In the Spring of 2002, I had my first face-to-face encounter with death. At the time, I was shadowing the clinical ethics consultant, who doubled as the Episcopal chaplain, for a hospital in suburban Chicago. One afternoon we were called to the bedside of an unconscious hospice patient whose daughter stood by her. The patient’s breathing had been slowing for some time and the daughter was nervously waiting. After a short while, the mother’s breathing finally slowed to a stop. When there were no more last gasps for breath, the daughter cried out and began to sob. After a few moments, at what seemed like the right time, my Episcopal mentor took the daughter’s hand and began reciting the Lord’s Prayer: “Our Father, who art in Heaven . . .”

Because that is my only first-hand experience with death, Gamino and Ritter (2009) may suggest that I lack what they dub “death competence.” Their concise definition of death competence: “specialized skill in tolerating and managing clients’ problems related to dying, death, and bereavement.” (31) It is constituted by “how grief counselors use their personal loss experiences, along with other life experience, in performing their professional work.” (31) Grounded in the emotional and cognitive competencies requisite of many mental health professionals, death competence is the
additional requirement of grief counselors to do their work well. “Death competence,” is the novel contribution of Gamino and Ritter’s *Ethical Practice in Grief Counseling.*

A book of some length (around 350 pages), *Ethical Practice in Grief Counseling* is threaded with the articulation and explanation of two codes of ethics—that of the Association of Death Education and Counseling (ADEC) with supplemental references to that of the American Counseling Association (ACA). In this way, the book is quite informative. If I were starting out as a grief counselor, these explanations, along with the many tables and forms that dot the text and are included as appendices, would be of some value. As it turns out, I have no interest in becoming a grief counselor. I am a philosopher/bioethicist. Accordingly, I have little to say about the correspondence between what Gamino and Ritter discuss and the actual profession of grief counseling, or whether the book will help prepare one to be a grief counselor. Instead, my focus is on the book’s correspondence to the ethics of health care as it is discussed across the various disciplines that make up bioethics.

Typical of the applied ethics readers, an early chapter of the book is an overview of normative moral philosophy. Also typical, this overview is of dubious value. It is so glancing that readers either know more than the text takes time to discuss or know so little that they could easily be misled. For example, Gamino and Ritter’s discussion of deontology (or rule-based) morality makes the profound mistake of tying it to religion and suggesting that one kind of deontology asks the individual to “know what one’s religious tradition considers to be the right rule to follow” (11)—deontology as divine
command theory. While similar, deontology depends on reason while divine command theory invokes some other source for moral rules. Moreover, the purchase of this background on the rest of the book is unclear. No explanation is offered for how awareness of deontology, utilitarianism, virtue ethics or feminism will help readers reflect on or resolve moral dilemmas.

Gamino and Ritter also offer their model for ethical decision-making (another staple of applied ethics readers). Drawing explicitly on the work of others, they outline a model that they dub the “5 Ps.” They sum up this view as follows: “A person with a challenging ethical problem in particular contextual place applies appropriate ethical principles in a deliberate decision-making process.” (21) Despite the advantage of being easy to remember (Person, Problem, Place, Principles, Process), this model offers limited guidance. The limit has two origins. First, the principles are an important part of the model and four of the five are borrowed from Beauchamp and Childress (2008), so they are well known with all of their advantages and disadvantages. (Clouser and Gert, 1990) The fifth principle, fidelity, is so broadly construed that it’s just not clear what it means to have fidelity in grief counseling. As Gamino and Ritter put it:

“Fidelity means counselors honor the caregiver-client relationship by behaving in a manner worthy of the faith and trust placed in them. Loyalty is another aspect of fidelity—professionals are expected to advocate for clients when appropriate and they never abandon their clients. Honesty, integrity, trustworthiness, responsibility and loyalty are all dimensions implied by the principle of fidelity.” (18)
Given such an unwieldy definition, it is would not be surprising that in application, the principle of fidelity would be used as a catch-all.

Second, the conception of process is underdeveloped for optimal traction. In defining what they mean by “process,” Gamino and Ritter ask many questions important for decision-makers to answer, (24-25) and yet they do not answer or provide a process for answering these questions. They would have been better off jettisoning “process” in favor of “consultation” or perhaps “polemic.” I will explain in depth in the next section.

