Mitigating Moral Distress

A Case Study

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Disclaimer

The following case study is based on several patients and patient identifications have been changed.

No research presented has been conducted at Virginia Hospital Center. Findings are a result of outside published research studies.
Moral Distress

• “Arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action”.¹

• Moral distress vs. Moral Dilemma
• Hanna “an inner response by the self when there is a perceived threat to ‘an objective good’
What is moral distress

• Sense of anxiety caused by a power disparity that results in obstacles to an individual’s ability to act ethically and participating in an ongoing ethical wrong\(^2\)
• Responses may include avoidance, anger, frustration, guilt, and physical symptoms.
• Shares some responses with other syndromes, such as burnout, compassion fatigue, and PTSD.
• Unique to moral distress is the experience of having one’s moral values or obligations compromised\(^2\).
Mr R.

Mr R was 95 year old man admitted to the hospital for AMS, nausea /vomiting and fevers. Lives at home where family and hired caregivers provided 24 hour support. Two adult daughters, one who provided care at home and another who was MPOA. At baseline, Mr R received ventilator support at night and had oxygen via trach collar during the day. He had a long term PEG for feeding.
Past Medical History

- ESRD on HD 3x weekly for 6 years, respiratory failure, pulmonary fibrosis, multiple infections and pneumonias.
- Full code.
- Multiple hospitalizations in the last 2 years at multiple facilities in the area.
- Palliative care involved at admission.
The first family Meeting

• Family believed that prior care at other medical facilities resulted in Pt’s current condition.
• Accepted that his functional status had been declining, but that his quality of life remained acceptable.
• Believed that his age “shouldn’t be a factor.”
• Expressed a belief that they understood Pt condition in a way that “no one else could”
• Family expressed goal was to return Pt home as he had expressed a desire to die at home.
• Family remained hopeful that Pt would be able to return to baseline with appropriate treatment.
Key points:
Family expressed deep mistrust in the medical establishment, citing several times that Pt had received improper care. Also discussed times when family member had “saved Pt” due to mistakes by providers.

Family self described researchers who would investigate protocols, discuss with friends, etc.

Family member always present at Pt bedside and directed Pt care, often refusing assistance from providers.
The Complications

• Ongoing Infections
• His mental status continued to decline to the point where he was unresponsive.
• Multiple services involved with Patient Care
• Patient advance medical directive
• Patient Relations and Ethics
Sources of Distress

• Nurses felt they were “unable” to effectively provide standard of care to Pt.
• Nurses voiced their feelings that Pt was suffering.
• Providers felt their clinical decisions were being called into question.
• Providers voiced that Pt safety was at risk
• Providers expressed that they felt that Pt care was “futile.”
• Administration voiced that providers needed to transition Pt to another care setting.
• Time spent with one patient taking away resources from other patients.
The turning point

- Ethics consultation with family with discussion of futile care.
- Futility of care supported by multiple physician consults that expressed opinion that Pt would not recover.
- Family became more receptive to discussions, through daily debriefings at patient bedside that would take 1-2 hours per provider.
- Frequent check-ins with family.
Ethical Principles

• Autonomy
• Beneficence
• Non-Maleficence
• Justice

We are ethically bound to help to prevent suffering and distress, to respect patient autonomy.
The usual sources of moral distress

• Causing harm to patients
• Inadequate pain management
• Ineffective communication
  – Unclear or conflicting goals of treatment
  – Disregard for patient choices
  – Incomplete or inaccurate disclosure
  – Lack of informed consent
• “Futile” treatment
• Imbalance between care demand and staffing
• Intra professional conflict; authority differential
• Inappropriate use of health care resources
Moral Distress Framework

- Triggering Event
- Empathy Response
- Regulation
- Activation of Emotion
- Disregulation
- Moral Distress

- Empathy
- Perspective Taking
- Memory
- Moral Sensitivity

Moral Distress Framework
Rushton, Kaszniak, Halifax,
Transforming Moral Distress

Interventions
1. Interdisciplinary Collaboration
2. Systems Work
3. Mindfulness Practice
4. Self Regulation: Moral Sensitivity and Recognizing Triggers
Organizational Work

- Healthcare regulations, insurance reimbursements, lengths of stay, etc.
- Patient financial constraints and lack of resources.

We can:

Create meaningful yet cost effective interventions (comfort cart, cab vouchers.)

Celebrate successes while advocating for change.
Interdisciplinary teamwork

- Provide access to supervision for nurses and case managers.
- Cultivate provider relationships with each other.
- Create space for providers to feel agency and be involved with developing policies and procedures.
- Provider debriefings.
- Encourage collaboration rather than fractures across services.
Mindfulness

- Easy to implement
- Based on Buddhist teaching
- Skills of emotional intelligence are developed by combining didactic “linear” information with experiential “nonlinear” contemplative and creative methodologies
- Enhances emotional regulation
Add mindfulness to your day
in only 10-15 minutes

Here are 4 ways to add mindfulness to your schedule, each way only takes 10-15 minutes of your time:

*Remember, consistency is key.

- Do a body scan paying attention to any tension or stress.
- Start your day with a basic yoga sun salutation.
- Relax at the end of the day with a guided meditation.
- Take a break to check in with your breathing.
be. here. now.
The 4’As (to rise above moral distress) (Rushton)

- Ask: to assess whether someone is experiencing moral distress.
- Affirm: validate feelings while reaffirming commitment to your role.
- Assess: the sources and severity of distress.
- Act: Acting on moral distress allows us to preserve our integrity and rise above distressing situations.\(^5\)
Self Regulation

- Intentionally employ ways to maintain a “zone of resilience” during the workday
- Add intention before interactions.
- Create pauses throughout the day.
- Become aware of your body’s response to stress and arousal.
- Learn to distinguish self from other.
Resources


