It is now my great pleasure to welcome you to the launch of the new International Care (ICE) Ethics Observatory, a collaboration between the Ethox Foundation and the University of Surrey (1).

The ICE Observatory succeeds the International Centre for Nursing Ethics which was established in 1999 by Dr Verena Tschudin and Professor Geoffrey Hunt. We owe them both a debt for initiating the field of care ethics in the UK and for setting up the journal *Nursing Ethics* that goes from strength to strength. We now have 8 issues of the journal per year, the impact factor is 1.2 – respectable for a nursing or ethics journal - and there were 122,000 downloads last year.

The word ‘Observatory’ may be considered an odd choice of term for a centre that focuses on ethics as applied to care. A quick google search reveals definitions relating to the observation of terrestrial and celestial events and to astronomy, climatology, geology and volcanology. There is reference to ‘optical telescopes’, ‘sensitive instruments’, to ‘minimising atmospheric turbulence’ so there is better ‘astronomical “seeing”’ and to ‘telescopic domes that can be rotated to observe different sections of the night sky’ (2). All you might think a far cry from the work of a centre focusing on the ethics of care. But perhaps not…..?

There are, of course, different definitions and different kinds of observatory. One definition refers to ‘a position or building that gives an extensive view’. Some of you may know of the International Observatory on End of Life Care at Lancaster University (3). A search of the University of Surrey site revealed that three other observatories exist: A Creativity Observatory; an observatory for astronomy; and the UK Observatory for the Promotion of Non-Violence.

So what is likely to be special about an Observatory that focuses on ethics in care?
We have specified an overall aim for the Observatory and some objectives on the website. This is work in progress and is likely to evolve with our work and input from you and other stakeholders.

What we have not given here is any definition of ‘ethics’ or indeed of ‘care’.

‘Ethics’ then? What does it mean? and Why does it matter?

The word ethics stems from the Greek *ethikos* which originally meant ‘custom’ or ‘habit’. When we talk about ethics we are referring to different ways of thinking about, understanding and considering how best to live a ‘good’ or ‘ethical’ or ‘moral life’. There are different sub-fields of ethics, namely, *descriptive ethics, metaethics and normative ethics*.

First, *descriptive ethics*. This is also known as *empirical ethics* and concerns the investigation of different aspects of the moral life drawing on insights from the social sciences in particular but also engaging with philosophical ideas. Research on topics such as moral distress, ethical climate and ethics education is of particular relevance to our work. At our conference today, you have two excellent examples of empirical ethics research: one relating to qualitative research, investigating the dignity of older people, presented by Professor Dagfinn Naden from Norway and the second relating to quantitative research developing a dignity measurement tool, presented by Professor Ota from Japan. This afternoon you will hear more about the empirical ethics projects in progress and planned within the ICE Observatory.

The second and third sub-fields of ethics are necessarily philosophical: *metaethics and normative ethics*. *Metaethics* involves the analysis of concepts, language and methods of reasoning. What, for example, do we mean by ‘compassion’, ‘dignity’, ‘duties’, ‘autonomy’ and so on? *Normative ethics*, on the other hand, is concerned with – as Megan Jane Johnstone puts it – ‘establishing standards of correctness by identifying and prescribing certain rules and principles and developing theories to justify the norms established’. It is then both ‘evaluative’ and ‘prescriptive’ and concerns the oughts and shoulds of life.
However ethics is not just about rules and principles. There is a wide range of ethical theories and much lively and necessary debate regarding which ethical approaches, theories or values are most appropriate for which area of practice. Theories likely to be most familiar to you include duty-based ethics, rights-based ethics, utilitarianism (consequence-based ethics) and virtue-based ethics. The four principles of biomedical ethics - respect for autonomy, beneficence, non-maleficence and justice - remain the mantra of many, particularly in medical and research ethics. However, other theoretical perspectives such as care ethics and relational ethics are acknowledged as having something more to offer relationship-based practices.

Today we can rely on Dr Chris Belshaw from the Open University to give us a flavour of the potential of philosophy to help us interrogate a most challenging issue in care: dementia and identity. Professor David Stanley will provide an overview of some of the ethical issues that arise in social care research and suggest a direction of travel for the Observatory.

