ETHICAL MOMENTS IN PRACTICE: THE NURSING ‘HOW ARE YOU?’ REVISITED

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In seeking for an understanding of ethical practices in health care situations, our challenge is always both to recognize and respond to the call of individuals in need. In attuning ourselves to the call of the vulnerable other an ethical moment arises. Asking ‘how are you?’ in health care practice is our very first possibility to learn how a particular person finds herself or himself in this particular situation. Here, ‘how are you?’ shows itself as an ethical question that opens up a relational space that calls forth a response. It is a way to understand the situated moments in which we are already that enables us to act respectfully. Our ethical frameworks assist us in trying to decide what is the right thing to do given a set of circumstances. Yet there is a prior step that already calls us to ethical attention; this is when we ask ‘how are you?’, which transforms a seemingly small interaction into an ethical moment. ‘How are you?’ is a question that turns us back to who we are as health care professionals and calls us to be more deeply attentive to the moment. When we sincerely ask ‘how are you?’ we enact our ethical commitments to one another.

Introduction

To stand under the claim of presence is the greatest claim made upon the human being. It is ‘ethics’ [in the original sense] (p. 217).1 Always as human beings we find ourselves in situations. We are physically in a place and in a particular moment in time. We are all in relationship to one another in some way by virtue of the fact that we are in the world immersed in a particular context of meaning.2 To speak of body, space, time and relation is to speak of those elements that are present in every act of human beings, in every situation of human beings. In fact, we are always engaged in finding our self in particular situations. We engage in relating to one another, hopefully find out how each other is, and then we go back to our own paths. The notions of ‘How are you today?’ ‘How do you find yourself today?’ ‘How are you in yourself?’ ‘How do you feel today?’ all come into play.

In earlier texts I show how the nursing ‘how are you?’ in the context of illness and vulnerability denotes the nurse’s very attunement to a particular situation.3,4

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I problematized that, whereas in social situations, ‘how are you?’ is not a question at all but a polite form of address, in situations of health care, ‘how are you?’ is very much a question that needs to be asked. When we truly ask ‘how are you?’ we ask the ‘who’ of the person to come forward into the moment and express herself or himself. Etymologically, ‘how’ and ‘who’ are closely related.\(^5\) When we ask ‘how are you?’ in a health situation or in everyday life, we can be either attentive to the who of the person or dismissive. The question ‘how are you?’ opens up a relational space that calls forth a response. Immediately, we are thrown into an ethical moment.

In seeking for an understanding of ethical practices in health care situations, our challenge is always both to recognize and respond to the call of this moment while much vies for our attention elsewhere. The address of the other makes a claim on us. In attuning ourselves to this claim an ethical moment arises. When we let the person answer the standard social answer, ‘fine’, we ‘lose the direct, the immediately given, we lose the opening, and the richness of possibility’ (p. 12).\(^6\) The question is a linguistic moment that incorporates movement according to Blanchot. It begs a response, not necessarily an answer, but certainly a response. If we rush too fast to an answer, we lose the momentum in the language; we are cut off. The ethical moment is lost.

In this article, I seek to show the nursing ‘how are you?’ as an ethical question. It is a way to explore the situated moments we are already in to understand quickly in order to act respectfully. It is a question that brings us to the moment. How do we discover our ‘how-are-you-ness’, what will be our engagement, our response in this moment? What will come forth? Everything shifts to this space that has been opened by our ‘how are you?’, everything that I am behind me, and everything that I am in front of me, the memories I have, the home I have left, all of this is brought forward into this space. Like the magnetic field that indiscriminately attracts everything of a certain property to it, the ‘how are you?’ also does this. Is it difficult to see these moments as part of an overall ethical commitment to care? What can the experience of both a person seeking and experiencing health care, and health care professionals responding and giving care, tell us about the significance of seemingly small interactions in health care such as ‘how are you?’ How are these moments relationally ethical?

