



# **SLOW ETHICS AND THE ART OF CARE**

Ann Gallagher



# SLOW ETHICS AND THE ART OF CARE

Praise for *Slow Ethics and the Art of Care*

‘In this meditation on the nature of “slow ethics,” Gallagher considers morally exemplary as well as morally deficient acts to make the case for slow ethics, which places “sensitivity, solidarity, space, sustainability, scholarship and stories” at its centre. We need, Gallagher argues, to slow down to practice care in an ethical way. Most remarkably, the book is itself a beautiful and personal illustration of how “slow ethics” can work to change how we care and, indeed, how we live.’

*Joan Claire Tronto, Professor Emerita, Department  
of Political Science, University of Minnesota, USA*

‘Delightful scholarship and deep humanity make this book a rare treasure. It will become a classic, to be read and pondered... slowly.’

*Christopher Herbert, Visiting Professor of Christian  
Ethics, University of Surrey, UK*

‘Ann Gallagher is one of the leading international voices in care ethics. In *Slow Ethics and the Art of Care*, she draws on nearly four decades of experience, observation and scholarship to explore the real ethical choices facing all those who try to care well. This is a wise and deeply humane book that should be read by everyone who’s

serious about one of the most urgent human challenges we face.’

*Christina Patterson, journalist and author of The Art of Not Falling Apart, UK*

‘Population-level challenges from the coronavirus pandemic to ageing and dementia call on us to consider what it means to live a good life, how we should live in relation to each other, and who counts as a member of society. Care ethics offers a crucial way to understand how lives are linked through interdependence. Ann Gallagher’s *Slow Ethics* is both a thoughtful meditation on the nature of care and a practical guide to thinking and doing in uncertain times. This new work will be welcomed by scholars of care ethics and practitioners in care fields and will be of interest to general readers.’

*Nancy Berlinger, The Hastings Center, USA*

‘Ann Gallagher has written a wonderful “bible” of slow ethics for all the care professions. Lively, accessible and incredibly moving, its lessons are profoundly relevant to the changing world we find ourselves in. Every hospital, every care agency and every funding body should have this book in their library – and put its lessons into practice.’

*Tim Jackson, Professor of Sustainable Development, University of Surrey, UK*

‘This book offers considerable insight into how health care might be delivered in the current challenging climate and leads the way in developing a new approach.’

*Leslie Gelling, Editor of the Journal of Clinical Nursing and Principal Academic in Adult Nursing, Bournemouth University, UK*

‘Health care is notoriously fast paced. Health care providers decry how busy they are in their professional lives and lament the lack of time for reflection. Professor Ann Gallagher provides an antidote to this situation in her book *Slow Ethics and the Art of Care*. Drawing on her extensive experience in nursing and ethics, she persuasively guides the reader to the inescapable conclusion that slowness is a necessity, not a luxury in the provision of health care. Beautifully written and lucidly argued, it should be savoured slowly and ideally with a cup of tea!’

*Ross Upshur, Professor, Department of Family and Community Medicine, Dalla Lana School of Public Health, University of Toronto, Canada*

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INVESTOR IN PEOPLE

*For my mother, Mary Margaret Gallagher, who shows me  
how to be kind  
In memory of my grandmothers, Maggie Bonner and Annie  
Gallagher, who role modelled resilience  
And for my daughter, Kiera, who teaches me the importance  
of space in care*

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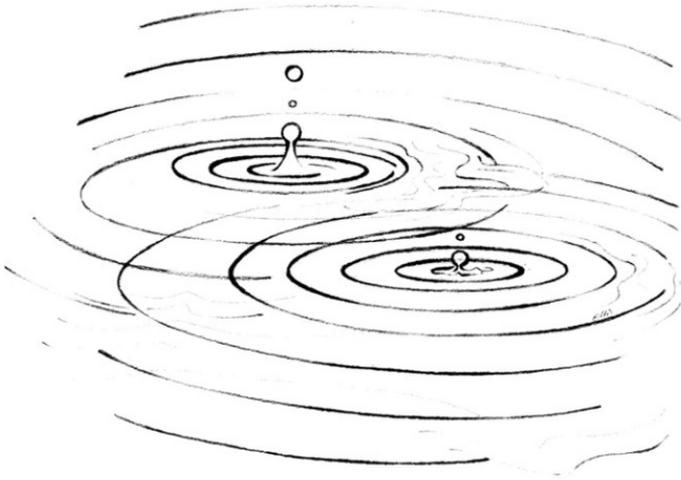
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# PROLOGUE



