

# Identifying and Responding to Moral Distress

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## Objectives

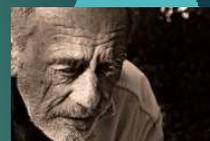
- ▶ Define moral distress and risk factors
- ▶ Discuss the experience of moral distress
- ▶ Strategies for identifying and managing it
- ▶ Solutions?

## Overview

- ▶ Case
- ▶ Definitions
- ▶ Who gets it
- ▶ Root causes
- ▶ Untreated moral distress
- ▶ Interventions

## The Case of Mr G

- ▶ Mr G is a 78 year old man who lives in ARCF. He has history of mild dementia, CVA, CHF and mild COPD. He develops a chest infections and is sent to hospital. Over the next two weeks he develops C diff, a pressure area and a delirium.



## The Case of Mr G

- ▶ Mr G has an advance care plan which states he would not want life-prolonging measures for a terminal condition, but would want care focused on comfort.
- ▶ His wife, whom he has designated as EPOA, insists that treatments with the goal of life prolongation be continued.

## The Case of Mr G

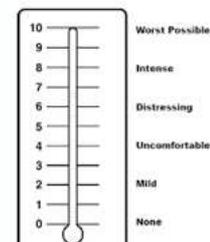
- ▶ His nurses are concerned that his prognosis is poor, his preferences aren't being honoured and that he is in pain (grimaces with routine nursing care)
- ▶ The doctors are continuing to treat as per wife's wishes
- ▶ His wife objects to providing him pain medications stating she wants to be able to interact with him

## The Case of Mr G



- ▶ When treating team tries to talk with wife about his goals of care or the pain management, she becomes agitated and threatens lawyers.
- ▶ There are rumours that Mrs G has mild dementia, is in denial and wanting to keep him alive for pension
- ▶ Team members have commented that scarce resources are being utilised

## Moral Distress Thermometer



## Moral distress

- ▶ Occurs when you believe you know the ethically correct thing to do, but something or someone restricts your ability to take the right course of action

Wocial

## Another definition

- ▶ Occurs when an individual's moral integrity is seriously compromised, either because one feels unable to act in accordance with core values and obligations, or attempted actions fail to achieve desired outcomes

Hamric and Wocial

## What Moral Distress is NOT

- ▶ **Burnout**- the experience of exhaustion and the loss of interest
- ▶ **Compassion fatigue**- a unique form of burnout, specific to the helping professions that is a secondary stress reaction resulting from helping, or desiring to help a person suffering from traumatic events



## Foundations of Moral Distress

- ▶ **Moral sensitivity**- ability to recognise a moral conflict, show a contextual and intuitive understanding of the patient's situation and have insight into the ethical consequences of decisions made on the patient's behalf

## Differentiation Moral Problems

- ▶ **Moral sadness**
  - ▶ Overwhelming grief and frustration from a morally tragic situation
- ▶ **Moral dilemma**
  - ▶ Two or more ethical principles apply to a situation or the choices are equally 'correct' but mutually exclusive
- ▶ **Moral uncertainty**
  - ▶ It is unclear what principles or values apply to a situation

## Moral Distress

- ▶ **Initial distress**
  - ▶ Frustration, anger, anxiety
- ▶ **Reactive distress**- results when there is failure to act
  - ▶ Guilt, physical symptoms

## Question

Have you ever had moral distress or noticed it in others?

1. Yes, I've had it
2. I've noticed it in others, but have not had it myself
3. No, I haven't had it or noticed it in others

Can you think of the last case where this was evident?

## Who Is Susceptible?

- ▶ Nurses
- ▶ Doctors
- ▶ Students
- ▶ Psychologists
- ▶ Health care assistants
- ▶ Social workers
- ▶ Pharmacists
- ▶ OT/PT
- ▶ Etc...



## Root Causes of Moral Distress-examples

- ▶ **Clinical situations**
  - ▶ Unnecessary or futile treatment, inadequate informed consent, incompetent providers
- ▶ **Factors internal to Caregiver**
  - ▶ Perceived powerlessness, lack of knowledge about alternatives, fear of reprisals
- ▶ **External factors in the situation**
  - ▶ Work environment/culture, legal/regulatory issues, co-worker issues

## Growing Problem

- ▶ Moral Distress Among Healthcare Professionals: report of an institution-wide survey
  - ▶ Whitehead et al 2014
- ▶ The intensity and frequency of moral distress among different healthcare disciplines
  - ▶ Houston et al 2013

## The Plan for Mr G



- ▶ Continue IV antibiotics in the acute medical ward
- ▶ For resuscitation
- ▶ Discussions about dialysis as renal function worsening
- ▶ Limited pain medications according to wishes of family to maintain therapeutic relationship



## Sources of Moral Distress for Mr G?

- ▶ Clinical triggers
  - ▶ ???????
- ▶ Internal factors
  - ▶ ???????
- ▶ External factors
  - ▶ ???????

