

# Moral Distress: What is it? Can We Heal it?

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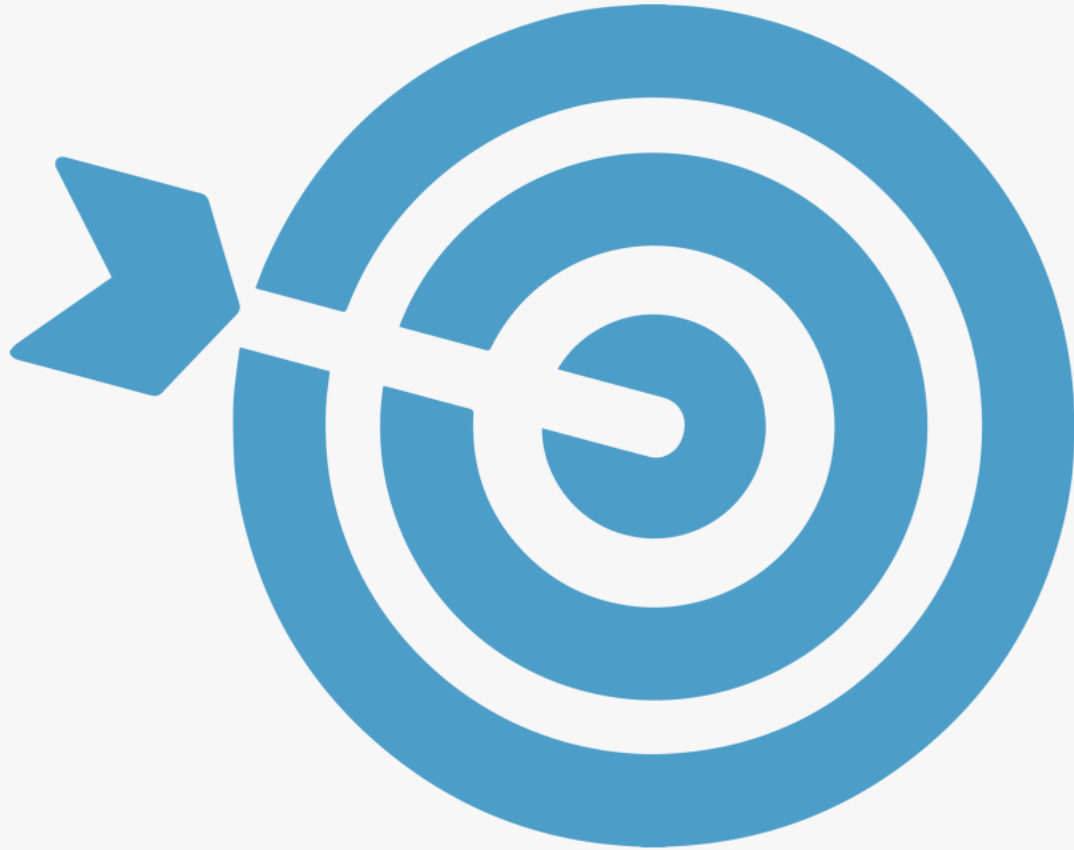
LISA MACLEAN, MD

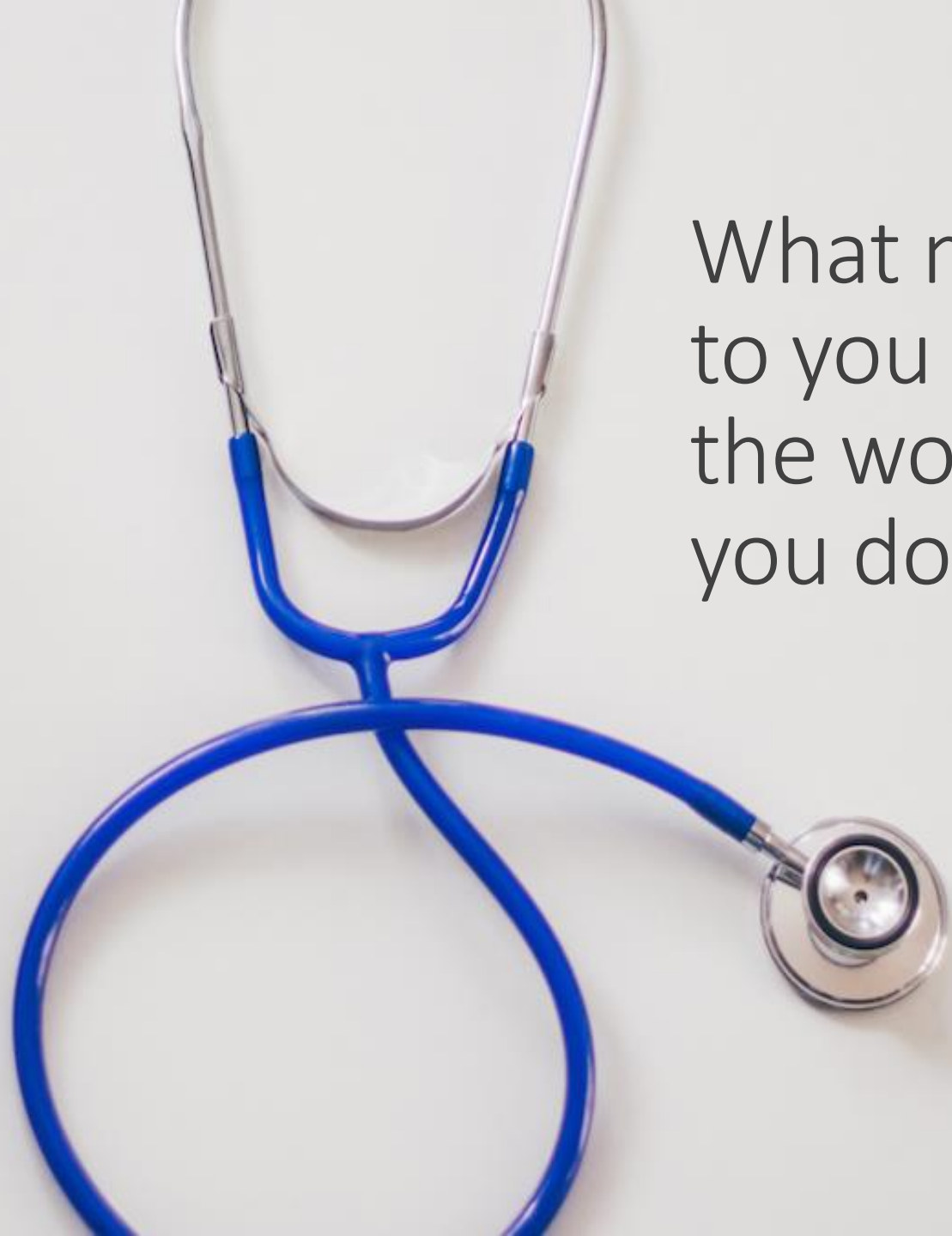
CHIEF CLINICAL WELLNESS OFFICER, HFMG

# Goals and Objectives

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1. Review our goals of clinical medicine
2. Describe the impact of COVID 19 on provider goals of care
3. Discuss moral distress
4. Review the implications of moral distress
5. Learn strategies to prevent and address moral distress





What matters  
to you most in  
the work that  
you do?

