APPLIED ETHICS IN THE FRACTURED STATE
RESEARCH IN ETHICAL ISSUES IN ORGANIZATIONS

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RESEARCH IN ETHICAL ISSUES IN ORGANIZATIONS  VOLUME 20

APPLIED ETHICS IN THE FRACTURED STATE

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INTRODUCTION: APPLIED ETHICS IN THE FRACTURED STATE

Bligh Grant, Joseph Drew and Helen E. Christensen

INTRODUCTION

This volume of Research in Ethical Issues in Organizations (REIO) is an outcome of the Australian Association of Professional and Applied Ethics’ (AAPAE) 24th Annual Conference “Applied Ethics in the Fractured State.” The conference was held 21–23 June 2017 at the University of Technology Sydney and hosted by the Institute for Public Policy and Governance (IPPG). It was convened by Bligh Grant who was generously assisted throughout by fellow members of the Organizing Committee, Charmayne Highfield and Joseph Drew and the entire AAPAE Executive Committee, namely Hugh Breakey, Alan Tapper, Ian Gibson, Jo Namio, Kay Plumber, Michael Schwartz and Sunil Savur, with Sunil providing valuable experience drawn from his role as convener of the 2016 conference, held at the University of South Australia, and his co-editorship of Volume 17 of REIO (Savur & Sandhu, 2017).

In searching for a conference theme, the organizing committee was faced – as indeed most are – with the challenge of providing a topic that (a) was broad enough to be inclusive of the eclectic range of research and practice interests of the members and associates of AAPAE while (b) not being completely nebulous. Ultimately “Applied Ethics in the Fractured State” was agreed upon. Yet the decision was not merely expedient.

For instance, many traditions of political and ethical writing have defended the concept of the state as the legitimate site of ultimate authority – an authority which is justified not only instrumentally but also normatively. In the (broadly) liberal tradition at least, we might be led to think of Hobbes’ Leviathan (1914 [1651]) in particular on this point, and in a clichéd way. However, there are more contemporary and (arguably) very influential examples (see, for instance, Moore, 1995). Moreover, it is an institutional fact that the laws enacted in (say)
the parliaments of Australia and its constituent sovereign states only come into force when they are consented to by the Crown. And the situation is more or less similar in other types of political systems – in republics, for example – save the absence of a monarch. So the idea of there being an ultimate, legitimate authority is very much – and literally – an enacted one in our day-to-day lives.

However, a vast quantum of writing (particularly in the broadly liberal tradition) has sought to place limits upon this authority, justified not only on instrumental grounds, but also for profound moral reasons (and recognizing that the split between “instrumental” on the one hand and “moral/ethical” on the other hand is in any event a misnomer). And while we might be led, at least initially, to think of the concept of the separation of powers in a very modern sense – for instance, a la The Federalist Papers (see, for instance, Kammen, 1986) and the philosophical underpinnings of this in inter alia Locke’s (1988 [1698] justification of private property, we can remind ourselves that writers as diverse as Machiavelli (1979 [1517]) and Hegel (2002 [1820]) advanced profound justifications of the division of authority in political systems, while at precisely the same time advocating for the unity of those systems. Moreover, the few (the very few) of us that exercise an interest in sub-national government would point out that the idea of subsidiarity has, inter alia profound deontological foundations (see, for instance, Drew & Grant, 2017).

And of course there are many more examples of writing that has been centrally concerned with the proper division of authority in polities. More recently, these arguments have increasingly been joined by those asserting that non-state organizations (private corporations) quasi-state bodies (statutory organizations), and professional associations all have the capacity to self-regulate, through mechanisms such as Corporate Social Responsibility (CSR), codes of professional practice, and indeed the sheer virtue of the individuals comprising these organizations. In terms of applied ethics, we are on more familiar ground here, and one does not have to travel – or indeed reach – too far to witness the contemporary pervasiveness of these arguments, presented as they are, in very convenient sets in business ethics textbooks, and within which the sovereign – even when supported by institutional arrangements of (varying) democratic thickness – is reduced to a mere “stakeholder” of the private corporation (see, for instance, Crane & Matten, 2015).