What inheres in an ethical moment? How do we initiate our ethical actions as we go about our day? Although the universal principles of bioethics are with us in every action we undertake, Pellegrino and Thomasma point out that they are benchmarks only and are not sufficient because every health care professional act is a particular act embedded in time, space, place and persons.\(^7\) The ethical moment in practice calls for an ethics of approach that situates itself in the midst of the unique circumstances of each nurse and patient. We have little foreknowledge of how these circumstances may present themselves. Our ethical frameworks assist us in trying to decide what is the right thing to do, given a set of circumstances. Yet there is a prior step that already calls us to ethical attention, which is when we are in the presence of the other asking ‘how are you?’ All encompassing principles fall away at the time of meeting another; they are too general to address the personal claim of the other that the ‘how are you?’ evokes. Here we seek a more situated understanding of one’s concrete life realities that show themselves in the moment.
To explore these questions, I present some particular nursing situations that took place in a special care unit of an oncology hospital. These nursing accounts evolved from a hermeneutic phenomenological study of nursing and its practices. Hermeneutic phenomenology is a form of interpretive enquiry through which we show the many possible ways we may experience and meaningfully express and understand the nursing world and the relations that comprise it. Situating ourselves in the nursing lifeworld, where the daily lived drama of nursing takes place, calls us to accountability in a profound and ethical way. In these situations the ethical moment often catches us unawares.

Ethical moments in practice: breathing in ethical tension, breathing out ethical action

Take one: Mr Steavens

Mr Steavens sits upright in his bed. He has a fever. He sweats, breathes quickly, and his skin is flushed. Beside his bed is his commode chair. Kathleen moves towards him. She begins talking to him as she takes his temperature. She sticks the probe in his ear, it beeps, she takes it out and looks at it. ‘Gosh you have a fever this morning. How do you feel?’ Mr Steavens looks at her and replies, ‘Oh I’m hot all right but mostly it’s this diarrhoea. I have to keep getting up for it.’

‘Are you coughing very much?’ Kathleen asks. ‘Yes I guess so’, he pants. It is hard for him to speak. Kathleen goes on to record the rest of his vital signs and his oxygen saturations; she listens to his chest, straightens his pillows and bedclothes out around him. ‘I’m going to give you a quick sponge bath right away. I hope it will make you feel better. But first I’m going to call your doctor and see if he can come up. We need to get this fever looked at and under control.’ She speaks slowly and matter of factly.

Mr Steavens is a handsome man of 50 with red ‘redy’ hair. It matches the flush of his skin. His immune system is suppressed and he experiences opportunistic diseases that a normal immune system would easily fight off. He has pneumocystis carinii pneumonia, the pneumonia of a compromised immune system, diarrhoea, very low blood counts, a long history of hospitalizations, cardiac problems, and more. In his personal life, he is a successful chief executive officer.

A few seconds later Kathleen is back and begins to bathe Mr Steavens, starting with his face. At first he assists in a quiet and dignified way, but then he stops. Kathleen continues to bathe him, washing his chest, his arms, with the wash cloth, the water, the towel, yet she is sensitive to his change in mood. Tears form in his eyes. One starts dribbling down his cheek. Kathleen notices and says, ‘Oh you are going to wash your face again, are you?’ Mr Steavens smiles, catching the sparkle of laughter in Kathleen’s eyes, but then he says, ‘My little girl died when she was only four years old. She climbed up on the stove and turned the burner on. My wife was in the house, in the other room. She couldn’t prevent it. But my little girl burned up and died.’

Mr Steavens sobs. Kathleen stops bathing for a few moments and covers his chest with the blanket. She stands beside him, her hand on his arm. His sobbing increases. He is in agony, remembering, reliving this tragedy. This visible world I see is of two individuals plus me, but an invisible world of much more permeates this space:
individuals, sorrows, regrets, guilt, reproaches, triggered this morning by what? Kathleen too has recently lost a young niece in a car collision. The two stand as one in this shared moment of grief. Mr Steavens begins to cough and splutter with his sobs. Emotion like this jeopardizes his already compromised lung function. Kathleen makes soothing sounds with her voice, strokes his arm and shoulder with her hand, places she has just washed, makes motions to begin bathing again. Kathleen says, ‘I know, I know, my brother has just lost a young child. It is very very difficult.’