# What Matters = Our “Why” Goals of Clinical Medicine

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- Promote health and prevention of disease
- Maintain or improve quality of life through relief of symptoms, pain and suffering
- Cure disease when possible
- Prevent untimely death or contribute to a ‘good death’
- Improve the functional status or maintain a compromised status
- Educate and counsel patients regarding their condition and prognosis
- AND Certainly: Avoid of harm to the patient throughout the course of care



# How can you be a good doctor in a bad situation?

Core Ethical Principles  
Tia Powell, MD

Provide best possible care in difficult circumstances

Crisis standard of care are necessarily different

Not ethically required to offer futile care

Tell the truth

# Deeply-Embedded Moral Beliefs

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**Hippocrates  
5<sup>th</sup> Century**

‘In every house where  
I come, I will enter  
only for the good of  
my patients’

**Declaration  
of Geneva**

‘The health of my  
patient will be my first  
consideration’

**The Oath of  
the Healer**

‘I shall always act in  
the best interest of my  
patient’



# Ethical Commitments: Two Colliding Views?

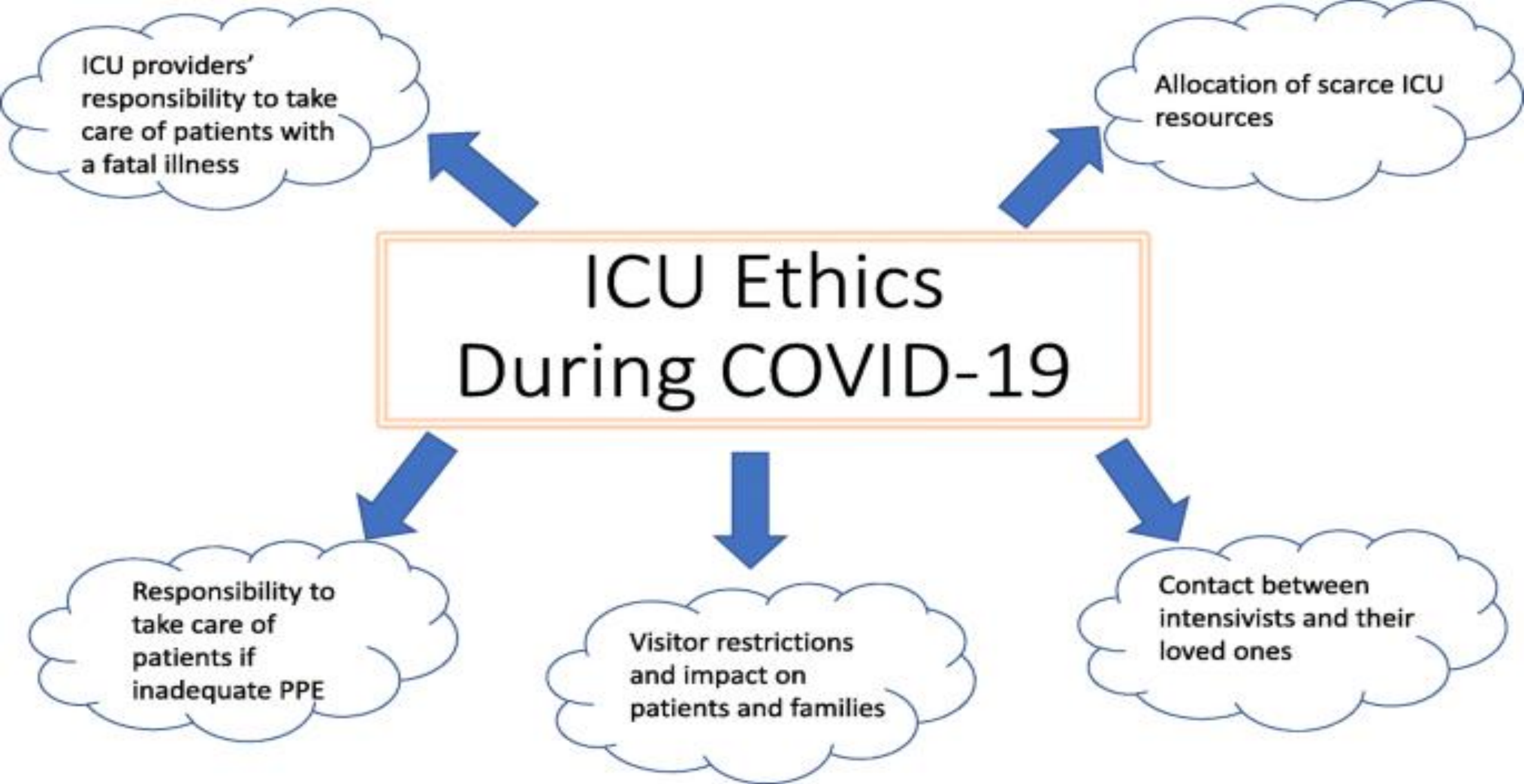
## DUTIES OF EVERYDAY CLINICAL ETHICS

- Non-abandonment: commitment to care for patients throughout their illnesses
- Respect the rights, preferences & values of individual patients
- Relieve suffering