Yet paradoxically the failure of minimal regulation – witnessed in the Global Financial Crisis, for example (see Flynn, 2012), alongside the apparent effectiveness of a strong state in developmental contexts (see, for instance, Grant, Liu, & Ye, 2018) have both served as evidence that the state ought to be defended as a distinct source of authority, morality, and ethical practice.

All too frequently these arguments are debated in structural (or political) and empirical (or at least what might be described as “normatively shy”) ways. Yet conceived as a series of ethical practices labeled as “professional” or indeed otherwise, questions about the source of authority, in liberal and other societies, form an unspoken backdrop to much of the work of organizations and the people that comprise them. As well, we ought to be aware that historically the concept of “the state,” according to an authority no less than Quentin Skinner, originally
referred to the *condition of the ruler*, not government. For *Skinner (1978, p. 3)* “The decisive shift” entailed in modern political thought was:

> [F]rom the idea of the ruler maintaining his state – where this simply meant upholding his position – to the idea that there is a separate legal and constitutional order, that of the State, which the ruler has a duty to maintain.

This alerts us to the idea that “the state” is also an intrinsically existential concept, which throws open questions of the self and identity alongside those of regulation and governance discussed above. In short, we thought that there was plenty of grist for the conference mill in “Applied Ethics in the Fractured State” – at the level of ethics *and* institutions, and (in particular) in examining the relationship between the two. Indeed, there was some inquiry into these themes during the course of the conference, as there has been in the recent academic literature (see, for example, *Haugaard, 2017; Hindess, 2017; Jessop, 2011; Rockman, 2017*).

Yet this hardly constituted the whole conference program. On the contrary – and as one would expect – there were panels covering CSR (reflected in the presentation by our first academic Keynote Speaker, Professor Carl *Rhodes, 2017*) and panels covering regulation (reflected in the presentation by our second academic Keynote Speaker, Professor Janine *O’Flynn, 2017*) alongside panels discussing (more or less) traditional Western ethical theorizing. However, also strongly represented were explorations in (broadly) Eastern ethical writing – Confucianism and Buddhist ethics – and (in particular) medical and pharmaceutical ethics, in particular the issue of euthanasia. These later themes were exemplified in the presentation of our third Keynote Speaker, Alida *Lancee MD (2017)*.

**OUTLINE OF SPECIAL EDITION**

In short, the result of the “Fractured State” theme was a diverse conference – which is entirely appropriate for AAPAE. This is reflected in the refereed proceedings, which can be divided into four broad areas of research. First, what we have denoted (above) as ethical theorizing informed by broadly “Eastern” approaches. In his chapter, Chris Provis argues that ethical problems surrounding role obligations can be fruitfully informed by a consideration of Confucian ethics, properly understood. Provis notes that within the business ethics literature three types of ethical problems are associated with roles. The first of these is “role relativism,” that is, where a prescribed role may either excuse conduct that is otherwise questionable or re-prioritize ethical concerns – what might be termed the problem of blind obedience to authority or indeed behavior driven only by the requirements of organizational imperatives. The second is “role definition,” where what is actually required by a role is ambiguous (e.g., what it means to be a “parent,” a “teacher”) and ethical conflicts that can arise from this ambiguity (e.g., competing obligations to fellow employees, subordinates or employers). Third, “role identification,” where ethical problems arise due under-identification with a role (e.g., giving rise to low performance) or indeed over-identification – the zealous parking inspector, for example.
Provis notes (1) that the three types of problems are intertwined and (2) that both deontological and teleological attempts at addressing them have proven less than satisfactory. In inquiring into the possibilities for a virtue ethics account of role prescriptions and Confucian virtue ethics in particular, he contests what might be described as the bifurcation of Confucian virtue ethics (as, in essence, role derived) and Western virtue ethics (as, in essence, trait-based or individuated), while nevertheless asserting that choice is a more salient feature of business than Confucianism and that slavish conformity is at odds with classical Confucianism also. Rather, Confucianism ought to be understood as commencing from an understanding of everyday life (including the familial) which is virtue-based (for instance, rén, or “humanness”; zhī, or “wisdom” and chéng, or “integrity/sincerity”) and where role performance is situated rather than ideal, requiring considered judgement (not relativism) rather than conformity.

