

HOW TO CREATE A ROLE PLAY – ETHICS CONSULTATION

ETHICS DAYS, ROLE PLAYS, AND FORGING CONNECTIONS: CAPACITY BUILDING IN THE RURAL CONTEXT

Start with a relatively detailed case study – in this case, “Philip” by Jeff Nisker - <http://www.cmaj.ca/cgi/content/full/168/6/746>.

Identify all of the individuals involved who might have a stake in the case. Give each of these individuals a first and last name and identify their role in the case. Gender-neutral names are useful to ensure flexibility. It is also useful to identify for yourself individuals or positions essential to the role play as well as those which can be eliminated if necessary to make the role play fit the group size.

Identify the position that each participant might take and describe their basic reasoning and motivation.

Indicate roles and goals for people who will be the consultants – they will be reacting to the positions that others take as the role play unfolds. Generally, consultants are attempting to achieve some sort of consensus.

Indicate that each player is free to ad lib as much as they feel comfortable. All participants get all the materials, so they can see the positions that others will be taking and anticipate how they might react.

Re-write the case if necessary to include details relevant to certain individuals.

Before the role play, give participants at least 20 minutes to prepare and confer with their “colleagues”, “family members”, or other members of the “consult team”. If possible, let people know at the beginning of the day or session that there will be a role play and assign them each their roles ahead of time. It is often useful to use a lunch or coffee break as preparation time as well.

Start the “consult” and let it unfold under the consultants’ direction. You can either cut off the consult after the first 15-20 minutes or let it go until it reaches a “natural” break. There is usually plenty to talk about after even 10 minutes – but do make sure that everyone has had a chance to express their opinion at least once during the discussion.

To debrief afterwards, go around the group and have each participant report on what the consult felt like to their character (including those playing ethics consultants). Participants are often surprised by the degree to which they get into character and feel their character’s emotions, so this aspect of the debriefing is crucial. Then open discussion up to the entire group regarding how the consult went – noting first that it’s very hard to take on the role of the consultant(s) in these cases and that all observations need to be constructive, focusing on the process as opposed to the individuals.

SAMPLE ROLE PLAY HANDOUT

“AMPHOTERRIBLE” NIGHTS: THE CASE OF PHILIP

Philip Howe is a 12 year old with leukemia. He has been in and out of hospital for the past year receiving chemotherapy and dealing with various side effects and complications of his disease. With this round of chemotherapy he is also receiving amphotericin B, a powerful antifungal agent, prophylactically. Philip finds the side effects of the amphotericin to be unbearable, much worse than chemotherapy alone, and so he wishes to cease treatment with it.

Philip told the health care team that he wanted to stop amphotericin and they told his parents. His parents were upset and they seem to be directing their fear and frustration to members of the health care team, especially Philip’s mother, Isabel Ott. The team has tried meeting with the parents and Philip but these meetings were unsuccessful because Isabel became extremely upset when they started discussing the possibility of stopping amphotericin. She believes that, as Philip’s mother, she should have the final authority in making decisions about what’s best for Philip.

The health care team is unsure regarding whether Philip can make decisions to discontinue treatment on his own and are furthermore divided regarding what they feel the right thing to do in this situation is. They are also uncomfortable with the tension between Philip and his parents. Jamie Williams, Philip’s nurse, has contacted the ethics consult team to help the team work through the questions of who should make decisions

INSTRUCTIONS:

Participants will take turns participating in the role play and watching the role play to provide feedback. Participants have been assigned roles.

There will be 20 minutes for participants to prepare for their roles. Participants are free to embellish and flesh out the descriptions below as they see fit with more background, reasons, and reactions as long as they remain true to the general position outlined for each role.

In the preparation time, family members should talk to other family members to determine how they will relate to each other, health care team members should talk to their “colleagues” to establish their various relationships, and the ethics consultants should confer to determine how the consult will proceed.

The consult will begin under the direction of the consultants and will continue until one of the workshop facilitators yells “cut!”

ROLES:

1. Philip Howe– wants to stop treatment with amphotericin and continue with chemotherapy alone.
2. Isabel Ott (Philip’s mother)– wants treatment with amphotericin to continue because she feels it will increase the chances of saving Philip’s life and doesn’t think that the decision is Philip’s to make.

3. Arden Howe (Philip's father) – is willing to support Philip but wants to make sure Philip really understands the consequences of refusing amphotericin.
4. Emily Howe (Philip's younger sister)– is upset about all the attention that Philip gets and so is acting out, increasing the stress and guilt that her parents are experiencing.
5. Andy Day (Philip's family physician) – is concerned about the toll that Philip's illness is taking on Philip's parents. She/he supports continuing treatment but is willing to go along with discontinuing treatment if the rest of the team thinks it's best.
6. Jamie Williams (Philip's nurse) – feels torn between what she feels is her professional obligation to advocate for Philip and the fact that she knows that if it was her son, who is the same age as Philip, that she would want to continue treatment to give Philip the best possible chance.
7. Sam Reynolds (Philip's oncologist) – feels that Philip's prognosis is reasonably good if he continues with prophylactic amphotericin but much less so if he stops. She/he strongly supports continuing treatment and is uncomfortable with discontinuing it.
8. Darcy Small (Hospital pediatric oncology social worker,) – supports Philip wholeheartedly in his choice and believes he's competent to make the decision but also wants to help the whole family deal with the situation.
9. Clinical ethics consult team members (2 or 3) – want to help the team and Philip's family come to an agreement regarding how to proceed. Consultants will use their own names and professional backgrounds.

Role	Played by:
Philip Howe	
Isabel Ott	
Arden Howe	
Emily Howe	
Andy Day	
Jamie Williams	
Sam Reynolds	
Darcy Small	
Ethics consultant #1	
Ethics consultant #2	
Ethics consultant #3	