## DUTIES OF PUBLIC HEALTH ETHICS

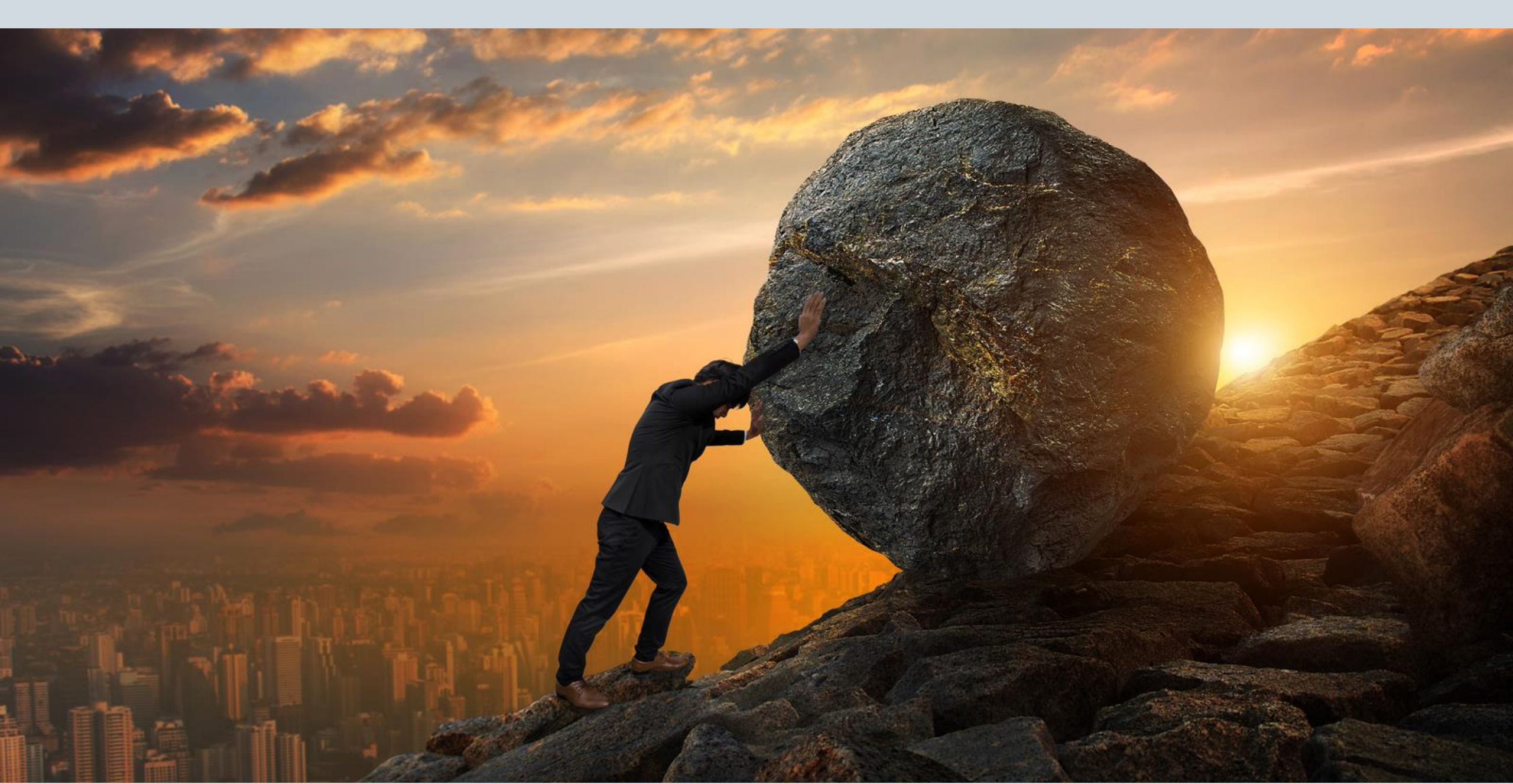
- Promote public safety
- Protect community health
- Fairly allocate limited resources relative to need
- Recognize moral equality of all persons
- Relieve suffering





# Ethical Challenges as the Pandemic Advances

<b>Early Pandemic</b>	<b>Access to scarce procedures and equipment</b>
Active Pandemic	Individuals and communities questioning the scope and nature of COVID-19
Late Pandemic	Limited vaccine access initially, vaccine hesitancy now



A word cloud of various emotions and feelings. The words are in different sizes and orientations, with 'Overwhelmed' being the largest and most prominent. Other large words include 'Anxiety', 'Fear', 'Anger', 'Stressed', 'Frustration', 'Sad', 'Guilt', and 'Helpless'. Smaller words include 'Underappreciated', 'Unsafe', 'Irritable', 'Confused', 'Panic', 'Loss', 'Disconnected', 'Uninformed', 'Shock', 'Anxious', 'Mourning', 'Exhausted', 'Traumatized', 'Grief', 'Uncertain', 'Betrayed', 'Angry', 'Inadequate', and 'Anxiety'.