Revisiting the ethical problems associated with roles equipped with this understanding of Confucian virtue ethics, Provis argues that role relativism is militated against by seeing roles in their broader contexts and that problems of role ambiguity and role conflict can be seen with the advantage that virtue ethics offers, namely with an emphasis on integrity and authenticity when set against both deontological and teleological approaches. Moreover, problems of role identification (either “under-identification” and “over-identification”) are seen not only through a deontological or consequentialist lens, but also (again) with proper attention to integrity.

In her contribution, Chand R. Sirimanne provides an account of the significance of intention (cetanā) in Buddhist ethics (specifically a Theravāda Buddhist stance) and asserts its increased relevance in our digital age, where (arguably) the ethical self is increasing distanced from our actions. Noting the “Four Noble Truths” and the “Eightfold Path” to Enlightenment, the author emphasizes the inseparability of psychology an ethics in Buddhism and that intent, or volition, is key to the ethos of same, and can be disaggregated into intention of renunciation, intention of good will and intention of harmlessness.

Sirimanne performs the valuable service of explaining some common misunderstandings about core elements of Buddhism. Thus, karma does not signify the (unintended) consequences of actions (or “just deserts”); rather it denotes wholesome and unwholesome volitions. Meditation (bhāvanā) ought to be understood not as introspection but as a “cultivation of the mind,” and anattā not as a lack of agency but as a questioning of the concept of an extant and fully formed soul – rather, this has to be developed. Sirimanne also outlines the reasons for the popularity of Buddhism in the West, namely the lack of a deity, the onus on the individual to achieve salvation, the absence of moral absolutes, its questioning approach to ethical issues, and its advocacy of compassion. While there are similarities with elements of utilitarianism and virtue ethics (in particular its Eudaimonist branch), the author notes that the central doctrine of anatta (non-self) rules out any direct parallel, as (arguably) does Buddha’s acceptance of women in monastic orders.

This appreciation of intent (cetanā) allows for different (but by no means wholly unfamiliar) ethical perspectives on issues such as abortion, suicide,
discrimination, and the parameters of sexual behavior. Noting that the application of these ideas to governance and morality is complex (“only a fool becomes a king” – see Zimmerman, 2015) Sirimanne nevertheless argues that a Buddhist ethos, grounded in an understanding of intent (cetanā) militates against the increasing anonymity of the digital age.

The second broad area covered in this edition of REIO is medical ethics. In his contribution, Xavier Symons investigates conscientious objection in healthcare, asking how we might distinguish between legitimate conscience claims and those based upon prejudice. The Rawlsian “reasonableness” approach is contrasted with both the “genuineness test” for conscientious objection (which rests on the profundity of belief) and the “incompatibility account,” where any objection is assessed against the obligations of healthcare professionals.

Symons provides an account of Rawls’ concepts of “reasonableness” and “reasonable disagreement,” grounded as they are on a procedural account of justice and being richer than an account based upon mere rationality, to necessarily involve normative principles – particularly that any inequality must not include inequality of opportunity and that any systematic inequalities must be of the greatest benefit to the least advantaged in the long-run. Moreover, any disagreement must be compatible with public reason rather than absolutist. For Symons (following Rhodes, 2002), the transposition of this framework of “reasonableness” and “reasonable disagreement” from the political to the medical is justified on the grounds that basic medical care is an essential service, that medical care involves consensual interventions that would otherwise be classified as violations of bodily integrity, and that healthcare is an issue of equality of opportunity and that medical practice is circumscribed by law. As such, the normative framework for decisions about conscientious objection ought to be the same as those that frame (Rawlsian) political discourse.

Importantly for Symons, all of this is underlain by the (Rawlsian) defense of “liberty of conscience” and surrounded by the issue of what constitutes “the private domain,” and he examines Robert Card’s (2014) account of “intrinsic” and “extrinsic” factors for conscientious objection in relation to these. On Card’s (2014) account, while many conscientious objections are ruled out for normative (Rawlsian-type) reasons, others will need to be determined by empirical evidence, assessed by a Medical Conscientious Objection Review (MCOR) board. The problems that Symons has with this approach are (1) that it does not recognize that every kind of conscientious objection involves an imposition of views and (2) that there are cases where there are justifiable, but differing views about conscientious objection – such as euthanasia and physician-assisted suicide.