*[...] there's a story behind everything. How a picture got on a wall. How a scar got on your face. Sometimes the stories are simple, and sometimes they are hard and heartbreaking. But behind all your stories is always your mother's story, because hers is where yours begin.*

–Mitch Albom (*For One More Day*, 2006).

In 2012, the late John Drummond invited me to contribute a chapter to a book entitled: *Philosophy of Nursing: 5 Questions* (Forss et al., 2013). The first question was: ‘How were you initially drawn to philosophical issues regarding nursing?’ I began this way:

*At the age of seven I was led to believe that I was responsible for my 'sins' and that if I repented, I would be forgiven. I went to confession regularly and shared my list of transgressions of the ten commandments with a priest. These may have ranged from telling lies, to being disobedient, to having dishonorable thoughts about a parent. Sometimes I struggled to come up with material for the monthly unburdening. I would then worry that I had to have something to confess but feared that this would have to involve some fabrication which could be construed as lying. Already I had a sense of the complexity and ambiguity of the moral life.*

This book starts and ends in rural Donegal, my first home and site of that early moral angst. The book is informed by over four decades of engagement with care as a nurse, ethicist, teacher, editor and researcher. The book stems from a strong commitment to illuminate, to celebrate and to promote the art of care. It stems from a desire to share a better way to think about, and enact, ethics in care. It stems also from a desire to do all possible to prevent what happened to my mother from happening to other people.

My mother, Mary Margaret, was the fourth of 10 children brought up in rural Donegal. She did not enjoy school and was pleased to leave at 11 years old and to go to work as a nanny, caring for the six children of a local farming family. My mother's mother, Maggie Bonner, had also gone out to work early, walking from her childhood home in west Donegal to the hiring fair in Letterkenny (see <http://www.donegaldiaspora.ie/place/hiring-fairs>). There, she would strike a deal with a farmer and go to work for this stranger for 3 to 6 months at a time, living and working on the farm. Both women worked hard and considered

themselves fortunate, my mother told me, to work for farmers who treated them well.

My father, like many Irish men of the time, spent some of his early adult years working in construction in England and Scotland. He lived frugally and wired money back weekly to maintain his family in rural Ireland. The year after I was born, my mother, then pregnant with my sister, travelled to Scotland to visit my father who was working near Glasgow.

During the visit, my mother became unwell and was admitted to a local hospital. Soon after admission, she overheard one of the nurses say something along the lines of: 'These people coming over here to have their babies'. Just after this episode, the nurse ran a bath for my mother which was too hot. However, my mother lacked the confidence and courage to say this. When she emerged from the too hot bath, her skin was red. She recalls the nurse looking at her body and asking: 'What's that dirty rash on your body?'

My mother was alone, a long way from home and worried about the well-being of my unborn sister. She said the nurse's comments left her feeling belittled and low. The memory of this episode has never left her, and she cites this as the reason she did not wish any daughter of hers to become a nurse. My mother's experience reminds me of Maya Angelou's words. As an African American poet and novelist, Maya Angelou is reported as saying:

*I've learnt that people will forget what you said,  
people will forget what you did, but people will never  
forget how you made them feel.*

Almost 60 years on, my mother has not forgotten how that nurse made her feel.

My mother was, then, less than enthusiastic when I told her I was planning to become a nurse. Following in the footsteps

of my aunt Anne. I trained as a State Registered Nurse, at the Royal Victoria Hospital on the Falls Road in Belfast. This was the early 1980s, during ‘The Troubles’ in Northern Ireland. ‘The Troubles’ downplays the devastating consequences of the 30-year conflict, from 1968 to 1998, which resulted in the over 3,500 deaths, 100,000 people suffering physical disability and over 500,000 who became victims due to loss, bereavement and trauma as a result of bombings, shootings and other forms of violence (McKittrick et al., 2008).