Mr Steavens becomes breathless. Kathleen’s voice now takes on a different tonal quality. ‘Stop now, it’s OK, OK. It happened a long time ago. We must stop now and we will talk later.’ Kathleen continues to speak. Her voice has changed from a soothing tone to one with firmness in it. Mr Steavens starts to calm down.

Kathleen believes that getting this memory out and putting it in a perspective Mr Steavens can live and die with is akin to his breathing here. As he remembers he becomes more tachypnoeic, which manifests itself along with his hyperpyrexia. As he expels sharp quick breaths, he expels deep-felt memories. He vents. Kathleen lets this happen to a point but that is all. To let him continue would cause him to experience significant respiratory distress; intercostal retractions painful to the metastatic disease in his ribcage and, too, she worries about respiratory acidosis, a serious pathophysiological state. She stops. She calms. She encourages slower breaths. She waits.

Kathleen continues and quickly finishes Mr Steavens’s bath. They speak of remembered pasts together, how the past will not stay past. She changes his bed, and tidies the room, adds some gammaglobulin to his intravenous line in the hope of stimulating his impaired immune system. His doctor enters.

Next day, Mr Steavens is improved. The change in medication for the pneumonia has helped him a lot. Today he soaks in the bath-tub with Brenda the nurse researcher in attendance because he is very weak. It has been difficult getting up and organized, but he sincerely wished for this bath. ‘I don’t know what came over me yesterday. I was all wrapped up in that memory. It wouldn’t let me go’, he explains. ‘But I needed some way to get it out, and it came out that way with the nurse washing my face. I was thinking about it all night and I hadn’t thought of it in years. You know that nurse lost a four-year-old niece. She really understood everything I said and you know, most people don’t. I mean I would never bring it up but if I did, I know I would read in their eyes, “Get on with it guy!” But I told my wife last night that somehow I feel better about our daughter dying now, if you can say “feel better” about something like that. At least I can say I feel peaceful about it and I never ever have. Somehow Kathleen helped me to change that. I felt safe to cry and let it come up while she was washing me. Well actually, it just came. I had little control over it. Funny the things that come to mind when you know this might be your last bit of life.’

Reprise
Much competes in this situation in terms of the ethical moment. Nurses and others involved in the delivery of health care touch tangible finite things such as bodies that butt up against them during procedures and interactions. Our bodies as nurses are centres of action where we stand in readiness to take on what we must. Bodies like Mr Steavens’ encapsulate entire worlds that we cannot know or imagine. In this situation, the nurse too has uncannily shared a world of sorrow as she recently experienced the death of her niece. Mr Steavens’s sorrow is 30
years old. In a moment such as this one, Kathleen is not a disengaged observer of this phenomenon. Rather, as Dufrenne says, she is so within the things themselves that the meaning of what this death is to Mr Steavens is directly and ‘immediately felt’ by her (p. 111). Who we are arrives here in the midst of life conditions. Everything that Kathleen and Mr Steavens carry within themselves is brought forward into the present moment. It is an immediate temporalization of bodily memories.

Bergum calls the ethical encounter a ‘nurturant relation’ that is rhythmic, in which nurse and patient become ‘like dance partners sensitive to the movement and rhythm of the other’ (p. 82). Here, the claim of the other calls forward the lived-through past. ‘Memory re-opens time to us’, says Merleau-Ponty (p. 85). In health, Mr Steavens is able to have ‘a flight into a self contained realm’ where he can structure this event in his own certain fashion as a way to carry this painful memory (p. 86). In illness, he cannot. Staring directly at his own mortality evokes this horrific memory of death by fire. Will his coming to death be anything like a death by fire? It is as if his body itself sheds excess baggage in order to deal with his essential life processes, life-giving processes, breath. ‘Breathing beings will suffocate unless they have space to breathe; a space, as it were, of possibility’ (p. 132).