Overwhelmed

Underappreciated

Unsafe

Guilt

Helpless

Irritable

Confused

Panic

Loss

Disconnected

Uninformed

Shock

Anxious

Mourning

Exhausted

Traumatized

Grief

Uncertain

Angry

Inadequate

Fear

Stressed

Anger

Frustration

Sad

Anxiety

Afraid

Betrayed

**The Impact to  
Clinicians:  
Stress, Moral Distress,  
Suffering**



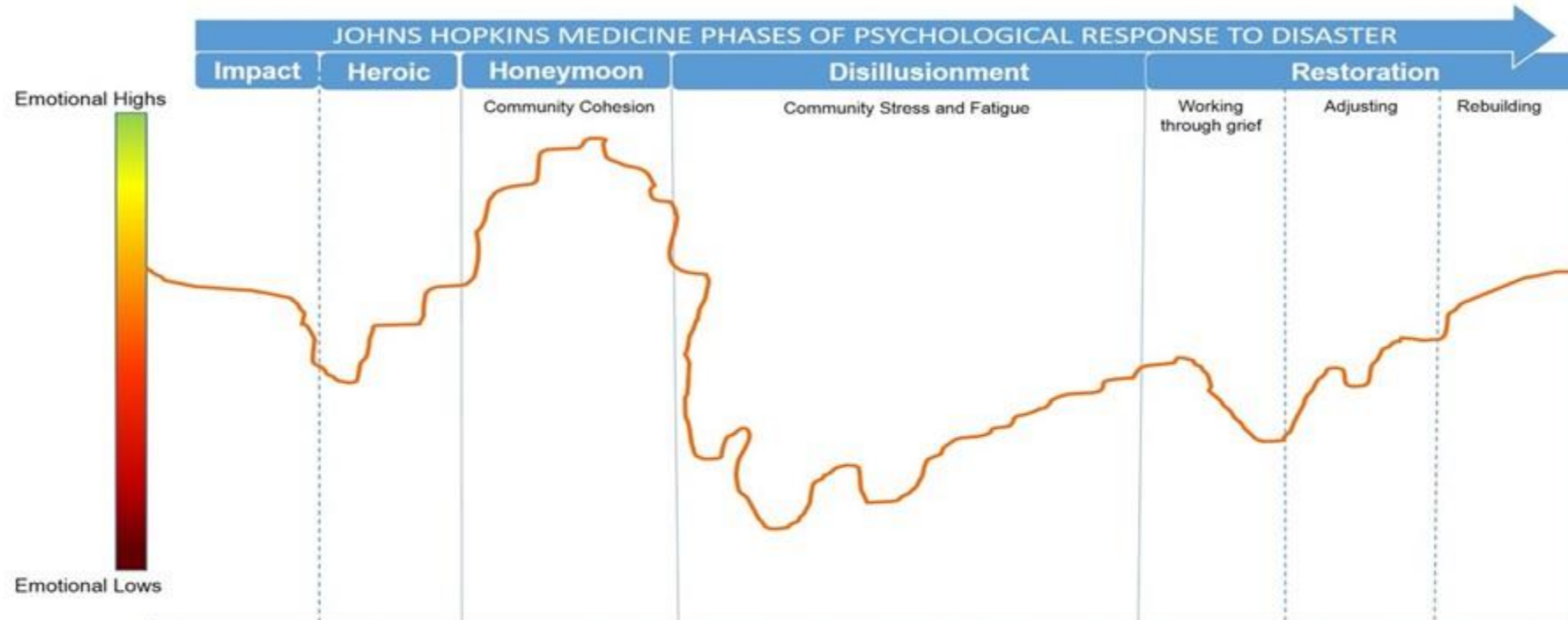


## Other Emerging Emotions

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- Moral Injury
- Compassion Fatigue
- Burnout
- Trauma

# Disasters Follow Predictable Psychological Patterns



Continuum of Coordinated Psychological Care			
<b>Focus of Care</b>	Strengthening psychological and behavioral immunity	Supporting Rebound	Supporting Recovery and Moving On
<b>Types of Care</b>	Monitor level of psychological distress; Psychological First Aid; Promote wellness practices; Leadership	Monitor level of psychological distress; Psychological First Aid Group/unit support, Spiritual care Promote wellness practice and self care.	Monitor level of psychological distress (be sensitive to anniversary reactions) Healing groups, Spiritual care; Psychiatric assessment and therapeutic care Promote wellness and self care
<b>JHM Resources</b>	Healthy at Hopkins and Office of Wellbeing Resources RISE, Spiritual care	RISE, mySupport Spiritual care; Moral resilience rounds, Healthy at Hopkins; Office of Wellbeing	mySupport; Psychiatric assessment and therapeutic care; Spiritual Care; Healthy at Hopkins; Office of Well-being



# Moral Distress

Occurs when you know the ethically appropriate action to take but are unable to act upon it.

You act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity





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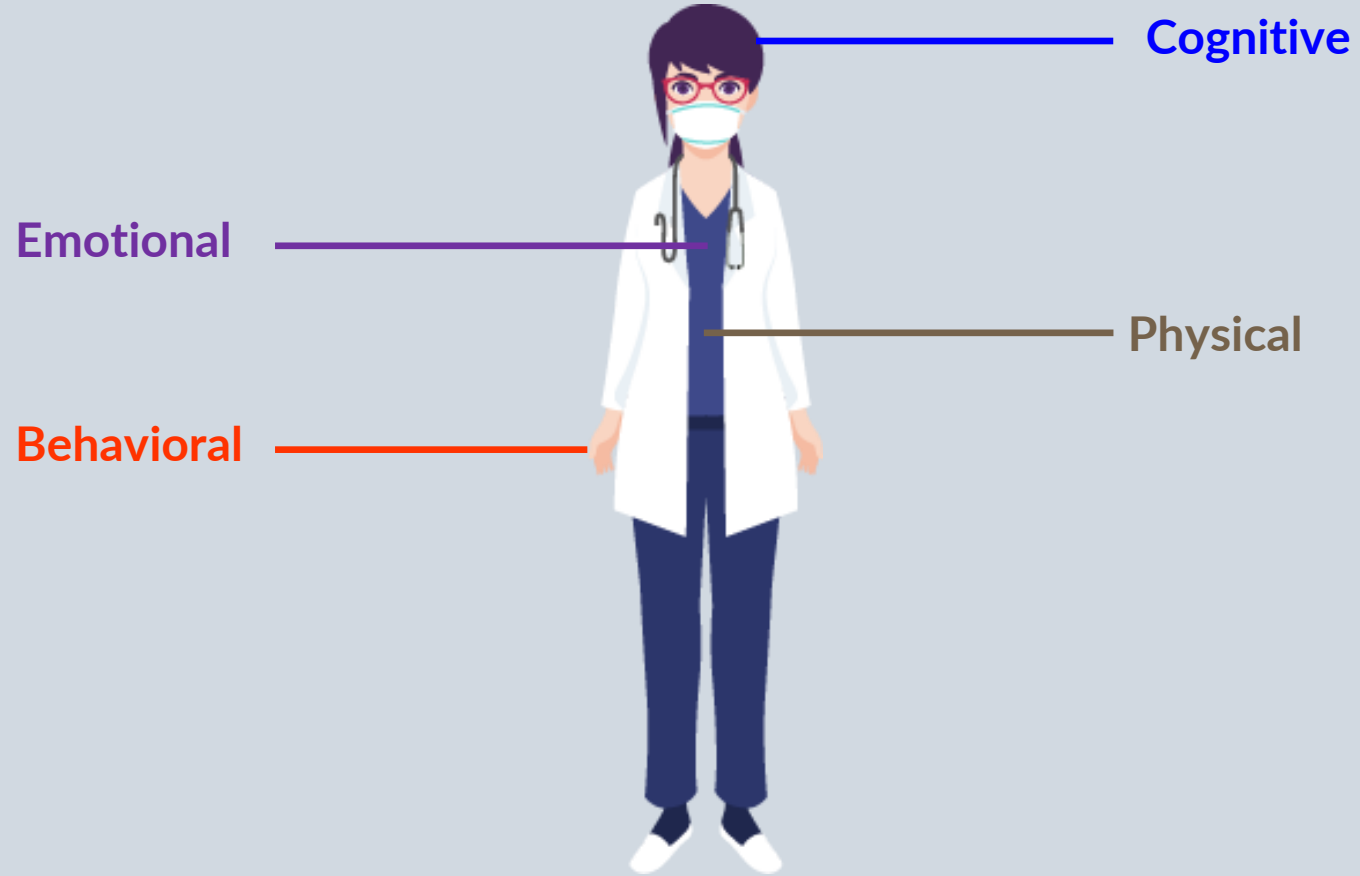
“Moral Distress challenges clinicians to speak out, work together, and tolerate ambivalence. We must embrace the discomfort in order to legitimize the occurrence and find solutions, especially during this pandemic, when the focus of providers can be easily pulled in many directions”

-Vicki Leff

<https://www.pallimed.org/2020/09/moral-distress-and-covid-19-worlds.html>

# Signs of Moral Distress

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# Some Signs of Moral Distress

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“It’s not my job to speak up”

“No one will listen anyway”

“Why are we doing this?”

