

THE CALCULUS OF POSSIBLE

FACILITATION GUIDE

Overview

These case studies are narrative accounts designed to stimulate dialogue about the virtues that shape professional life. They differ importantly from the ethical case studies most faculty and students encounter in professional training. Rather than presenting a moral dilemma to be resolved, each case illustrates the presence—or absence—of a particular virtue as it operates in everyday practice. The goal is not to reach a verdict on what a character should have done, but to explore what a virtue looks like in action—and what may be at stake when it is absent.

Cases are organized by virtue and professional context, but many will resonate beyond their primary category. A case about curiosity in a business setting may illuminate curiosity in medicine or law. Instructors are encouraged to use cases flexibly and across disciplines.

General Facilitation Tips

- Focus on virtue, not verdict. Keep discussion centered on how the virtue appears (or is absent) in the case, not on whether the character made the right call. If the conversation drifts toward “what should they have done?”, redirect gently.
- Start with observation. Open by asking what students noticed before asking what they think. Grounding early discussion in specific moments from the case prevents premature judgment.
- Use questions as starting points, not a script. Follow student energy. If a student raises a more generative question than the ones provided, pursue it.
- Push back on easy agreement. If the room converges too quickly, the case’s complexity may not have been fully engaged. Invite students to complicate their own claims and consider opposing readings.
- Invite connection to professional life. The richest moments often come when students link the case to patterns they’ve observed or anticipated: “I’ve seen something like this when...”
- Let silence work. Resist the urge to fill every pause. Students often need a moment to arrive at their most substantive responses.
- Close with reflection. Reserve a few minutes to ask students what will stay with them — a question, an image, an unresolved tension. A sentence or two naming what they now understand about the virtue that they didn’t before is a strong closing move.

Discussion Questions

1. Rachel tells herself she is being realistic. What is the difference between clinical realism and a failure of hope? Is there a way to distinguish them from the inside?
2. Hope, as a virtue, is distinct from optimism. Optimism expects good outcomes; hope commits to acting toward them regardless of certainty. By that measure, has Rachel lost hope, or has she simply lost optimism? Does the distinction matter for how she treats Carol?
3. Priya says Rachel gave her “your reading of the truth.” What does hope require of a clinician in terms of how information is presented, not just what information is shared?
4. Rachel's hope has not disappeared, it has contracted. What conditions in medical training and practice accelerate that contraction, and who bears responsibility for it?
5. At what point does protecting a patient from false hope become a way of protecting oneself from the cost of hoping?

Facilitation of this Case

Start with the third paragraph, not the clinical situation. The case's most important passage is the one that explains how Rachel got here—not from a single bad outcome but from an accumulation of them. Ask students to sit with that paragraph before the discussion moves anywhere else. The failure of hope in this case is not a moral lapse; it is the residue of genuine loss. That starting point matters enormously for how the rest of the conversation unfolds, and students who skip past it will tend toward verdicts that the case doesn't support.

Resist making Rachel a villain and Priya a hero. Priya is doing something important and her instinct is probably right. But she has not yet accumulated what Rachel has accumulated, and her hope has not yet been tested by fifteen years of outcomes. Ask students whether Priya's hope and Rachel's earlier hope are the same thing, and what it would mean for Priya to still be asking Carol's questions in fifteen years. The case is most generative when students hold both figures with genuine complexity rather than distributing praise and blame.

Take the distinction between hope and optimism seriously. The second discussion question introduces this distinction directly and it is worth spending real time on. Rachel may have lost her optimism (her sense that the better outcome is likely) without necessarily having lost the capacity for hope. Ask students what hope would actually require of Rachel in Carol's situation if outcomes genuinely are uncertain. This prevents the discussion from collapsing into a debate about whether Rachel's clinical pessimism is statistically justified.

Let the final discussion question land carefully. This question is the sharpest in the set and the one most likely to generate discomfort. It should be saved for late in the discussion, after students have sat with Rachel's losses and her genuine competence. The question is not an

accusation. Instead, it is an invitation to examine the self-protective function that clinical detachment can serve, and how that function can become invisible to the person it is serving.