are likely to be mostly structuring remarks) can in principle be coded in the same way as those of the participants,

³² Molewijk et al., *op. cit.* note 1.

with an added notation that these contributions were made by the facilitator.

Uncoded remarks

Some remarks that participants make in the deliberation fall outside of the scope of our coding scheme. For example, jokes and transgressions about the private lives of participants need not be coded. However, if the coders notice that a great deal of transgressions take place, they should note this down as it may indicate a lack of structure in the deliberation.

5. EVALUATING QUALITY USING THE CODING SCHEME

In this section we explain how the coded material can be used by a researcher in order to form a judgment on the quality of the deliberation within a specific MCD.

5.1 Variation

Variation in stakeholders

In order to judge the variation in stakeholders, a list should be made of the different stakeholders who have been mentioned in the deliberation (coding category 1). Then for each stakeholder the arguments that mention the interests of that stakeholder should be listed. Based on these lists the variation in (arguments for) stakeholders can be evaluated. A deliberation is more varied if the interests of more stakeholders are invoked in arguments.

Variation in resolutions

In order to judge the variation in resolutions discussed, a list should be made of the different resolutions that have been mentioned in the deliberation (coding category 2). Then for each resolution the arguments that are used to support as well as attack each resolution should be listed. Based on these lists the variation in (arguments for) resolutions can be evaluated: A deliberation is more varied if more resolutions are either supported or attacked with arguments.

5.2 Critical engagement

Researches ask the following questions to assess the degree of critical engagement within the deliberation:

Critical engagement with case

- i. Did participants explore the case by asking questions? If so, were the questions posed, answered by the other participants? A lack of questions could indicate insufficient engagement with the dilemma. A lack of responses indicates insufficient engagement between participants.

- ii. Did participants try to clarify the central question at stake in the deliberation as well as the relevant known and unknown facts of the case? If so, this may indicate engagement with the dilemma. However, repeated attempts throughout the deliberation may be indicative of a lack of clarity.

Critical engagement with others

- i. Did participants ask one another questions concerning their contributions? If so, were the questions answered by the other participants? A lack of questions or of responses may indicate insufficient critical engagement with the dilemma. A lack of responses may indicate insufficient critical engagement between participants.
- ii. Did participants try to clarify their own contributions or those of others? If so, this could indicate critical engagement with one another. However, repeated attempts throughout the deliberation may be indicative of a lack of clarity.
- iii. Were participants disagreeing with one another or were they mainly agreeing? As noted in section 2.3 disagreement is generally considered a positive aspect of deliberation. However, too much disagreement, with little agreement may be indicative of a lack of constructive dialogue.
- iv. When expressing disagreement, were participants generally only stating that they disagreed, or did they also provide substantive criticism? When expressing agreement, were participants generally only stating that they agreed or also elaborating on the contributions of others? Criticism and elaboration are a possible sign of constructive dialogue. The mere statement of agreement and disagreement can indicate a lack of constructive dialogue.
- v. Did participants try to structure the deliberation? Structuring may indicate critical engagement. However, repeated attempts to structure throughout the deliberation may indicate a lack of structure.
- vi. Were participants expressing mainly positive or negative attitude towards the deliberation? Pointing out features of the deliberation may indicate critical engagement. However, continuous references to negative aspects of the deliberation can indicate a lack of quality of the deliberation.

6. DISCUSSION

Future applications

Our intended use for this scheme is in organizations where MCD has already been implemented as a practice, specifically those that share the theoretical understanding of MCD according to Pragmatic Hermeneutics and Dialogical

Ethics. First, the coding scheme can be used to evaluate individual or multiple instances of MCD in order to see on which aspects they score well and to point to possible areas of improvement of the deliberation. Secondly, the scheme can be used to compare different approaches to MCDs in order to investigate which approach creates, for example, the most critical engagement between participants. Such comparison can point to specific areas where one variable (e.g. the presence of a moderator) leads to a deliberation scoring better or worse on a specific aspect.

Theoretical limitations

Our scheme does not provide a method for arriving at an exact grade how good a specific MCD is. Instead it aims to provide a structured way to evaluate the quality of the deliberation in MCDs that is broad and flexible enough to allow for the evaluation and comparison of a variety of different types of MCDs with respect to various aspects. This is firstly because quality in MCD is context-dependent. The cases discussed in MCDs as well as the group size and the length of the deliberation vary greatly. Furthermore, MCDs are applied in a variety of contexts, for different purposes, using different conversational methods. Therefore we doubt the possibility of providing an objective measure of how many stakeholders and resolutions should be discussed in a specific deliberation, or how much critical engagement ought to occur. These limitations are especially important when MCDs which deal with different cases are compared, as our scheme was primarily developed to evaluate MCDs which focus on the same case. If MCDs which concern different cases are compared, then more variation or engagement may simply indicate that one case is more complex than the other, allowing for more discussion. Further research should be done on how to compare MCDs with varying topics. Secondly, the proposed coding scheme allows an ordinal ranking for the varying aspects, but not a single ranking which combines them. This is because we consider these aspects to be incommensurable. Finally, an exact judgment may suggest that the criteria proposed here necessarily indicate quality, whereas they should be seen as defeasible indicators. For instance, an efficient facilitator may be able to achieve a more structured deliberation using few structuring remarks, whereas a less efficient facilitator may have to use more remarks to achieve the same effect. Equally, there may sometimes be too much engagement, indicating a lack of structure in the deliberation. Evaluators should be aware of the limitations caused by context-dependence, the composite nature of MCD-quality and the defeasibility of these proposed indicators.

Practical limitations

Firstly, like other coding schemes, our scheme is labour-intensive. However, in this article we have attempted to

create a coding scheme that is as efficient as possible. As opposed to many other coding schemes, the one proposed here requires neither the tracking of which participant made what contribution, nor the writing out the contributions made by participants *ad verbatim*.³³ Secondly, the reliability of our coding scheme has not been proved because the inter-rater agreement has not been tested in practice. This is something that should be done when the coding scheme is applied in practice. Low inter-rater agreement should lead to improvements of the scheme.

CONCLUSION

As noted in the introduction this is one of the first publications on the assessment of the quality of the deliberation within MCD. As such this article should be seen as an initial contribution to a new debate on both quality of CES and research methods for the evaluation of CES. Furthermore, this article is one of the first publications on MCD evaluation in which an observational evaluation research method, based on a theoretical understanding of what quality of deliberation entails, is used. Our article does not pretend to give the ultimate answer to what the quality of MCD deliberation is or should be. However, it can be further used in the ongoing dialogue with MCD participants, MCD facilitators, clinical ethicists and researchers on how we think about quality of moral deliberation and how to evaluate it.

Acknowledgements

We would like to thank Stefan Sleeuw and Jan-Albert van Laar as well as two anonymous reviewers for their helpful suggestions during the writing process of this article.

Disclaimer

Co-author Bert Moelwijk is also guest editor for this special issue and as such had no involvement in reviewer selections or decision-making on this article.

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³³ Black et al., *op. cit.* note 30.