“I feel like I am causing suffering”

“I just want to withdraw”

“I can’t let myself care anymore”

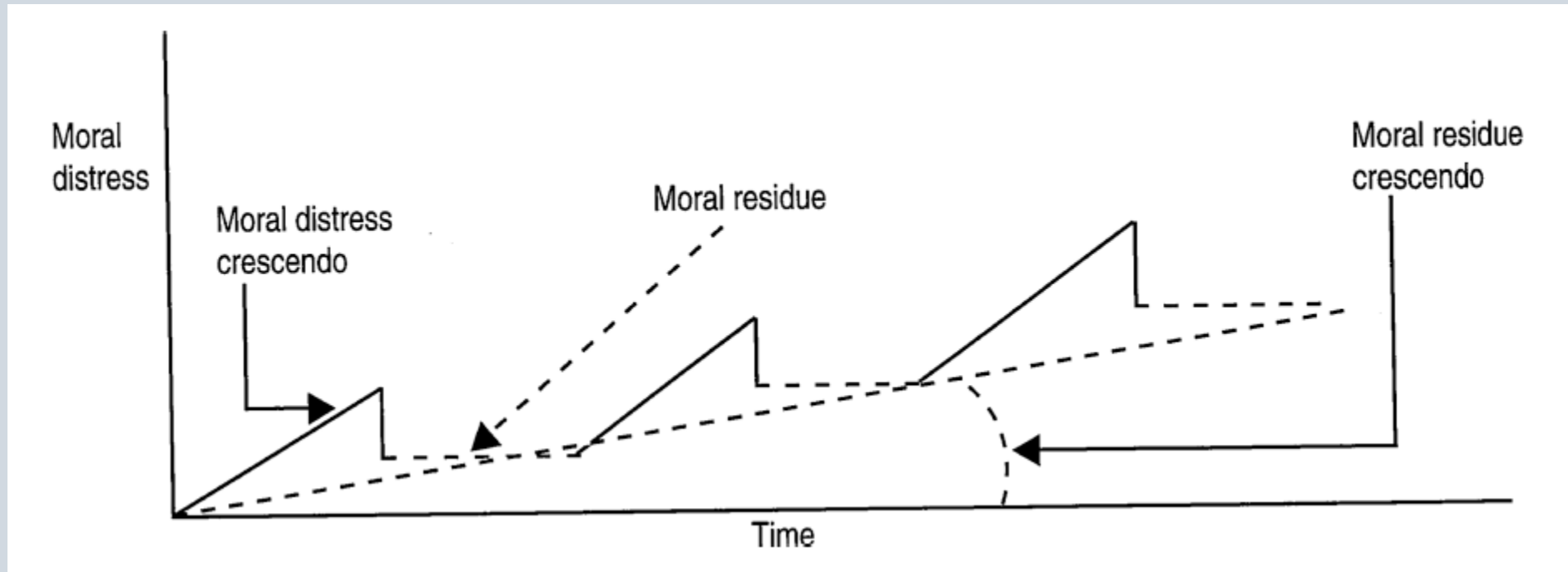


**1. Initial distress:**  
occurs as the  
situation unfolds

**2. Reactive  
distress:** also  
known as “moral  
residue”; the  
situation has  
ended but the  
distress remains

# Crescendo Effect (Moral distress vs. Residue)

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\*Follows repeated situations of moral distress; may lead to a “breaking point”

It's Not the Death, It's the Dying: Moral Distress in Palliative Care

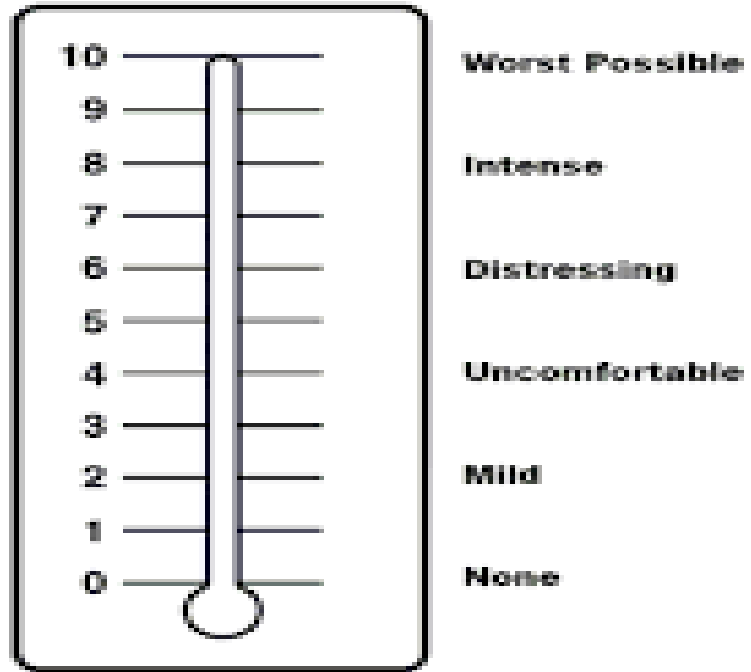
The “crescendo effect” of moral distress is real and dangerous. It can linger for months and years. We all have a difficult case burned into our minds.