As a means to address this impasse, Symons argues that any decisions based around evidence ought to incorporate normative (in essence, Rawlsian) elements in the discussion. Symons also argues that an eclectic account of what constitutes “basic medical care” (i.e., one that is inclusive of different approaches to medicine) needs to be developed as part of the operations of MCOR boards, and that while arriving at an agreed definition of “basic medical care” would be difficult, it would be both possible and fruitful to reach a “reasonable” view of what this constitutes.
In any discussion of contemporary issues in applied ethics, the subjects of euthanasia and assisted suicide loom large. In their contribution to this “Special Edition,” Judith Kennedy MD and Michael Kennedy MD examine the consequences of the increased support for euthanasia and assisted suicide in Australia. The authors are careful to specify the parameters of their discussion, stating that rather than assessing the arguments for and against the two practices they are interested in examining the “moral vulnerabilities of medical practice when both euthanasia and assisted suicide are added to the therapeutic armamentarium.”

Commencing with a definition of medicine, the authors examine how long-standing law across Australia’s jurisdictions has addressed the question of inter alia the terminally ill, arguing that this has been consistent with the goals of medicine. Yet this is rapidly changing. Noting the recent legislative developments in the Australian states of Victoria and New South Wales (NSW), Kennedy and Kennedy provide timely evidence as to how a range of professional associations – the Australian Medical Association, the Advent Mutual Group (the largest professional indemnity organization in Australia), the College of Nursing, the Australian Psychological Association, and the Law Institute of Victoria have all positioned themselves in relation to the issue. The authors make several observations about these changes, including that the incorporation of killing into Australian medical practice has already begun – signified not only by the position statements provided by the aforementioned organizations, but also by an identifiable change in nomenclature; also that legalized killing in healthcare will necessarily involve a range of professions and require actively managing the attitude and behavior of these professionals. They also explore how these changes are leading to moves to protect both patients and professionals, particularly doctors.

The authors’ position is overwhelmingly one of profound concern. They detail several challenges to medical practice arising from these developments and examine these from a squarely moral perspective, emphasizing that while doctors do not act alone, the responsibility will rest principally with them. They conclude by noting that authorization to kill could very well result in a “slippery slope” (our phrase) situation and note developments in other jurisdictions that are indicative of this.

In their contribution to this “Special Edition” of REIO, Joseph Drew and Bligh Grant examine the same issues of concern in the previous chapter, but through the lens of the “Principle of Double Effect” (PDE) and utilizing an in-depth case study. Initially the authors’ underscore the basis of PDE in Natural Philosophy, which holds that there are binding and universal truths that are discernable by reason and hold for all people, one of which – the most important for their discussion – is human life, and around which the propositions of “dignity” “the common good” and “solidarity” coalesce. The authors also note that while Natural Law is often associated with Christianity and Catholic Social Teaching in particular in fact it is also associated with Aristotle and the three major monotheistic faiths (Judaism, Islam, and Christianity) and that the precepts of Natural Law are enshrined and enacted in many judicial systems.
Following from a definition of PDE, the authors emphasize that “foreseeability,” “proportionality” and – as we saw in Chand Sirimanne’s contribution in her discussion of Buddhist ethics – “intent” are all of paramount importance in determining whether an act is morally licit or otherwise. Moreover, the issue of intent is of particular importance in evaluating the process of dying, “because if death is intended, rather than merely foreseen, then the whole moral and legal evaluation changes dramatically.” Examining prevailing definitions of euthanasia from both the scholarly and regulatory literature, the authors draw a more finely calibrated distinction among voluntary, non-voluntary, and involuntary euthanasia, before providing a detailed (but redacted) account of what they term “a case study of dying” and applying PDE to this particular example. They conclude – after referencing the Queensland Criminal Code – that the first of three critical acts in the case study was neither morally or legally licit. In particular, Drew and Grant draw our attention to situations where conscious but aphasic patients could be aware of decisions being made on their behalf, yet not be in a position to have their opinion heard, and/or experience the anguish of family members making decisions.

