Moral Distress, Moral Residue & Moral Courage

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Dr. Herx has no conflicts of interest

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Objectives:

1. Review definitions of moral distress (MD), moral residue (MR), crescendo effect & moral courage
2. Review these concepts using a variety of approaches—including images
3. Discuss/share examples of MD & MR in palliative care practice
4. Discuss tools & strategies for addressing MR
Definitions:

**Moral Distress:**
pain or anguish resulting when we know the right thing to do, but are prevented from doing it.

*May be prevented from doing the “right” thing, or forced to do the “wrong” thing.*
Definitions:

Moral Residue: follows moral distress; what remains when we feel we have compromised ourselves in a situation of moral distress.
Definitions:

**Crescendo Effect:**
follows repeated situations
of moral distress;
may lead to a “breaking point”
Definitions:

Moral Courage:
Acting ethically in a situation of risk
Elements of Moral Distress: A person …

* Is aware of a moral problem
* Acknowledges moral responsibility
* Makes a moral judgment about the correct action
* Is unable to take the correct action or prevent an incorrect action as a result of real or perceived constraints
NB

Moral distress and its sequellae can happen to any member of the healthcare team, in any part of medicine, and affects not only individuals, but teams as well.
A series of images was presented here:

1) Father holding onto his son dangling from the chair lift
2) Child soldiers
3) Man in front of tank in Tiananmen Square in 1989
4) Halifax family that lost their 7 children in the fire
Effects of Moral Distress:

Your suggestions....
Effects of Moral Distress:

*sense of powerlessness
*feelings of frustration and anger
*feeling belittled, unimportant, or unintelligent
*hesitance to speak openly about the situation
*feelings of shame and isolation
*job retention—worry or actual loss
*“horizontal” violence
*patient care gaps
*team dysfunction
Professionalism: An Archaeology

Tom Koch
“What some have called a “hidden curriculum” disavowing vocational goals in favor of other priorities is a reported source of moral distress among medical students whose vocational expectations are confounded by the realities of contemporary medicine in a neoliberal environment (de Carvalho-Filho 2018). As a foundation medical student in Great Britain reported, real patient engagement and the satisfaction that comes from it is sometimes discouraged as “unprofessional” even when it has a clear therapeutic rationale (Koch and Jones 2010).

Others have argued the distance between vocational values and practical constraints on care contribute to drop-out rates among students and either “burn-out” or early retirement among practitioners. The result is less “burn-out”—a kind of ennui—however, than a moral injury implicated by some in the high rates of suicide among practicing physicians since the 1990s (Talbot and Dean 2018). In the United States, physicians are more likely to commit suicide than U.S. military veterans (28-40 versus 20.6 per 1000,000) (Anderson 2018). Compared to the general population, physicians are nearly twice as likely to commit suicide than their patients, 1.87 times higher than the average American (Hoffman and Kunzmann 2018).”
Stories from the presenters to get you thinking about your own situations...
Sharing and Discussion:
In groups of 2-3 people...

Share brief stories about a specific time you have experienced moral distress

Identify the moral principle that you felt was being threatened

We would be grateful to hear your insights after the discussion time…
What might we do?
American Association of Critical Care Nurses 4 A’s

ASK
AFFIRM
ASSESS
ACT
ASK: Review the definition and symptoms of moral distress and ask yourself whether what you are feeling is moral distress. Are your colleagues exhibiting signs of moral distress as well?
AFFIRM: Affirm your feelings about the issue. What aspect of your moral integrity is being threatened? What role could you (and should you) play?
ASSESS: Begin to put some facts together. What is the source of your moral distress? What do you think is the “right” action and why is it so? What is being done currently and why? Who are the players in this situation? Are you ready to act?
ACT: Create a plan for action and implement it. Think about potential pitfalls and strategies to get around these pitfalls.
Strategies to reduce moral distress (adapted from Hamric, Davis, & Childress, 2006; Epstein & Hamric, 2009)

Cited in:
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Strategy: Speak up

Implementation:
Identify the problem, gather the facts, and voice your opinion
Strategy:
Be deliberate

Implementation:
Know who you need to speak with and know what you need to speak about
Strategy:
Be accountable

Implementation:
Sometimes, our actions are not quite right. Be ready to accept the consequences, should things not turn out the way you had planned.
Strategy:
Build support networks

Implementation:
Find colleagues who support you or who support acting to address moral distress. Speak with one authoritative voice.
Strategy:
Focus on changes in the work environment

Implementation:
Focusing on the work environment will be more productive than focusing on an individual patient. Remember, similar problems tend to occur over and over. It’s not usually the patient, but the system, that needs changing.
Strategy:
Participate in moral distress education

Implementation:
Attend forums and discussions about moral distress. Learn all you can about it.
Strategy:
Make it interdisciplinary

Implementation:
Many causes of moral distress are interdisciplinary. No discipline alone can change the work environment. Multiple views and collaboration are needed to improve a system, especially a complex one, such as a hospital unit.
Strategy:
Find root causes

Implementation:
What are the common causes of moral distress in your unit? Target those.
Strategy:
Develop policies

Implementation:

Develop policies to encourage open discussion, interdisciplinary collaboration, and the initiation of ethics consultations.
Strategy: Design a workshop

Implementation:

Train staff to recognize moral distress, identify barriers to change, and create a plan for action.
We’re good at what we do and have important input to offer.

Continue important advocacy as physicians and citizens
1 posted letter = 450 votes

educate/inform health authorities & other “meso” levels

support each other
Violence is what happens when we don’t know what else to do with our suffering.

“I think that axiom applies on every level of life. When individuals don’t know what to do with their suffering, they do violence to themselves or others near them.”
These situations call for thoughtful, careful attention:

Careful assessment
Careful preparation
Careful discussion
Careful analysis
Careful response
Your thoughts....

Also: Discuss together in your small groups:
what is one thing you could do in your own setting
to address moral distress or moral residue,
and to enhance moral courage.
Thank you for your participation

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