Kathleen somehow opens a breathing space for Mr Steavens to help him to bring this forward. This is how he finds himself today, entrenched in a dreadful memory and, with it, his wanting to acknowledge the fact that he has secretly blamed his wife all these years. Why wasn’t she watching more closely? Things that could not be spoken of before are spoken of now. Kathleen’s ‘how are you?’ allows for this. She accepts this recollection as necessary for him and makes time for it. Recollections remain alive as long as they are safely ‘secured and preserved’ in a there (p. 77). Kathleen’s attunement creates a safe space where Mr Steavens’ memory is secured, preserved, and yet released.

In his essay, ‘What calls for thinking’, Heidegger writes that thinking holds open an essential space. Here, Kathleen, through her thinking and her very present engagement, generates a space where her relational presence holds Mr Steavens. In his memories, he was in many places, but here he was in the space of compassion, a space where bodily memories triggered this sad incident from his past. Here, a place for him to mourn has arisen.

What is it to nurse in this particular situation? Mr Steavens summons a particular way of acting; Kathleen responds and a very particular mutuality grows. It is in this relation enacted through nursing practices that the nursing ‘how are you?’ becomes an ethical question. Like a magnetic field, it calls forth an itinerary for Kathleen and Mr Steavens that they do not foresee. This relation suddenly embodies much more than a wash in the morning. Burch states, ‘We do not so much posit a question, as we are encompassed by it; we do not so much have a question, as we are in it (p. 7). Nurses enact the relationality of the ‘how are you?’ question in their practices. They live the question. They embody the question.
The time of ethical moments in practice: the call of the face

Take two: Eric

Eric recounts the moment the doctor tells him he has cancer. Eric is a pharmacist. He tells me he will never, ever forget this moment.

The doctor looked at me and told me I had cancer in my neck, in my salivary glands, in my lymph glands, in a lot of the tissue and he told me how much time I have left. I can still remember the date, it was the 13th of October at 11 am.

After he told me he went on talking about curing and treatment and such. And then suddenly he looked at me. He put his face opposite, straight next to mine. He caught me by the shoulders and he shook me lightly and said, ‘You’re not listening to me!’ And I said, ‘With the news you just gave me, you’ve made my mind go blank!’ So then he started talking to me slowly about options and things and of course, being a human brain, the grey matter took over and I suddenly realized ‘Well, it’s got to be faced – I’m not done yet.’ So by the time my wife knew, I was a little better. She was bawling her eyes out.

Eric had his surgery and then radiation and chemotherapy. In the course of these treatments his salivary glands were removed and he suffered constantly from a dry mouth and much more. But the treatments he worked out with his doctor were the best for him, he still believes.

Reprise

The face shows a special relevance here. It is through attending to the face that Eric comes to himself. His doctor, recognizing that Eric is not listening, takes him by the shoulders and puts his face up close to Eric’s. He says, ‘Listen to me’ and Eric listens. His doctor recognizes Eric’s shock and disengagement, and takes hold of him bodily to root him in this particular moment. How often have each of us needed that bodily contact, the hand on the shoulder, and not received it?

Emmanuel Levinas says that, by virtue of just seeing another’s face, we are responsible for the person.16 It is through turning towards the face and what it shows that the doctor responds to Eric. Attention to the face enables individuals to come back to themselves. Bergum writes of being face-full together or face-on as a way to be physically present, to act relationally.11

What Eric’s physician does here is very integral to the ethical moment. He does not abdicate his role in telling Eric. He does not give him statistics and chances, say goodbye and leave choices to Eric alone. He does not pass him on to another physician and leave. Rather he works with his face and Eric’s face, and they interface as they work through the complex knowledge required to make decisions. Together they discover what Eric can cope with best, what his disease needs most, how he is going to live without saliva and with the effects of the illness and treatments, among others. The physician stays involved with Eric and never lets go. He respects the fact that Eric needs time to understand this moment.