- *Vickie Leff*

pallimed.org

# Can you Measure Moral Distress?

## Moral Distress Thermometer



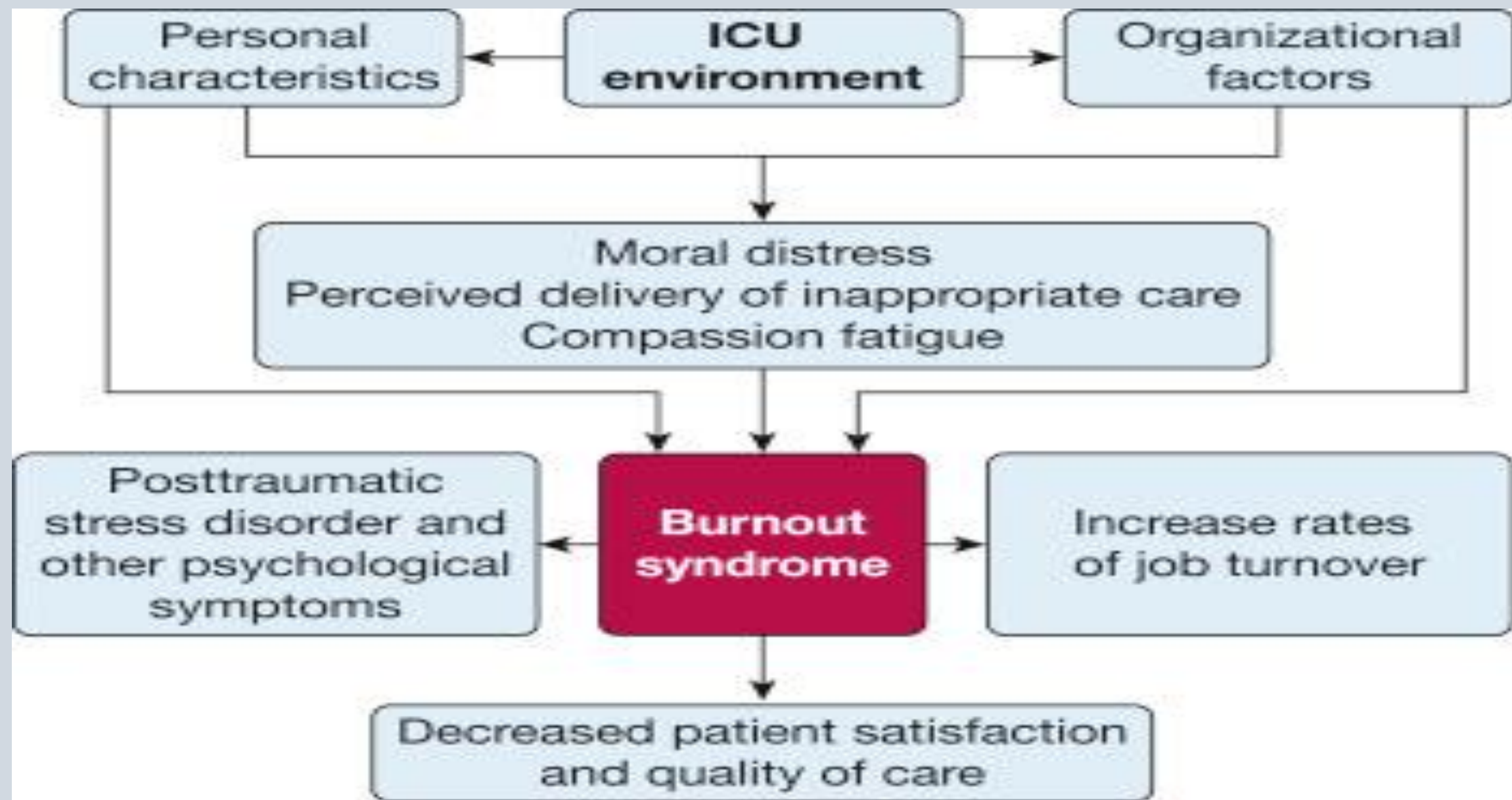
## Moral Distress Scale (MDS)

Developed in 1995 by Corley et al

Focused on different clinical situations

32 items in a 7-point Likert format

Corley, Elswick, Gorman and Clor, 2001)





## Other Responses to Moral Distress

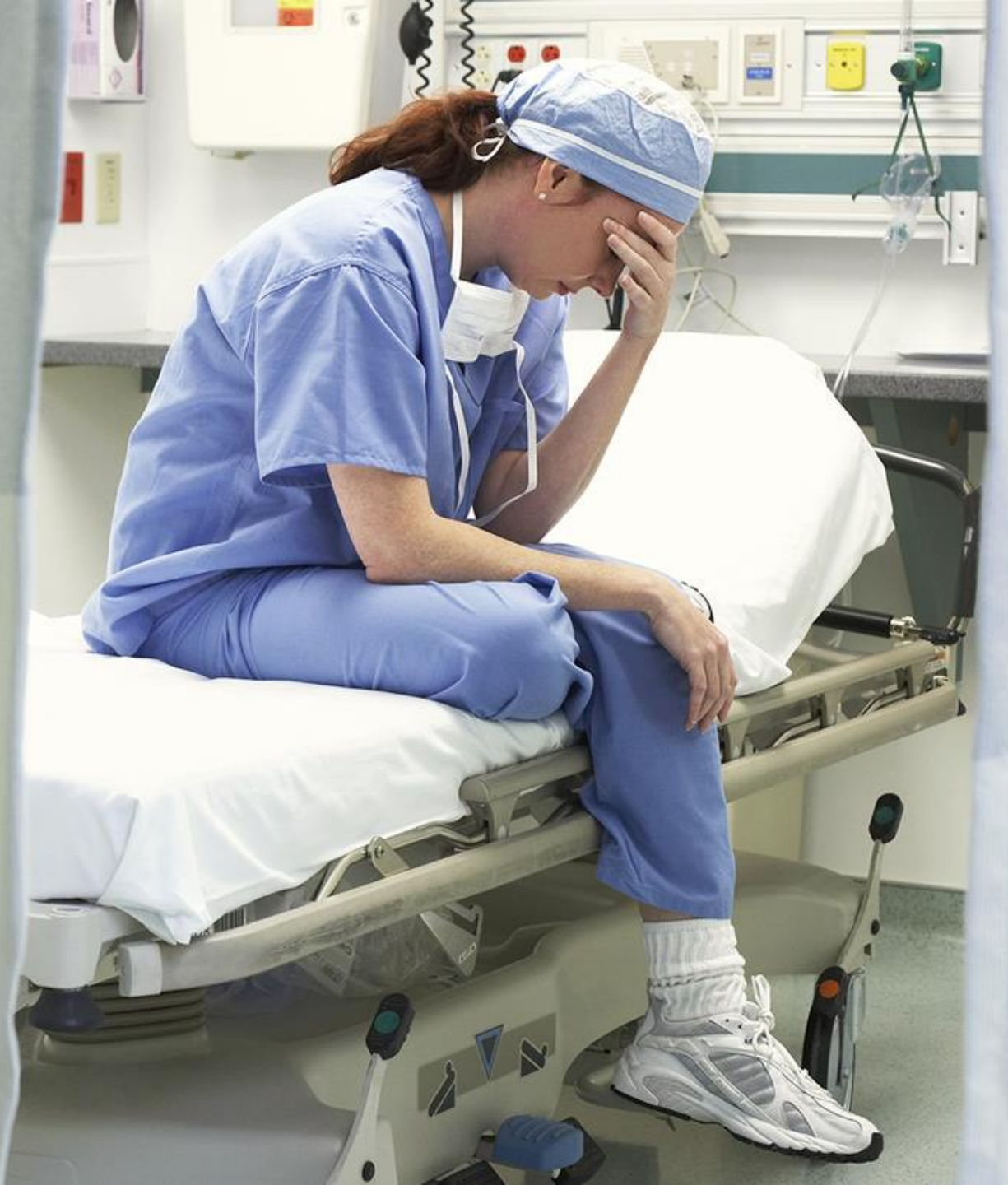
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- Job dissatisfaction
- Disengage/Avoidance
- Judge/blame others
- Withdraw
- Leave profession
- Initiate positive change