The authors argue that the example illustrates the “non-voluntary” or “involuntary” nature of some euthanasia events and that there are a number of public policy implications of this. First, that the issue of non-voluntary euthanasia has not been at the forefront of recent debates; second, that religious authorities ought to be especially cognizant of non-voluntary euthanasia, as they administer many aged-care and palliative facilities. Third, that there is a good case for education campaigns in the form of Advanced health directives that provide clear instruction around procedures and care for end of life patients and that arrangements for enduring powers of attorney should be mandatory for all admittances to aged-care and palliative facilities. Fourth, that arrangements for implementing an expedient institutional form of dispute resolution for such patients ought to be investigated. Finally, that statutorily enforced guidelines around such issues need to be developed.

The third broad area is regulation/policy and ethics, and perhaps it should come as no surprise that the two contributions are both in the area of health regulation. In her chapter, “When health workforce governance met regulatory capitalism: Australia’s national arrangements for health professional registration and accreditation,” Fiona Pacey positions the registration of health professionals in Australia in a regulatory capitalism framework. Through an exploration of the “National Registration and Accreditation Scheme” and its operational elements, namely the Australian Health Practitioner Regulation Agency and its 14 national boards, Pacey outlines how the new arrangement is quasi-independent, which allows the state to consolidate its position in the health workforce market.

Prior to the Scheme, there were more than 90 organizations with responsibilities for administering local health regulation legislation and within these there were inconsistencies, gaps, and contradictions. By moving from a state and territory model to a national model of health professional regulation, Pacey argues that the there is greater consistency for practitioners and workforce planners,
and she carefully traces the development of the national scheme. Following
from a Productivity Commission recommendation in 2005 to move to a national
scheme, an Intergovernmental Agreement was signed in 2008 which outlined
the broad objectives of the regulations to be developed. These objectives are
reflective of traditional regulation and also incorporate aspects of workforce
reform. The putative benefits of the scheme have included a single registration
agency for practitioners, a central location for information, and complaints for
patients and a national approach to policy concerns and workforce planning for
government.

Pacey also reviews the literature on Independent Regulatory Agencies (IRA)
in asking the question of whether the agency is independent and if so, from
what or whom. She concludes that the Scheme is best described as a quasi-inde-
pendent national regulatory agency, with government retaining some critical
authority, as a means of managing socio-political risks, demonstrating the rel-
evance of the framework of regulatory capitalism in this case study. The ensuing
quest for independence is then assumed to be one designed to ensure balance,
where the state can maintain influence and the professions are constructively
engaged but do not have the autonomy to set their own standards and monitor-
ing arrangements.

The discussion of the National Registration and Accreditation Scheme in the
context of regulatory capitalism, IRA and quasi-independent bodies provides
an insight into the changing institutionalization of regulatory and reform func-
tions of the state. Her discussion of regulatory capitalism, which she defines as
the merger of neoliberalism with an attentiveness to risk, situates the scheme in
a larger context of increasing delegation to business, individuals, and the soci-
ey, while at the same time (and perhaps paradoxically) increasing regulation by
the state.

In their contribution, “The impact of the National Mutual Acceptance (NMA)
on research governance practices in Victorian public healthcare agencies,” Bernice
Davies, Anona Armstrong, and Maree Fitzpatrick explore the arrangement intro-
duced in 2013 which allows healthcare agencies to conduct a single ethical review
for multisite clinical trials. The discussion presents the results of a survey and
series of semi-structured interviews designed to explore the future of the NMA
and whether it is leading to standardized research governance practices.

The NMA, introduced in 2013 as a successor to various state-based models
allows for a single ethics approval to be accepted by multiple jurisdictions as a
means to make health research easier and economically competitive. Focusing
on Victorian public healthcare agencies, under the NMA the process involves a
single proposal to a certified human research ethics committee. Organizations
from participating jurisdictions then access the single review in lieu of sub-
mitting their own ethics application. Each organization then undertakes an
individual site-specific governance review to determine their risk appetite
and capacity to participate. Reviews are due to be completed within 60 days,
although practice suggests there is some confusion as to when participating
sites are endorsed and that the practices of individual organizations are diverse
and inconsistent.
Introduction

In their review of the relatively new literature on research governance, the authors identify concerns about overly bureaucratic and duplicative approval processes which result in delays and additional costs. The corporate governance theory of Institutional Isomorphism – the need for organizations to appear legitimate to their stakeholders – is applied to explore research governance and the NMA. The research seeks to discover if there is evidence of support for the NMA (is coercive), if there is evidence of collaboration and learning between agencies (is mimetic) or, if there is evidence of agencies participating in professional standards (is normative).