One of the valuable insights of the book is the admonition to consult with colleagues during ethical deliberations. A means to overcome “blind spots” in a grief counselor’s perceptions and thought processes, the recommendations is supported by empirical research in cognitive psychology (Gilovich et al 2002) that goes unmentioned by Gamino and Ritter. In earlier chapters, they discuss this recommendation explicitly and with some frequency, even providing unreferenced stories of practitioners who have benefited from it. In later chapters, it goes largely unmentioned, but is still exemplified in the discussions of “process.” In almost every chapter, Gamino and Ritter include a hypothetical case to illustrate the issues raised in the chapter and to practice use of the five P model. In later chapters, these discussions of process turn into the authors’ consultative advice about how to approach the cases at hand. In their chapter on “Ethnic, Cultural and Spiritual Considerations,” the “process” section of the analysis includes the authors’ thinly veiled suggestions on areas to research, presentations to attend, and types of humor to employ. (209-210) In the chapter on public service, they chastise any counselor who might demean the training requirements for disaster counseling: “We
believe the saying ‘By your fruits, you will know them’ applies here. If willing grief counselors undergo the prescribed training and join an established team or network—thereby earning the respect of that peer group—their special talents in thanatology will be recognized and used accordingly.” (271) Whether grief counselors find the consultations with peers or the advice of Gamino and Ritter most helpful, the recommendation to discuss with others is a good one.

On the whole, the book has a rather plodding feel, and this is due in part to the placement of the aforementioned cases near the end of each chapter. Rather than an intriguing problem to motivate difficult discussions, the cases serve as object lessons for lessons that have already been articulated. Starting, rather than ending, each chapter with a case would likely have been more engaging. The slow plod of the text is also due to the rather extensive citations of the two codes of ethics (ADEC’s and ACA’s). Again, such citations are informative, but they make a dry read all the drier. Finally, the slowness of the plod may be reader-specific. That is, personally I found it to be plodding because it does more to articulate existing norms than investigate and challenge those norms. It is a book of information with limited deliberation.

To begin the eight or so chapters on specific topics in grief counseling, Gamino and Ritter offer richly detailed and comprehensively exercised chapters on informed consent and confidentiality. Soon after their strong start, they attend to the fascinating instead of the germane. For example, two of the later chapters are more supplementary text rather than core chapters of the book. The sixth chapter of the book, on issues at the
end of life, turns out to be an odd fit for the book. In chapter six, while discussing issues at the end of life, Gamino and Ritter provide a reasonable review of the literature on ethical controversies surrounding definitions of death and strategies to procure organ transplants. And yet, it remains unclear to me, as a reader, why these issues are important to the grief counselor. Do the nuanced disagreements between whole brain and upper brain definitions of death provide some insight into counseling? If it does, it would be helpful to point it out. The tenth chapter, “Ethical Controversies in Grief Counseling” a great deal of time is spent addressing challenges to the profession as a whole—that is, is grief counseling worth anything? Put another way, might someone be better off just talking it over with friends? Given Dawes (1994) critique of psychology in general, this is a live question. In this text, however, it seems misplaced given that the text is explicitly intended for practicing or soon-to-be practicing grief counselors. To such an audience, the more important question would be “when is grief counseling most valuable” not “is grief counseling valuable at all.”

In closing, notes about a couple of tensions in the field of grief counseling and an important recommendation. First, at the beginning of the book, Gamino and Ritter identify a likely audience of the book, which includes individuals who may or may not have grief counseling experience and training. And yet, they also recommend certification in thanatology, but these certifications require preexisting experience. This puts grief counselors in an odd position of needing experience in grief counseling in order to get certified to offer grief counseling. Second, Gamino and Ritter take a paradoxical stand regarding the tension between the individual and the cultural. In the chapter on
dealing with cultural differences, Gamino and Ritter recommend both that grief counselors treat each client as an individual and that they do research on the culture of clients with unfamiliar cultural background. The lesson: grief counselors are able to treat people as individuals by understanding them as part of a collective.

Finally, Gamino and Ritter make an important recommendation: they translate their early emphasis on death competence to recommend the “professional will.” This recommendation is not new to therapists, but it was a recommendation I had not previously encountered. Indeed, it seems that a deliberate and articulated plan for client care in case of a professional’s untimely demise is the responsibility of professionals in any field.

All in all, this kind of text is important for practitioners to write and for other practitioners to read. Not only does it illustrate that members of the field take these concerns seriously, but discussion informed by hands-on experiences gives traction to the discussion of the ethical dilemmas that may arise later today and may provide insight to the ethical dilemmas on the horizon.
References


Bio

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