



University
of Victoria

Graduate Studies

Notice of the Final Oral Examination
for the Degree of Master of Arts

of

DEMPSEY WILFORD

BA (University of the Fraser Valley, 2017)

**“Countering the Culture of Silence:
Promoting Medical Apology as a Route to an Ethic of Care”**

Department of Political Science

Thursday, August 15, 2019
2:00 P.M.
David Turpin Building
Room A357

Supervisory Committee:

Dr. Matt James, Department of Political Science, University of Victoria (Supervisor)
Dr. Mara Marin, Department of Political Science, UVic (Member)

External Examiner:

Dr. Cindy Holder, Department of Philosophy, UVic

Chair of Oral Examination:

Dr. Christopher Eagle, Department of Mathematics and Statistics, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies

Abstract

This thesis investigates the impact of apology hesitance on medical relationships after an error occurs. Literature suggests that medical personnel are reluctant to apologize because an apology suggests legal liability, violates the drive to provide perfect care that is expected of medical personnel and reinforced during medical education, and violates the certainty over bodies and maladies expected of medical personnel. I suggest that a culture of silence, a pattern of conduct embedded in medical culture, encourages apprehensiveness towards apology and responsibility in the face of error. Despite the fear of litigation, 'Apology Act' legislation shields apologizers from having their apology used against them in court, and literature suggests that apologizing following an error benefits doctors by restoring conscience and confidence, assists in the healing of patients and families and restores trust in their relationship with their health care provider, and refines the practice of medicine by addressing how the error occurred.

I present two arguments in this thesis. First, I argue that a culture of silence has serious negative impacts on medical relationships and the safe provision of medical care as a whole by obstructing responsibility, apology, and preventing the discussion and correction of conduct that led to the error. Medical personnel who refuse to apologize, or provide an apology that is conditional, instrumental or otherwise of poor-quality leaves their relationship with patients and families in jeopardy. Further, by not apologizing, medical personnel obstruct their own ethical and moral development and obscure the origin and conditions surrounding the error, potentially jeopardizing the safety of future patients.

Second, I argue that the medical culture of silence should be replaced by a culture that embraces apology. Doing so would permit medical culture to draw from care ethics, the principles of which are appropriate to responding to, maintaining, and repairing relationships that have experienced damage. The emphasis that care ethics places on maintaining and repairing relationships is especially coherent with apologies that seek to morally engage with the victim, promise non-repetition, and establish a proper record of events. Further, care ethics offers normative recommendations for conduct to respond to and repair relationships, provides inroads to refining notions of human security and safety, and is particularly attuned to

interrogating dynamics of power within relationships, dynamics that can limit the potential for and impact of apology.

This thesis offers the Tainted Blood Scandal of the 1980s and 90s as a case study. The provision of contaminated blood and blood product resulted in thousands of Canadians becoming infected with Human Immunodeficiency Virus and Hepatitis C. Through this case, I show that the actions of public health officials, the Red Cross, and healthcare providers reflected a culture of silence that sought to avoid and dispute attributions of responsibility by victims, blood activists, and the public. This is the culture that this thesis in its advocacy of apology seeks to challenge.