# Worrisome Reactions Warranting Referral

- Excessive use of alcohol, illicit drugs or prescription drugs
- Paralyzed by anxiety/depression
- Inability to make decisions
- Thoughts of suicide
- Isolating from support systems
- Denying basic needs like the need for rest and recovery time



A healthcare worker in full personal protective equipment (PPE) stands in a clinical setting. The worker is wearing a blue gown, a white surgical mask, a clear face shield, and blue gloves. They are looking down and to the right. The background is a dark, textured wall with some equipment visible on the right side. The text "How Do you Heal Moral Distress?" is overlaid in white, centered on the image.

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How Do you Heal Moral  
Distress?

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# Treating Moral Distress

“When addressing moral distress, the aim is not to eradicate the phenomenon but rather to mitigate its negative effects, including preventing caregivers from feeling unable to provide compassionate patient-centered care, feeling withdrawn, unable to return to work or continue in their profession.”

Vicki Leff





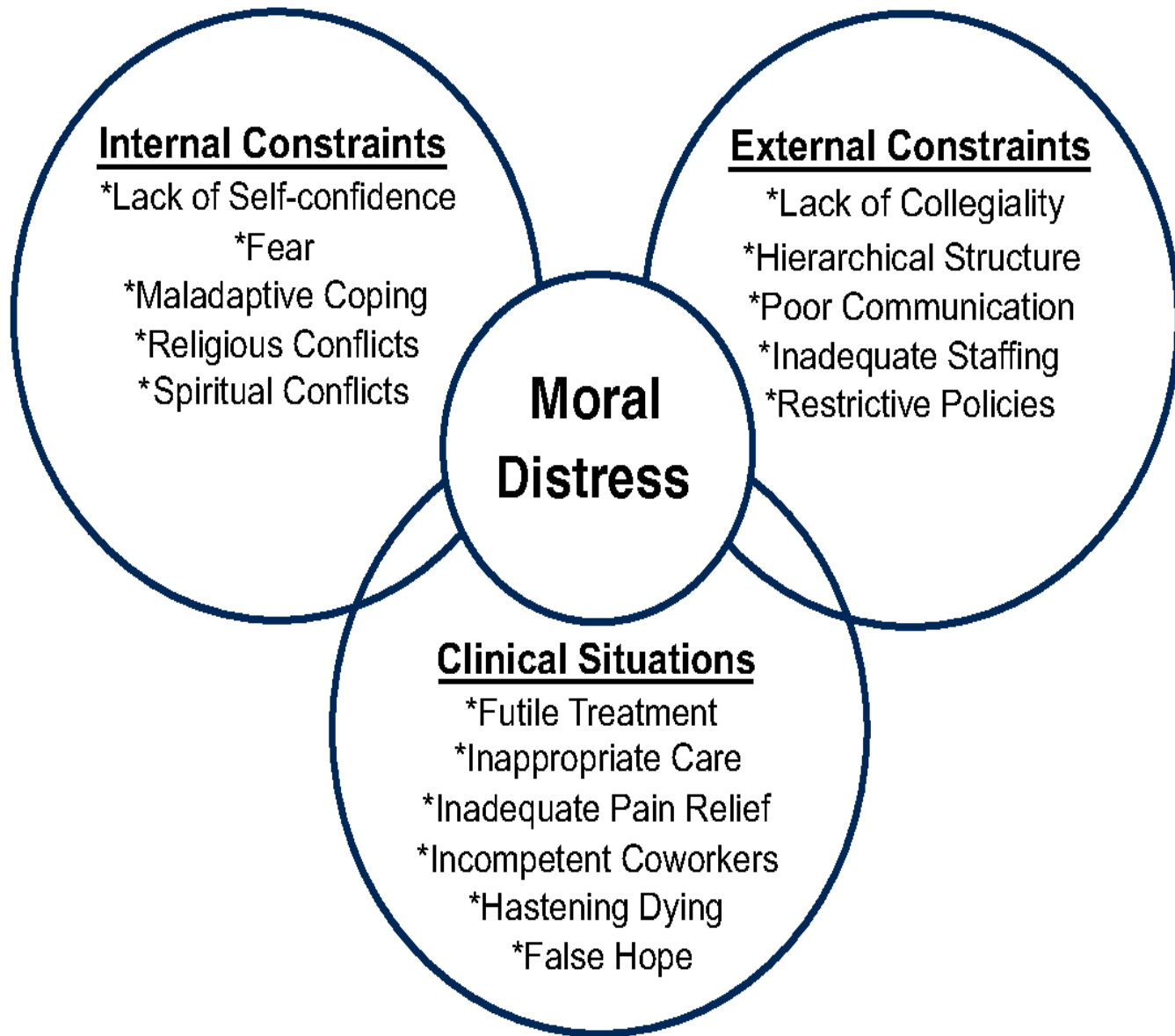
## **Stress Reduction Kit**



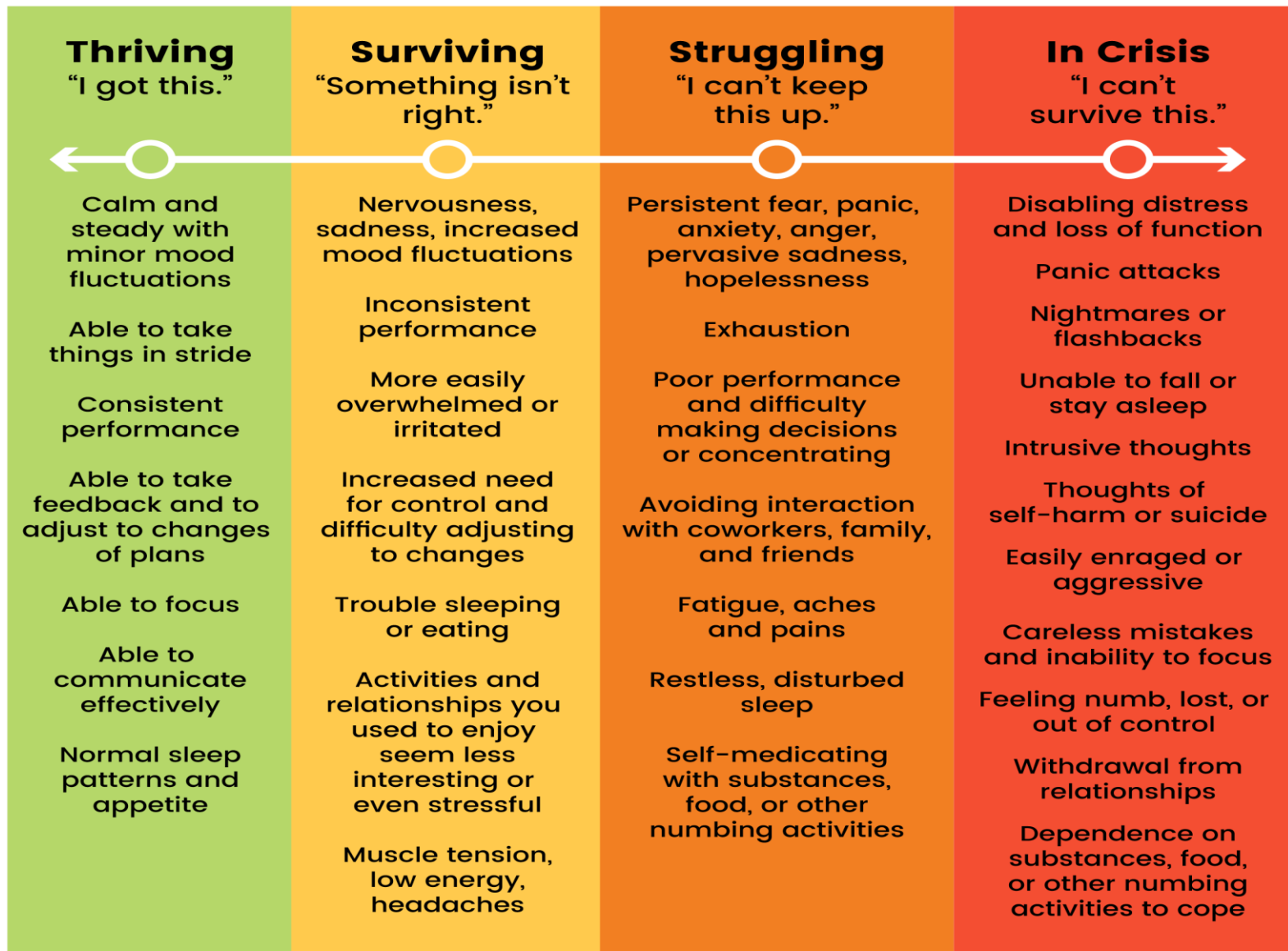
**Bang  
Head  
Here**

### **Directions:**

1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.



It's  
Complicated...



# Step 1: How to know when you are in trouble?

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Adapted from: Watson, P., Gist, R., Taylor, V. Evlander, E., Leto, F., Martin, R., Vaught, D., Nash, W.P., Westphal, R., & Litz, B. (2013). Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.



Step 2:  
Recognize It's  
NOT About the  
INDIVIDUAL



**Step 3:** Moral Distress demands a collective response, between the active team and/or institution.

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- Develop “On the Fly” Debriefings
- Participate in Ethics Rounds and Consults
- Deliberately plan Interprofessional Meetings
- And Finally... Stop using “Hero” language.

## STEP 4: Be aware of the research about other effective strategies

# Strategies to Reduce Moral Distress

- Identify the problem, gather the facts, and voice your opinion

Speak up!



- Know who you need to speak with and know what you need to speak about

Be deliberate



- Sometimes, our actions are not quite right. Be ready to accept the consequences

Be accountable



- Find colleagues who support acting to address moral distress. Speak with one authoritative voice.

Build support networks



- It's not usually the patient, but the system, that needs changing.

Focus on changes in the work environment



- Attend forums and discussions about moral distress

Participate in moral distress education



- Multiple views and collaboration are needed to improve a system, especially a complex one, such as a hospital unit.

Make it interdisciplinary



