COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK

<u>A Response To Arthur Kleinman's Lecture on</u> <u>Caregiving as Moral Experience</u>

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There is much to like about Arthur Kleinman's brilliant work, but what I like most is his insistence on exploring the moral dimension of medicine and other helping professions. So, both as a social worker and as a family caregiver, I was enticed by the title of his recent lecture at Columbia University School of Social work, "Caregiving As Moral Experience."

Drawing in part from his own experience caring for his wife as she became increasingly disabled and ultimately died from early onset Alzheimer's disorder, Dr. Kleinman has come to believe that caregiving is central to human morality. It is, he said, "an existential act that defines our humanity..., a basic response to the...human condition, ... a basic aspect of ... ethical aspiration, and ... a truly worthy object of ethical commitment".

Yes, but do these philosophically profound and important observations help with the painful moral quandaries many of us who are or have been family caregivers experience about the extent of our caregiving obligations?

"In practice", Dr. Kleinman said, "[caregiving is] not a "burden" but a 'way of being'. Caregiving may be a way of being, but it is also a draining burden for almost everyone who does it. Mary Mittleman's studies, for example, show significantly elevated risks of mental and physical disorders and of burn-out among caregivers of severely disabled loved ones. Caregiving is tough, and many people provide care not because of profound affection, which appears to be the case for Dr. Kleinman, but more because of a sense of obligation. This moral dimension of caregiving also warrants exploration.

In addition to seeing caregiving as central to moral experience generally, Dr. Kleinman sees it as the fundamental moral component of the helping

professions. And, he is troubled that the medical profession, for example, has become so focused on technical skills that it tends to neglect the importance of caregiving in the relationship between doctor and patient.

This is decidedly a question that we social workers should also be considering. Is the current emphasis on scientific, evidence-based practice driving us away from our moral roots? Does the current effort to "reform" the health care system to increase access to care, improve quality, and contain costs actually interfere with our ability to care about our patients/clients as human beings, to appreciate their lived experience, and to be "present" for them during times of terrible distress?

I think that reform is essential, that many of the old ways do have to be displaced by newer, more efficient and effective ways of serving people. But I also think that Dr. Kleinman is right to point to what may be lost.

A final thought. I very much appreciate the respect that Dr. Kleinman has for social workers. It is, frankly, rare among physicians. And I like it that he sees social workers as having key roles in a health system that might be built more on caregiving than on technology.

But the social work roles he noted in his lecture were limited—"navigators of health care systems, integrators of multi-discipline team care, and advocates and supporters of family caregivers." These are roles that leaders in the social work community have been stressing as the future of social work for a very long time, and they are indeed important roles. But they are neither roles at the highest level in health care systems nor the roles that many clinical social workers want to play. Doctors can be doctors, as we know, but it's tough to have a viable career as a social worker just providing direct service.

Dr. Kleinman has presented us social workers with very significant challenges—to explore the moral dimensions of our work and to develop a viable vision of a profession that will be at the forefront of health care reform without losing our moral core. I hope we are up to the task.