Marcel writes about our response to serious illness and death. When first diagnosed, says Marcel, it takes time for the illness to become a presence to me, a presence I learn to live with. I too can objectify the disease and not see it truly as a part of me for a time. Yet when I become somewhat incapacitated ‘the illness
becomes a presence in so far as those who care for me, and play the part of a Thou to me in my need, become intermediaries between me and it’ (p. 210). The disease is now present to me directly through others. Eric often looked back to this moment with his doctor. He sincerely believed that the courage to ‘face’ his cancer came from the doctor holding his face next to his, or, as Eric said to me later, it was here that ‘he turned his face toward Jerusalem and did not look back.’

The physician understood this situation as a moment for ethical care. He engaged with Eric not as an objective body but as a ‘living I’ where body and self are one. While acknowledging the universal ethical principles, Eric’s doctor attunes himself to the particular elements of this situation as he recognizes the immediacy of Eric’s claim. His respect holds him rooted in his relationship with Eric. Respect calls us to recognize in ourselves the ‘power to make and unmake each other as persons (p. 116). Here the physician chooses not to interact from his knowledge system alone but respectfully attends to what inheres in this moment. Together they engage in a conversational space to build up Eric’s capabilities to match the coming trial. Dialogue opens each other’s inner immensity. In this ethical moment, Eric’s vulnerability is embraced.

The corpse in ethical moments in practice: loss of relation

Take three: Wayne

A woman diagnosed with the final stage of pancreatic cancer was dying. Her husband Wayne came to her bedside every day and night. She was able to say only a few words or to nod her head. These were the last modes of communication remaining in her. At times, her husband held her hand and whispered close to her ear. The love and care her husband showed is still vivid in my mind. I believe it is one of the most devastating and tormenting events when someone watches his loved one wasting away and dying without being able to help in the dying process. This painful experience I imagine must be extremely hard to take. I felt incompetent at that particular moment. It was not mainly because of my inability to save this dying person or to alleviate her agony of suffering, but due to the fact that I could not alleviate the sorrow that her husband was experiencing. Her eyes were closed at all times, however, her husband looked at her with a glimpse of hope and peace. The expression of love of the husband on his beloved wife was so dramatic. Unfortunately, one morning she passed away two hours after her husband, their son and daughter left the unit.

A sense of ambivalence emanated within myself as I was preparing her body to be wrapped by a shroud. The question of whether she was really dead came back and forth in my mind since her body was still warm even though she was pronounced dead three hours earlier. At that moment, I instantly felt that I totally lost contact, both physically and spiritually, with the person lying in front of me. The reason was that she was no longer alive. She had turned into a corpse, not feeling or breathing like a normal human being. It was the first time that I strongly felt being completely disassociated from another individual. That sense of separation was horrific.
Reprise
Would it be strange if Wayne asked this woman after she dies: ‘How are you?’ What is the nurses’ response when no one is present to receive their question? What is the right ethical action in a moment that has suddenly become so horrific, so seemingly nonrelational? Wayne knows she is not at home in her body; yet her body belies her absence. It is still warm even though the bodily signs of life are gone.

Wayne is caught in the incongruencies of life and death; the moment when life slips away, the woman he has become attuned to becomes absent. Wayne is left with the corpse, a lifeless body. Yet this corpse though still, still claims. Even in death, the body evokes the ‘how are you?’ The ethical question still remains. At the moment of her death, Wayne asks not only her but also himself, ‘how are you?’ In the face of the corpse his question turns back to himself as now; the corpse claims an answer to the question embedded in the ‘how are you?’, ‘who are you?’ The who of Wayne is in question, lost in the absence of the other.