There is a great deal that could be said about ‘care’ – its meaning, purpose, timeliness and the importance of a venture such as this when care appears to be misunderstood and devalued, if not under attack. We need to ask ‘what is care ‘for’? or ‘what is its purpose?’ and I suggest we may have at least three broad responses: (1) a minimal or negative purpose that focuses on risk reduction, for example, the prevention of wandering or falls. Important some might agree, although this may result in defensive practice and, it is not enough (2) Secondly, a maintenance or neutral purpose that involves responding to deficits in activities of daily living, helping with nutrition, hydration and hygiene. Again it may be agreed that this is necessary but not sufficient and (3) A third approach which focuses on human flourishing, helping people to be the best they can be, aspiring to meaningful care relationships with care recipients and also with families and colleagues.

The purpose of care is the kind of question we need to continue to engage with within the Observatory, taking into account the perspectives of key stakeholders within the broader social, political and economic context. What we know is that care is challenging and complex, it requires that care workers have the core capabilities of ethical competence: that they can ‘see’ or ‘perceive’ well, recognising ethical issues
when they arise; that they can ‘think’ well, drawing on a range of concepts and arguments to help them reflect on the ethical aspects of their practice; that they can act well, having the confidence and courage to consistently do the right thing; and, if you favour a virtue ethics account, that over time they develop moral qualities that contribute not just to the flourishing of those they provide care to but also to their own flourishing.

Quick fix and knee jerk responses will not do and, as I have argued elsewhere, we need to assume a ‘slow’ response – a response that enables the development of an evidence base for our educational activities, that allows us time to develop more fitting ethical theories and approaches than the Georgetown mantra (four principles approach) and that provides opportunities to engage meaningfully with service users, families and friends, care-givers, managers, regulators and investors so that our research and education truly engages with current challenges and opportunities. Working together to eradicate unethical practices and to learn from and celebrate the innovative, the insightful and indeed, the wonderful.

Core activities of an Observatory than are to scan the care landscape, to illuminate and understand exemplary ethical care practices and also to throw light on dark corners that some may prefer not to know about. Our role is to engage with current challenges, conducting research that provides insights to underpin constructive responses to these challenges, offering ethics education that enables care-givers and leaders to better appreciate the importance and value of everyday care activities and the crucial contribution they make to the lives of others. An important activity for all of is to advocate relentlessly for the value of care. We need to counter views that care-giving can be done well speedily, on the cheap and without time and space being prioritised for care-givers to reflect on the ethics of their practice and the quality of the relationships in care contexts.

It needs to be emphasised that ethics in care is not just about individuals, it is also about organisations and the macro-context of care. This brings us to the question of the scope of our interest and concern. The Observatory marks a shift from a focus on health care and professional ethics to engagement with ethical issues that impact on health and social care activities in the broadest sense. This afternoon you will
hear from Ken Akers from Surrey County Council and I have an inkling that he will draw our attention to a broader range of issues involving social capital and the role of volunteering. Indeed looking ahead, it seems our scope of concern need also to extend beyond paid carers to the relationship, for example, between care and citizenship.

The scope of empirical and philosophical or normative ethics is wide-ranging but the field cannot provide all the answers or strategies we require to develop ethical cultures within organisations or to challenge societal and political prejudice regarding care. I could not put it better than Joan Tronto who said:

*To recognise the value of care calls into question the structure of values In our society. Care is not a parochial concern of women, a type of secondary moral question, or the work of the least well off in society. Care is a central concern of human life. It is time that we began to change our political and social institutions to reflect this truth.*

(Joan Tronto ‘Moral Boundaries’ 2003)

It does seem that our work is perhaps not so far removed from the work of observatories that focus on things terrestrial and celestial. We are also much concerned with the worldly and the everyday.

But the ‘celestial’? Relating to things sublime and divine? Heavenly and supremely good? Perhaps, at best, we can embrace the idea of an aspirational ethics? An ethics that resists complacency, embraces our vulnerability and fallibility and enables us to aspire to betterment via international, interdisciplinary and inter-sector collaboration?

