If the measure cannot measure and evaluate everything, how can care take account of the irreducibility of the other, the subject of care?

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CARE VALUES

SCIENTIFIC DIRECTORS

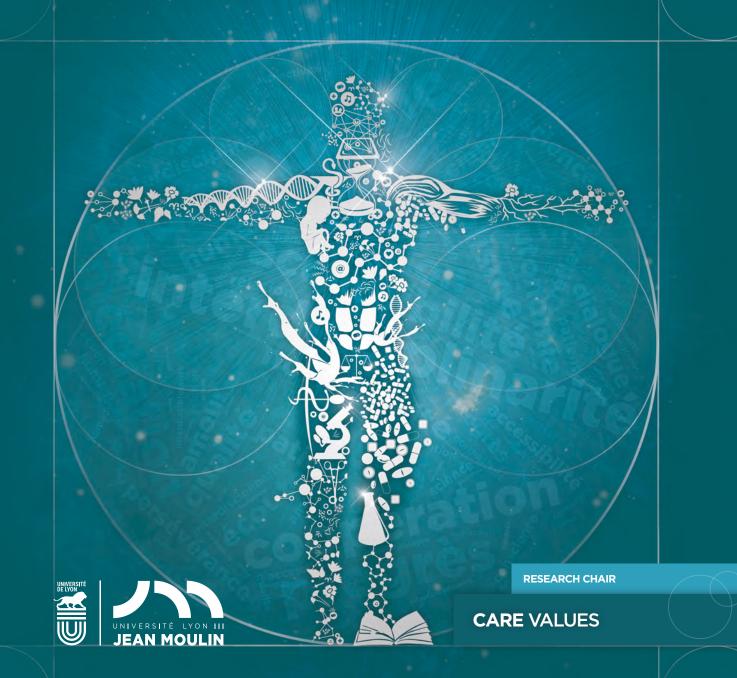
AND ON







Inspired by patients. Driven by science.







Values and value of care

The question of value is at the centre of every attempt to understand the ill person.

The Chair "Values of Care" seeks to question the notion of value, the importance of which has only been partially recognized. The term "value" foregrounds the intrinsic duality of care: inseparable from an economic value, that is objective and measurable, and anchored in values. that is to say. representations that make sense to an individual or an organization.

The world of care is structured by and saturated with values: the values of the persons in care, going through the experience of illness; the values of their familial, social, and "ecoumenal"

milieu; the scientific, technical, and ethical values of the community of carers; the values of equity and justice of the public administrators of care: the market values of a health industry carefully scrutinized by the holders of pension funds.

Since value cannot be reduced to price and since it depends on the values that constitute the criteria by which judgments are made, our aim is to take the measure of the values that ground value by methods and tools that faithfully translate the very heart of care : the relation.

Taking account of the care relation

The intangible value of the care relation is at the heart of the interdisciplinary reflection of our Chair.

From the 1960s onwards, the idea of a medicine capable of thinking about the human being as a whole, at a biological, psychological, as well as social level, has occupied doctors and psychologists in both Europe and the USA. Patient-centered care was formalized several years later, and placed by the Institute of Medecine in 2001 among the principal objectives of health reform, acknowledging that the journey of care is indissociable from the journey of life.

This is why the health community must undergo a phase of "decentring"

in its practices of care, in order to focus its attention not on the illness but on the ill person. This centrality of the patient and this decentring of the carer enable us to rethink the relation of the persons (the carers and the cared for), by fixing our attention on actions that are often marginalized or relegated to a secondary status in the various approaches to care actions like listening, attention, tact - that are difficult to measure using the classic tools of evaluation and which are nevertheless recognized as constitutive elements of care.

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(philosophy/management science), vith experimentation undertaken in

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at health professionals and coupled a "creator of high-value healthcare

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The **team**

Grounded in a double specialization in philosophy and management sciences, the Chair "Values of Care" leads

a 9-year research programme the mission of which is to re-think concepts and develop tools related to the value of the care relation.

Led by researchers at the University Jean Moulin Lyon 3 and the University of Burgundy, the Chair is composed of an interdisciplinary team (philosophers, anthropologists,

By placing the relation at the centre of gravity of care, in a globalized world criss-crossed by multiple social and environmental mutations, the Chair focusses its attention on the **plural** and experiential dimension of care.

It concentrates on the spaces and the times of care as determining elements of the therapeutic encounter, offering thorough research into the applications and interpretations of the principle of recognition, with respect to the ill person, those close to them, but also to the care profession as a whole.

Our **collective** publications





Within organizations, the care relation is not reducible to the provision of a service. It takes place in the presence of another, is mediated by the organization, and cannot be reduced to communication techniques.

The philosophical literature invites us to undertake a more profound reflection on the intangible dimensions of care. The issues concern even that which is unsayable in illness, and which plays out, ultimately, in the care relation. Non-technical gests add not only a supplementary dimension, but one that is essential to the effectiveness of care. Their uncertainty can even generate its own added value.

How can we reconcile economic and ethical values at a time when carers are subjected to management principles that constrict the value of human relations, and which intensify myriad different sorts of tensions ? How is the work of care impacted by these tensions ? And how, conversely, can one take care of this essential work?

It is these questions that the first two multiauthor volumes of the Chair seek to explore.

Our partners

This Chair, directed by Jean-Philippe Pierron (Professor of philosophy at the University of Burgundy) and Didier Vinot (Professor of management science at the University of Lyon) is constructed in collaboration with Ethos-Interdisciplinary Ethics Platform of the University of Lausanne. Switzerland (project "philosophy of care"), the interdisciplinary programme of Sorbonne Paris Cité University "The Person in Medicine", the philosophy Chair at the APHP hospital, the Regional Spaces of Ethical Reflection in Rhône-Alpes and PACA Corsica, the Hospital Federation of Auvergne-Rhône-Alpes (FHF ARA), Roch Doliveux, UCB. Sanofi. Calvdial Medical Centre. The Labex "Intelligence of Urban Worlds", and the discovering art. creativity and culture in hospital workshop (On a bed of colours) at the Gustave Roussy Centre.

sociologists, management scientists, political scientists, healthcare professionals) and overseen by a diverse scientific committee (researchers, business leaders, practitioners).

It aims to support transversal multi-disciplinary research in multiple countries: it is a question of developing and testing transdisciplinary methods based on that which is not typically taken into account by classic measures of evaluation. The Chair practices the exploration of comparative areas and fields of inquiry (metropolitan France and its overseas territories. Europe, China, Mexico, Madagascar),

Our research axes

(1) Intangible value and utility of care

> Keywords: relation, intangible value, pertinence of care

(2) Space and time of care

Keywords : architecture, design, experience

(3) Ethics and politics of recognition

Keywords : subject, alterity, sustainable medicine. ecosystem