I soon learnt that, even in the darkest of times, good care-giving provides comfort to those in the most desolate situations.

Care-giving promotes human flourishing, eases suffering and, where recovery is not possible, enables people to die well. Critically I learnt that, whereas sectarian lines were drawn outside of that Belfast hospital, inside there were only people needing care and people willing to give care. During my time in the Royal Victoria Hospital School of Nursing, I recall no discussions of sectarianism, discrimination or disrespect. There was an assumption that care would not discriminate, that care would be respectful, that care would aim at what was good and right and would and could mitigate the distress and devastation inflicted by humans on humans.

The epiphany that sparked my thinking and writing about slow ethics – leading to this book – happened in Stockholm in 2013. This was just after the publication of substantial reports detailing the nature and causes of suffering of patients and families at Mid Staffordshire hospital in England. The idea was developed and consolidated during a sabbatical which took me from Tuskegee University in Alabama, to the Hastings Centre in New York, to University College Cork, to the University of California in San Francisco and on to Xiamen University in China and Kyoto Tachibana University in Japan.

From childhood, reading books has been one of my greatest pleasures, and it is through books, more than any other reading material, that I have acquired disciplinary knowledge and the most interesting and impactful insights.

However impactful my reading, it is my mother's experience that motivates me to do what I can to make it less likely that harm and humiliation happens to anyone else. Care-givers, for the most part, take pride in the art of care-giving. They put the interests of care-recipients, families and communities first and recognise the significance and privilege of the work they do. However, care-givers are humans who are not always kind, who are not always just and who do not always care as they should. Engaging with philosophical scholarship and empirical research enables us to better understand why bad things happen in care and to have a clear sense of the theory that underpins the 'shoulds' and 'oughts' of care-giving practices.

'Slow ethics' is an approach that is applicable within and beyond formal care-giving contexts. I hope that readers will benefit from reading stories, which aim to 'show not tell', and the elements of sensitivity, solidarity, space, scholarship and sustainability.

This book is then, dear reader, something of a bricolage of stories and insights selected from my experience of the best of care-giving and illuminated, I hope to best effect, by slow ethics.

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# INTRODUCING SLOW ETHICS AND THE ART OF CARE



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*What would be the point of producing unconsidered, rushed works? That would be disrespectful, to ourselves and to those we regard as the target group of our endeavours.*

–Annika Ekdahl, Textile Artist.

## INTRODUCTION

‘Slow’ was never a state I’d aspired to and I would not have been flattered if referred to as such. Childhood tales of the praiseworthiness of ‘slow’ had not impressed. Aesop’s Fable *The Tortoise and the Hare*, for example, confirmed that the tortoise only won the race because the over-confident hare had taken a nap and overslept. I associated ‘slow’ with two thoughts: one related to intellectual ability (not smart) and the other to speed (lack of). As an academic, and former marathon runner with a respectable completion time, it was unlikely that the concept of ‘slow’ would appeal. More unlikely still that ‘slow’ would become a concept I would get excited about or commit to. That is, until 2013.

During a mini-break in Stockholm, I came across an exhibition on the theme of ‘Slow Art’. The artefacts in the exhibition were exquisite – a necklace made from hens’ eggshells, broken carefully into small pieces and threaded through a gold wire. There were delicate slippers, handmade from Japanese satin, wire, pins and varnish. There was a porcelain bowl of hand-sculpted rose petals, made without tools.

The text that accompanied the exhibition spoke of quality over quantity, of taking time to create well, of having the courage and integrity to focus entirely on a single project over a long time and of handling materials with care with regard to future generations (Robach et al., 2012). Robach distinguishes between tacit knowledge and theoretical knowledge. Tacit knowledge relates to skill ‘that can be mastered through practice and experience’ whereas theoretical knowledge ‘can be esoteric’ and exclude ‘the uninitiated’ (p. 16). For reasons discussed below, the ‘slow art’ exhibition inspired me to consider the ethics equivalent and to begin to develop elements of the approach.