Applied ethics is the core activity of our new International Care Ethics Observatory. However, to do this work well we need the input of colleagues with different disciplinary and sector expertise and experience and also with politicians of all persuasions. We need our ‘experts by experience’, members of our service user panel who keep us grounded and ‘real’. We need the input of colleagues from law (and I very pleased to have Rob Jago join us today from the law school), from healthcare management and engagement with colleagues from the social and
physical sciences and from the arts and humanities. We are also very pleased to have participation today from the Professional Standards Authority, from the care sector, university colleagues and students, from the Church and from Surrey County Council who all provide different and necessary perspectives on care activities. We are very pleased that within our small Observatory team we have: a psychologist (Anna Cox), a philosopher (Susanne Gibson) and two experienced educationalists (Kathy Curtis and Jane Leng). We are also delighted that we can now welcome Christina Patterson as our Journalist in Residence. We are pleased to announce that two vacancies will be advertised soon for a 0.5 Senior Research Fellow and for a part-time administrator role in the Observatory to work with us on research and ethics education projects. Please check the university website for details over the next ten days or so.

Finally no inaugural event would be complete without some words of thanks. The setting up of a new International Care Ethics Observatory is due to the generosity and support of a number of people. First and foremost, David Perry and the Ethox Foundation Trustees who agreed and provided the initial funding and who will continue as collaborating research, ethics education and future funding partners. We are deeply grateful for the faith and trust they have placed in us and we will endeavour to build the ICE Observatory so it becomes as renowned as the Ethox Oxford centre and - most importantly – to make a meaningful and positive impact on care.

I want to thank Anna Cox, for her conscientiousness, patience and good humour, and who will continue as Senior Research Fellow. Thanks are also due to our Dean, Professor Lisa Roberts, our new Head of School, Professor Nora Kearney & Professor Johnjoe McFadden for their support. Professor Kearney will be joining us after lunch. I need also to thank my colleagues in the School of Health and Social care for their contributions to this endeavour, most particularly, Stephanie Fuller who organised the many practical arrangements so efficiently.

Finally I want to mention two people who have contributed a good deal to ethics-related activities in the Faculty: Sue Hodge who recently retired from the School and Tushna who provided a valuable contribution to our work over the last few months
from the perspective of the RDS and from her passion for care-related research. We thank them both wholeheartedly.

Before I give you a flavour of some of the good wishes we have received from around the world on this launch, I would like to introduce our PhD students, the next generation of care ethics researchers, teachers and practitioners – Vince Mitchell, Valerie Kiln-Barfoot, Wendy Marsh, Tizi Defilippis, Kit Tapson and Alli Wiseman. We have had apologies from Maggie Davies who is researching nursing directors’ perspectives on care culture in the NHS.

Good wishes and congratulations on the ICE Launch were received from:

- Verena Tschudin, Founding Editor of Nursing Ethics
- The International Council of Nurses
- Ann Keen, member of Labour Party working with Andy Burnham to set up care group
- Chris Gastmans, University of Leuven
- Joan McCarthy, University of Cork
- Tula Branelly and Martin Woods, Massey University, New Zealand
- Megan-Jane Johnstone, Deakin University, Australia
- Doug Olsen, Michigan State University, USA
- Professor Matsuda & Emiko Konishi, Japan
- Leila Toiviainen, University Tasmania, Australia
- Elizabeth Peter, University of Toronto, Canada
- Ebin Arries, Canada
- Daphne Viveka, India & Collaborator with 2014 conference in Bangalore

[See attachment for text of emails and letters received]

It is now my great pleasure to introduce our first speaker, Professor Dagfinn Naden from the Oslo and Akershus University College of Applied Sciences.

Thank you for attending today and I very much hope you will find the discussion interesting, engage in debate and continue to work with us.
Website material

The overall aim of the International Care Ethics (ICE) Observatory is to engage in research and scholarship that illuminates the importance and complexity of care activities and underpins innovative and effective interventions that sustain ethical care practices. The ICE Observatory acts as an inter-disciplinary, national and international hub of educational, organisational and research expertise and activity to revalue care and promote an in-depth understanding of, and commitment to, ethics in health and social care.

The objectives are to:

- Undertake high quality philosophical and empirical collaborative research and scholarship in ethics of care;
- Advocate for the rights and interests of those who receive care, their families and friends, and of care-givers;
- Disseminate research findings and scholarship that impact positively and meaningfully on care practices;
- Develop, implement and evaluate ethics educational interventions;
- Provide consultancy and leadership education that promotes ethical practices in care organisations; and
- Work in partnership with, and be advised by, key stakeholders to continue to develop a care ethics research programme and sustainable strategies that support ethical care practices.

The ICE Observatory hosts the journal Nursing Ethics and disseminates information and resources via the Ethicists Bulletin and the journal website

(3) http://www.lancaster.ac.uk/shm/research/ioelc/