## Sources of Moral Distress for Mr G?

- ▶ Clinical triggers
  - ▶ Multiple co-morbidities, unlikely to have meaningful recovery, high use of resources
- ▶ Internal factors
  - ▶ Sense of powerlessness, heightened moral sensitivity, socialization to follow orders
- ▶ External factors
  - ▶ Lack of continuity of providers, treatment plan based on 'keeping the peace' rather than best interest of patient

## What is your level of distress to hearing about Mr G?



### Impact on Health Care Team

- ▶ Physical and emotional symptoms
- ▶ Powerlessness
- ▶ Loss of capacity for caring
- ▶ Avoidance of patient contact
- ▶ Correlation NOT causation
  - ▶ Job satisfaction
  - ▶ Quitting a job and profession

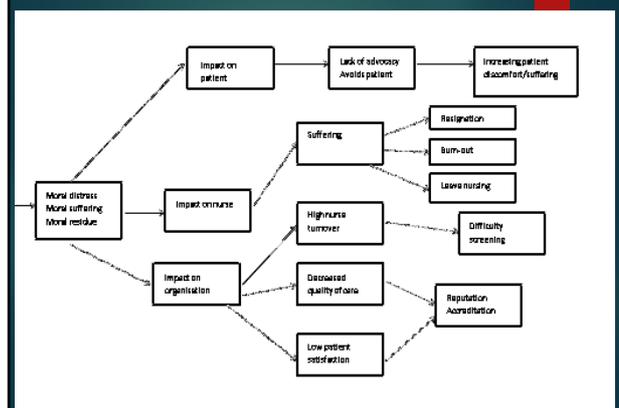
### Significance of MD for Patients

- ▶ Inconsistent patient care
- ▶ Less attentive physical care
- ▶ Medication errors

### Significance of MD for Organisations

- ▶ Correlation not causation
  - ▶ High nurse turnover
  - ▶ Difficulty recruiting
- ▶ Decreased quality of care
- ▶ Low patient satisfaction

### Theory of Moral Distress



Solutions?

### ASK

- ▶ Am I feeling distressed or showing signs of moral distress?
- ▶ Am I observing symptoms of distress within my team?

GOAL- identification

**AFFIRM**

- ▶ Your distress
- ▶ Commitment to take care of yourself
- ▶ Validate your feelings and perceptions
- ▶ Professional obligation to act

GOAL- you make a commitment to address moral distress

**ASSESS**

- ▶ What is the source of the distress?
- ▶ Determine the severity
- ▶ Contemplate your readiness to act
- ▶ The 4 R's
  - ▶ Relevance, risk, rewards, roadblocks

GOAL- you establish an action plan



What is the right thing to do for Mr G?

**ACT**

- ▶ Anticipate setbacks
- ▶ Maintain desired change
- ▶ Continue to evaluate

GOAL- you preserve your integrity and authenticity

**Interventions for Moral Distress**

- ▶ Discussion
  - ▶ Learn to name it
  - ▶ Give opportunities to discuss ethical aspects
  - ▶ Allow for self-reflection
  - ▶ Opportunity for clarification of influences on moral distress
  - ▶ Opportunity to be heard
- ▶ Measure and track it

**QUEST**

- ▶ Facilitated ethics conversation
  - ▶ Get a high level presentation of whole story
  - ▶ Probe to uncover issues
  - ▶ Opportunity to reflect out loud
  - ▶ Action points
  - ▶ On-going reassessment locally

## Back to Mr G

- ▶ Get the whole story
  - ▶ Survived a concentration camp (starvation)
  - ▶ Last conversation with wife was in anger and she wants resolution
- ▶ Review and identify any clinical or institutional factors
  - ▶ Policy on withdrawing/with-holding treatment
  - ▶ High volume of deaths at the time Mr G on the ward
  - ▶ Frequent rotation of medical staff distressing Mrs G

## Back to Mr G

- ▶ Discussing the situation
  - ▶ Acknowledge the moral distress of staff
  - ▶ Providing moral support
  - ▶ Set realistic expectations
  - ▶ Talking gets people out of their own heads
  - ▶ Identify the path of least resistance and least harm

Any  
thoughts or  
questions?