‘Slow ethics’, then, would be an approach to ethics that is slow and sustainable, rather than fast and short-termist. An approach that serves as a much needed antidote to trends for forgetful, knee-jerk initiatives. Initiatives which downplay complexity in relation to alleged ‘crises’. Slow ethics would be an approach which urges re-engagement with the art of care underpinned by ethical values and humanistic strategies to promote flourishing in humans and non-humans.

Sensitivity, solidarity, space, sustainability, scholarship and stories are elaborated as six elements of ‘slow ethics’. These elements illuminate the path to ethical care practices across cultures. Slow ethics will, it is hoped, counter the craving for quick fixes, subdue moral panic and provide deeper, quieter and more sustainable approaches which affirm and value the art in care and other moral practices.

This first chapter explains the background to, and rationale for, slow ethics and introduces the reader to the other central ideas in the book – namely, ‘slow’, ethics and the art of care – and to the chapters that follow.

## BACKGROUND

At the time of the ‘slow art’ exhibition in Stockholm, there was much media attention to yet another scandal in a ‘care’ facility. In this instance, a substantial report detailed ‘appalling’ care at a hospital in England which resulted in over 400 avoidable deaths between 2005 and 2009 (Francis, 2013; Campbell, 2013). In the years that followed, reports of care scandals seemed relentless with other exposés of abuse, neglect, indignity and murders in ‘care’ facilities around the world.

And scandals were not, of course, restricted to care. Few practices or professions were untouched by scandal with

reporting of unethical practice and violations of human rights by the military, the police, the clergy, politicians, athletes, actors, film directors, bankers and teachers. Accounts of historical atrocities which dehumanised and humiliated people on the basis of their race, culture, religion, gender, class or sexual orientation were also brought to public attention. There was intense debate regarding how, and whether, recent and historical wrongs could be put right (Gallagher, 2019).

Reports of unethical care have predated and postdated the Mid-Staffordshire scandal, often in relation to the most vulnerable and defenceless people. In *Sans Everything: A Case to Answer*, published in 1967, Barbara Robb graphically detailed abuse in a facility alleged to care for older people in the north of England. There were reports of physical assaults from staff, of deprivation of food and water and of ‘the bathing procedure’ where:

*... six or seven people bathed in the same water until it was coal-black and floating with masses of excrement. And the drying was perfunctory in the extreme – no more than a couple of dabs with a dirty towel, and a shout of ‘get your \_\_\_\_\_ shirt on!’ And these could be men old enough to be the nurses’ fathers. Shocking.*

(Robb, 1967, p. 44).

This description is indeed shocking and baffling as to how those charged with care came to be cruel and abusive, and to dehumanise other humans. A report by Peter Townsend a few years earlier (*The Last Refuge: A Survey of Residential Institutions and Homes for the Aged in England and Wales*, 1962) detailed wide variation in the quality of care of older adults at that time with many older people lacking cleanliness, comfort and assistance from care-givers.

The Mid-Staffordshire (Francis, 2013), and other care scandals, led to moral panic with assertions of ‘a crisis of compassion’, followed by an urgency to put initiatives in place to respond to the alleged crisis. This was met with some scepticism (MacPherson and Hiskey, 2016) and helpful critique, drawing on insights from social psychology (Paley, 2014).

In the years following my Stockholm epiphany and, most particularly, during a sabbatical, I had space and time to consider some of the themes that appeared to follow from some of the alleged ‘crises’. These are themes which challenge the value of a ‘fast’ approach to applied ethics: The themes led me to consider some of the elements that might comprise a ‘slow ethics’ approach:

- There was often a rush to blame and demonise individuals with little effort made to understand the people involved or the organisational cultures of the ‘care’ context.
  - A feature of much reporting, in relation to care scandals, is a lack of ambiguity or nuance regarding the behaviour of individuals. There is also, often, little appreciation of the role of organisational culture, role models or team dynamics that can lead to unethical practice and moral erosion. There appeared to be little appreciation of the critical role, enablers and challenges to ethical sensitivity in everyday care-giving.
- There was a lack of clarity regarding the role of ongoing engagement with, and reparation towards, those who were wronged and harmed.
  - It is possible to learn from the approach of people in other places, such as Tuskegee, who have joined together to reflect on their history, to forgive and work towards moral repair. There is hope that things can and will be

better in the future, enabling moral repair and strengthening **solidarity**.