Wayne bathes the body, lamenting the absence of her breath. He bathes her in preparation. To prepare is to make ready, to arrange. As Wayne arranges her body, he brings it back to its prime state, to the way it was before the added technologies. This left-behind body shows its suffering; its moments of torment are written on it. Wayne comforts it and prepares it for what is to come. Her husband is yet to come back to say goodbye; the inevitable trip to the morgue approaches. This last bath is no longer an act performed to regenerate, refresh, reclaim alone the who of this woman. It is also an act of dismissal, an act that recognizes the end of her corporeal life. Through this act Wayne responds to the corpse’s question. The corpse’s ‘how are you?’ enables him to reclaim who he is. In bathing her corpse, Wayne finds himself anew. In claiming her who, he too claims himself again.

Ethical moments and the nursing ‘how are you?’
At the beginning of the article, I wrote about the ‘how are you?’ in social situations as being more a polite address than a question. If we answer by telling the person how we truly are, we are seen as being socially incorrect. In fact, in social situations it is a rather meaningless social custom, a greeting nothing more, nothing less; and yet not so. Heidegger writes that the idle talk in which we as human beings in our worlds most frequently engage, while permitting us to have common understandings of the world, also moves us away from being, from our authentic self. In social situations, we see the question ‘how are you?’ as idle talk, hiding itself from life, existing ‘for the sake of the “they” in an everyday manner (p. 167). The social ‘how are you?’ belies who we really are and how we find ourselves in this particular moment.

However, for nursing, the address of the ‘how are you?’ opens up possibilities of engagement for us and in turn opens up a space for being. The ‘how are you?’ becomes a disclosedness of who we are, ‘a clearing-away of concealments and obscurities’ (p. 167). Immediately something addresses us and, if we choose to respond, we are suddenly in the midst of it; an ethical moment is born. In the address of ‘how are you?’ we ask: ‘Who are you?’ ‘Who am I?’ ‘How do I find...
myself in this situation?’ Perhaps that is why the ‘how are you?’ is often a colloquialism. It hides its profundity in superficialness. We easily dismiss life situations. The moment slips by. Yet nurses and those involved in health care are ethically bound to ask those in need. It is when we see the question for what it is that we live our ethical commitments.

The question ‘how are you?’ is an enquiry into the particularness of a unique person. It is a question that opens a space for our living I’s to come forward. Bergum writes that when we attend to a person’s experience of living the condition from the inside as well as referring to our larger knowledge systems we bring forward the living I of this particular person. In asking the ‘how are you?’ we are directly within the person’s living knowledge; the person’s living I is immediately accessed.

‘How are you?’ makes room for each of us to claim one another. To be claimed by the other is to expose the other and to expose ourselves. To expose the other is to lay bare the vulnerabilities of the individual, to expose that person’s being to another. Mr Steavens exposes his vulnerability to Kathleen and Kathleen holds it. In his encounter with his physician, Eric comes to face his mortality and his doctor makes it livable. In the presence of the corpse, Wayne dissembles and gathers himself once more. To expose ourselves as nurses (and health care professionals) to the claim of the other is in some way to reclaim ourselves. It is to actualize again and again who we are. When we ask ‘how are you?’ there is an immediate turning back of the question upon ourselves. We in turn become answerable to our own question.

In an age where a multitude of things and events compete for our attention over human interaction, the ‘how are you?’ calls us back to the language of conversation, the place where we reveal who we are in ourselves. Through this deceptively simple phrase ‘how are you?’ we are able to stand under the claim of one another’s presence and enact ethics in its original sense. This notion of the principium roots us in life as it erupts into the world moment by moment; it enables us to apprehend being as it stands in the midst of us.

The nursing ‘how are you?’ question, while uprooting our very being, always holds us on to our roots. It turns us back to who we are and calls us yet again to be more deeply attentive to the other. When we attend to the moment, soon and gently does the next one arrive. Ethical moments begin, come to be, stand for themselves, and fade away again. Like the forming of a beautiful bubble that soon breaks, the moment encapsulating the ethical claim of the other too is short lived. Yet, what we experience and understand in that moment, we carry with us into the next moment that awaits.

References

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