Given the robust research methodology, the study makes a number of findings, the most significant of which points to a lack of evidence that organizations were developing standard research governance responses to the NMA, thus disproving the argument of institutional theorists that organizations tend to develop similar behavior in response to the same environmental constraints. The authors conclude that there are mixed views on how the NMA is impacting research governance; moreover that there is some confusion about its purpose. However, they identify that the NMA has the capacity to deliver quality clinical trial outcomes, maximize resources, and create performance metrics if there are consistent governance practices and that failure to harness these opportunities could see Australia lose its competitive edge in health research.

The fourth broad area is one which, arguably, sits at the core of the research and applied activities of AAPAE and of this journal, namely professional ethics. In the final paper, Helen E. Christensen explores the professionalization of those who facilitate participatory democracy within and on behalf of government institutions. In the paper, “Community engagement and professionalism: Emerging tensions,” she argues that these (arguably, emerging) professionals, who design, communicate, and facilitate community engagement processes, serve multiple masters: their clients (or employers), the public good, and democratic process.

Community engagement, also known as public participation, is the involvement of communities in decision-making processes around policies, plans, and programs. Christensen argues that it has become a standard feature of public-state relations. Surrounding these engagement processes are those who practice it, a group which is gaining increasing scholarly attention. Christensen explores whether or not the practice of community engagement can be considered a profession, and whether or not those who practice can be considered professionals. She argues that practitioners are situated as intermediaries between communities on one hand and the public institutions that employ or engage them on the other hand, and that this dichotomy creates a series of tensions.

Christensen reviews the literature on professionalism and then focuses in on Noordegraaf’s (2007) conceptualization of “pure” professionalism. She then uses this framework to assess the professional status of community engagement. Through the presentation of a series of short vignettes, the author demonstrates the types of tensions practitioners may experience. These include how inclusive practitioners are when they involve community members and the amount of control they are granted over the decision-making processes therein; whether
neutrality of the practitioner should be prioritized above other virtues, and whether the needs of the practitioner, the client or the democratic process should assume priority. Christensen notes that there is currently little to no guidance for practitioners faced with these dilemmas.

In her broader observations, Christensen returns to three foundational issues. The first is whether community engagement is really a profession. Reflecting on Noordegraaf’s (2007) framework, she concludes that a profile of the field is emerging and that while there is some “semblance of a profession” it is not conclusively demonstrated. The second is what tensions community engagement practitioners face and how they manage these. The third is how ethics can inform an understanding of the professionalization of community engagement. Christensen concludes that there is the opportunity for reflection and examination of decision-making models, practitioners’ traits and virtues to allow them to develop ethical responses to the complexities they face in their practice. She also concludes that community engagement practitioners are uniquely placed between communities and institutions and that there is an opportunity for the field to support practitioners in making good decisions in the face of the inevitable dilemmas that arise from this unique position. Moreover, the failure to harness this opportunity may adversely impact practitioners, public institutions, and democracy itself.

The guest editors would like to thank the series editors, Associate Professor Michael Schwartz, and Associate Professor Howard Harris for the opportunity to edit this “Special Edition” of REIO. We would also like to thank all the authors who submitted papers for consideration and all of our colleagues who performed the invaluable service of peer-reviewing the blind manuscripts for the Special Edition. Circling back to the conference, we would like to thank all those that participated, especially the three Keynote Speakers, Alida Lance MD, Professor Carl Rhodes (UTS Business School), Professor Janine O’Flynn (then of University of Melbourne; now of the Australia-New Zealand School of Governance [ANZoG]), and the IPPG at the University of Technology Sydney, particularly Ms Eeva Routio for all of her assistance with marketing, photography, the conference website and logistical support.

We were especially pleased that the 2017 Conference attracted a strong participation rate from Higher Degree Research students – almost 40% of the presentations overall – a fact that is well-represented in this Special Edition. This bodes well for the future of AAPAE.

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