- Proposed responses suggested a lack of appreciation that ethics is not ‘fast’ and commitment, capacity and cultures are necessary to enable ethical reflection and moral progress.
  - The promise of compassion training and toolkits is appealing and, again, it is understandable that care leaders would wish to prioritise values such as compassion. However, ethics in care needs to be supported by **space**, time and innovative approaches to education with opportunities for staff to experience and reflect and to learn from each other. This is unlikely to be achieved quickly or cheaply and requires longer-term support and evaluation.
- Knee-jerk ‘something has to be done’, fast and short-term responses were commonplace.
  - References to the alleged ‘crisis of compassion’ led to urgent and speedy implementation of initiatives such as compassion training and new approaches to recruitment for NHS staff. Such initiatives were introduced with little evidence base or longer-term evaluation. This led me to consider the role of **sustainability** in relation to the art of care: What might this mean? And how might its broader remit be focused so it enables attention to the quality of relationships between care-giver and care-recipient and also with the enabling of self-care?
- Forgetfulness, regarding previous scholarship and research, appeared to be a feature of some responses by care leaders to the Francis report (2013).

- This led to the rollout of a new framework of values for nursing which did not appear to be underpinned by, or contextualised within, any previous **scholarship** in ethics and care. Such forgetfulness is unfortunate and deprives care-givers of an appreciation of the rich tradition of ethics in care that dates back to the nineteenth century.
- Reporting of care is too often polarised, lacking in balance, downplaying complexities of experiences and dampening, rather than igniting, discussion and debate regarding the ethical aspects of the situation. Assumptions are quickly jumped to and a lack of balance is commonplace.
- While it is understandable that the focus of reporting of care scandals will be on the bad experiences and distress of those who suffered, it is important to illuminate positive aspects of care in personal and professional life. As one care-giver said to me: ‘nobody reports the good stuff’. **Stories** are critical in redressing the balance.

These six themes led to the development of my approach to ethics as applied to care. However, it was reading about the ‘slow’ movement that enabled me to name the approach ‘slow ethics’. I turn to this next.

## THE ‘SLOW’ MOVEMENT

Following my epiphany in Stockholm in 2013, I rushed home and ordered all the books available on ‘the slow movement’.

Carl Honoré’s book *In Praise of Slowness: Challenging the Cult of Speed* (2005) was the first I read and set the scene, as he helpfully detailed the now well-established ‘slow movement’. He writes of developments such as slow food, slow cities, slow medicine, slow sex, slow leisure and slow

child-rearing. He informs also of international groups such as ‘The Sloth Club’ in Japan (<http://www.sloth.gr.jp/E-index.htm>); the Long Now Foundation in the United States; and the Society for the Deceleration of Time in Austria (see <http://members.aon.at/ro.neunteufel/decelera.htm>).

Honoré’s epiphany at a Rome airport, described in his book, is most memorable. He had rushed to the gate to catch a flight to London and was skimming a newspaper when an article caught his attention:

*‘The One-Minute Bedtime Story’. To help parents deal with time-consuming tots, various authors have condensed classic fairy tales into sixty-second sound bites. Think Hans Christian Anderson meets the executive summary. My first reflex is to shout ‘Eureka!’ At the time, I am locked in a nightly tug of war with my two-year-old son, who favours long stories read at a gentle, meandering pace. I steer him towards the shorter books and read them quickly. We often quarrel. ‘You’re going too fast’, he cries. Or, as I make for the door, ‘I want another story!’*

Honoré writes of feeling selfish and goes on to detail the many demands on his time that most readers will know only too well: dinner to be made, emails to be read, bills to be dealt with, news to be absorbed and more work to be done. It is not difficult to understand the appeal of the ‘One-Minute Bedtime Story’. However, as he starts to ‘wonder how quickly Amazon could ship [him] the full set, Honoré’s conscience comes into play and he asks:

*Have I gone completely insane? [...] My whole life has turned into an exercise in hurry, in packing more and more into every hour. I am Scrooge with a stopwatch, obsessed with saving every last scrap of*