

Transactional Mentorship: A Flourishing Mentor-Mentee Relationship in Bioethics

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TÉMOIGNAGE / PERSPECTIVE

Transactional Mentorship: A Flourishing Mentor-Mentee Relationship in Bioethics

Abdou Simon Senghor^{a,b}

Résumé

Ce texte propose une perspective de mentorat transactionnel pour aider les étudiants en bioéthique à mieux aborder les défis éthiques qui existent dans tous les secteurs de la vie sociale. Une approche transactionnelle correspond mieux à un mentorat en bioéthique qui produit un changement positif et favorise l'épanouissement humain tant du côté du mentor que du côté de l'étudiant supervisé.

Mots-clés

mentorat, transaction, épanouissement, communication, changement

Abstract

This text proposes a transactional mentoring perspective to help bioethics students better address the ethical challenges that exist in all areas of social life. A transactional approach is best suited to bioethics mentoring that produces positive change and fosters human flourishing on the part of both mentor and mentee.

Keywords

mentorship, transaction, flourishing, communication, change

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It is crucial that bioethicists reflect on mentoring and growing the next generation of bioethicists, given the current challenges the world faces, such as the multiplication of public health crises and the use of innovative technologies in health care. In training well future bioethicists, society would, I argue, be better able to face the ethical problems that arise during this evolution. In this paper, I bring a transactional perspective to the issues surrounding the mentor-mentee relationship in bioethics.¹

Although it is through a commitment to research that learning takes place, it remains the case that researchers belong to social groups and possess cultural values such as respect for customs and traditional beliefs, respect for authority, and respect for elders, each of which shape the way they interact with other people, particularly colleagues. Researcher relationships in each of the many spheres of social and academic life can interfere with one another and may not always be cordial, and we know that such interference can lead to poor academic performance or personal tensions. In addition, both mentees and mentors may not always follow the rules or norms associated with good mentoring.

Looking at mentorship from a transactional perspective helps to highlight the mutual transformation of mentors and mentees, something that merits further understanding so that mentees and mentors can make adjustments and cope with any tensions (1) that may occur in the mentor-mentee relationship. *Transaction* means an interplay between the agent and the environment (i.e., people, situations, past and current events) so that the agent grows and develops a more sophisticated perspective thanks to the knowledge acquired through this interplay (2). *Transactional mentorship* means that through a co-learning process, the mentor and mentee grow and acquire knowledge that allows them to have a productive mentor-mentee relationship, one that reduces conflict and power dynamics and fosters human flourishing as they interact with their environment.

Volunteering and interning during bioethics mentorship allows the mentee to gain practical experience in the field. In addition, bioethics has the vocation to address ethical issues that may affect the autonomy of individuals and respect for their values in health research or health care. From this perspective, it would be a failure not to address the role of the mentee as an active agent or how the values of the mentor and mentee are considered in the mentor-mentee relationship. Indeed, the mentee can recognize their mentor's values and preferences while keeping their own. For example, a mentee's cultural and religious values may make it difficult for them to work on a project that addresses end-of-life issues; the mentee must have the honesty to discuss this issue with their mentor and choose the role to play in the project so that it will not be detrimental to all those concerned.

One example of a mentee acquiring experience as an active participant could be to allow mentees to co-moderate ethical deliberation sessions to learn more about the values of the stakeholders involved. Another example could be for the mentee to attend and moderate ethical consultations to confront the realities of the field, such as how to support patients (and clinician teams) in dealing with difficult decisions, such as a patient carrying a pregnancy to term when she knows that the baby has a congenital anomaly, or determination about when medical assistance in dying is an appropriate (and acceptable) option, and for whom. The mentee-mentor relationship does not mean that everything must be perfect, but the experience gained should

¹ The text was stimulated by Dr. Saheed Akinmayowa Lawal's reflections on mentorship.

allow the mentor and the mentee to improve their skills and knowledge in bioethics and be ready to face future and potentially sensitive situations.

The mentor-mentee relationship is often focused on what the mentee gets from the mentor, such as knowledge, skills, experience, and leadership, but less attention is given to what the mentor gets from the mentee. If we think about the mentor-mentee relationship from a transactional perspective that fosters human flourishing, the first point to consider in promoting mutual learning is intellectual humility (3) on the part of the mentor. Another point of view is that the mentee, from a scientific perspective, likely uses different approaches from the mentor and so addresses an ethical problem from a different perspective. For example, it may be difficult for a mentee with a background in health law to apply the concepts they have learned with a professor who primarily uses philosophical theories or concepts in their research. Intellectual humility and openness on the part of such mentors can help them learn from their mentees how to integrate concepts used in health law into their research programs. From this point of view, the mentor benefits from the mentoring process by, for example, proofreading and contributing to articles cowritten with their mentee, enabling them to familiarize themselves with the new perspectives the mentee has proposed. Throughout this transactional process, the mentee and mentor grow, thanks to the knowledge both acquire from each other through shared experiences (2). The success of this relationship is also based on the mentor's ability to opt for a horizontal relationship with the mentee that accepts that mentees can be different in how they think and socialize, and that their values and perspectives might differ from their own.

The current and future generation of bioethicists can and should, together, pave the way for a better understanding of ethical issues in health care and in clinical research, and ways to tackle these challenges. The modernization of society, technological advances, democratization of health care, and therapeutic innovations all call for an ongoing renewal of bioethical thinking: the environment is not static, and our activities are embedded in this environment (2). As a result, the mentor-mentee relationship must also always be evolving. The supervision of students on these subjects of bioethics by an older generation of bioethicists thus also requires continual updating and questioning. For example, mentoring on ethical issues related to access and use of artificial intelligence (AI) in health care among Black communities might involve several stakeholder groups, which could require the mentee to obtain consent from developers, clinicians, and Black communities. Further, working on these subjects may require sessions with AI specialists, clinicians, patients, Black community organizations, and Black owners of AI health care companies. Competence in bioethics alone is no longer enough.

With topics such as the ethical issues surrounding the use of AI in health care, mentoring should be codirected, and the mentee should be required to have specific training in artificial intelligence, such as knowing how developers' values and ethical codes are incorporated into AI, and to learn more about racial bias in AI. In addition, the mentee's training should focus on acquiring knowledge to address the ethical issues associated with an intersectional (e.g., race, gender, technology literacy) and intersectoral (e.g., health, technology, education sectors) perspective on access to and use of AI in health care. In this way, the mentor-mentee relationship is combined with other informal relationships that complement the main mentor-mentee relationship.

Today's bioethics cannot ignore interprofessional and interdisciplinary contexts or diverse environments (1). Both mentors and mentees must recognize that informal mentorships that revolve around the primary mentor-mentee relationship are also vital to their success.

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