- Finding the common causes of moral distress

Find root causes



- Develop policies to encourage open discussion and the initiation of ethics consultations.

Develop policies



- Train nursing staff to recognize moral distress, identify barriers to change, and create a plan for action.

Design a workshop



## Let's Review a Case....

Mrs. Garcia is an 89-year-old mother and widow with new onset renal failure. She knows this renal failure was likely the adverse result of her medication for osteoporosis. She is COVID-19 negative. Mrs. Garcia, who has decision making capacity, is fearful of the dialysis planned to start tomorrow. Mrs. Garcia is tearful and desperate for her daughter to be with her today. The web-based call with her daughter leaves her more distressed. Mrs. Garcia was hardly able to see her phone due to the tears in her eyes, and could not hear well; all this further highlighting that technology was a very poor substitute for the physical presence of her daughter. Her daughter is polite and requests a brief visit tomorrow morning. There has been a local increase in reported COVID-19 cases, so the policy stands—no visitors. The patient begs the hospitalist for a visit from her daughter.



## Let's Discuss.....

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1. What moral dilemma has occurred?
2. What are the processes or policies that are being challenged?
3. What would you do?
4. How would you address this moral distress?
5. What is one thing you can do to enhance moral courage?

# “In the Moment” Coping with Moral Distress

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Acknowledge



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graph TD; A[Acknowledge] --> B[Regulate your body]; B --> C[Connect with others]; C --> D[Be kind to yourself]; D --> E["The Perfect is the Enemy of the Good"]
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Regulate your body

Connect with others

Be kind to yourself

“The Perfect is the Enemy of the Good”

# Where Do You Go For Support?

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1. Do not suffer in silence
2. Talk with friends and family
3. Share with colleagues
4. Be open to peer support



“Moral distress is not a sign of weakness in physicians.”

Lucia D. Wocial, PhD, RN, FAAN





# The Soul of a Doctor


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Deeply cares

Strives to cure and hopefully  
heal....

Aspires to be perfect in all  
ways

Introspective

A blue stethoscope with silver metal parts is laid out on a white surface. To the left, a portion of a silver laptop keyboard is visible. The text is overlaid on the white background.

So who  
Cares for  
your Soul?

You must  
cultivate  
tools to  
nourish  
your soul.

# Metta Meditation

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May I be safe

May I feel joy

May I feel strength

May I live with ease

May I go with love



**BENEFITS OF METTA MEDITATION**  
(LOVING-KINDNESS MEDITATION)