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Ethics Dispatch

"The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity."

- Ludwig Wittgenstein

Hot Topic: Recognizing Moral Distress

Though much has changed in year three of the pandemic, there is much that has not changed. Hospital systems are still allocating scarce resources. Medical providers are still treating a high number of unvaccinated patients. According to the California Department of Public Health, ICUs in California reported over 2500 daily cases during the omicron surge. What's more, many healthcare workers are still bearing the emotional burden brought on by the pandemic. A recent New York Times piece claims that low staffing in hospitals has led to burnout among nurses. An article in Flatland notes that medical providers dealing directly with COVID-19 patients "were three times as likely to experience professional burnout than those who did not treat COVID patients."

Moral distress too has persisted throughout the pandemic. The concept of moral distress first emerged in the nursing ethics literature and captures instances of distress caused by morally troubling situations, such as moral dilemmas, moral uncertainty, or moral conflict. The concept is a familiar one that resonates with our everyday experiences. For example:

Sam and Anne are best friends and co-workers at a coffee shop. Both Sam and Anne rely heavily on their jobs to pay for bills and school. What's more, due to significant job shortages in the area, they feel especially fortunate to be employed. Anne is the assistant manager, and Sam is a barista who one day hopes to become assistant manager, just like Anne. Early Monday morning, Anne is called into the manager's office. Anne's manager notes that Sam's performance has been subpar for over four months. He's been late to work, flubbing customer orders, and seems distracted while on the job. Despite customer complaints and meetings, Sam's performance has not improved. The corporate office is pressuring managers across the region to make drastic budget cuts. Anne's manager is therefore tasking Anne with firing Sam. The manager notes that Anne's performance has been exceptional, and the ability to terminate another employee is a crucial step to becoming a store manager and perhaps even a regional manager someday. Anne is conflicted. In hopes of changing this decision to fire Sam, Anne confides that he has been struggling with his mental health. Though she does not communicate this, she knows that Sam's recent poor job performance is likely due to clinical depression and a new medication. However, the manager doesn't seem interested in this information. He insists that Anne fire Sam. She does not think this is the right decision. In fact, she strongly believes the manager is being insensitive. Anne is understandably anxious and feels pressure from her manager to act in a way that she believes is morally wrong.

Anne is in distress. What makes this an instance of *moral* distress is that she's in distress because she knows, or believes she knows, the right thing to do, yet feels coerced into doing what she believes is morally impermissible. She believes, in principle, that it is wrong to fire someone from a job for

performing poorly due to mental health issues. Her friend and colleague Sam fits the bill perfectly. So, she believes it's wrong to fire him.

Her dual relationship with Sam complicates the situation. She has conflicting loyalties and duties in her roles as an assistant manager and as a best friend. If acting in one role, she violates loyalties and duties that pertain to the other. This leads both to moral dilemma--What should I do?--and moral distress.

The pandemic has shown that moral distress abounds in healthcare and has many causes. Moral distress may be caused by scarce resources or hospital policies. Despite wanting to provide the best care possible, a nurse or doctor facing ICU bed shortages may be unable to provide optimal treatment to all patients. Compromised standards of care may also be a source of moral distress. Scarce resource shortages, like those mentioned above, may make it incredibly difficult for doctors, nurses, and healthcare workers generally to do everything for everyone as in normal times. In some states, this has led to the implementation of crisis standards of care, such as those implemented in Idaho in the Fall of 2021, wherein new criteria and decision-making procedures are introduced to allocate scarce resources and treatments the best way possible.

What to do, then, with moral distress?

Bioethics in the News

- Ethical Considerations for the Just Utilization of House Staff During the COVID-19 Pandemic
- A Novel Methodology to Identify and Survey Physician Participation in Medical Aid-in-dying
- Who Will Oversee the Ethical Limits of Human Embryo Research
- Babies Die As Congenital Syphilis Continues

Case Study

Sandra is a 30-year-old nurse in a small rural hospital.

Sandra became a nurse not only to help others, but to help her community. She made a commitment to herself and her community to provide the best medical care possible. The hospital is located in her hometown, where just about everyone knows her. When she graduated from high school, she left for nursing school with every intention of returning.

Her passion is reflected in the way she connects with her patients, including Tiffany, a 21-year-old female-identifying patient recently hospitalized with severe upper respiratory distress caused by COVID. Tiffany has underlying health issues, namely, asthma and heart disease which could make for a severe disease progression. Tiffany is one among many patients hospitalized with COVID. Recently, the hospital has seen a surge in cases, which has caused a major strain on the hospital system. Beds are full and they are running out of some critical resources.

Sandra knows the hospital recently received monoclonal antibodies and also knows that Tiffany would benefit greatly from this treatment, which is designated for patients with severe COVID infections.

Unfortunately, Sandra learns from the attending physician that the hospital is completely out of monoclonal antibodies, and they are having trouble sourcing them from other hospital systems in the area. Sandra is worried. She wants to provide the best care possible for Tiffany, and knows that monoclonal antibodies therapy would increase her chances of a better health outcome. However, Sandra and her team are unable to provide this treatment due to the shortage.

After the attending physician visits Tiffany to deliver the news, nurse Sandra checks in with Tiffany. "I know that Dr. Shah was just in to see you. How are you doing?"

"Not so well," responds a visibly worried Tiffany. "I'm having trouble with my breathing. And the doctor just said there's none of that new medicine left that would help me fight the COVID. Isn't there anything that can be done about that? I'm only 21 years old! This shouldn't be happening to me!" Tiffany erupts into a coughing spell. Then pleads, "When do you think I can get the treatment? You're from here. I know you care. Can you help?"

Unable to answer the question definitively, Sandra is left speechless. This is not the first patient with severe COVID for whom she's provided nursing care. Apart from the incredibly high number of COVID hospitalizations recently, there has also been a disturbingly high number of COVID deaths, and it's all been taking an emotional toll on hospital staff, including Sandra.

The situation overwhelms her. There *should* be life-saving treatment for Tiffany and all those other patients, but the shortage of monoclonal antibodies is something that Sandra seems powerless to resolve. In the meantime, Tiffany and many others from this community may die while caregivers are forced to provide suboptimal care.

Ethical Musings: Identifying and Responding to Causes of Moral Distress

In a recent webinar at the Center for Practical Bioethics, Dr. Lucia Wocial explained that, though a person may be experiencing moral distress, this does not yet imply that their moral judgment is correct or incorrect. Indeed, it may be that one's moral assessment about a given situation is flawed.

In the **Sam and Anne** case above, we can imagine an alternative scenario in which Sam's poor performance is due to a lack of discipline and a general failure to set priorities. Or it might be rooted in mental health issues, but the symptoms are truly incompatible with what is requisite for carrying out his job with customers and colleagues. It may actually be an unsafe work setting both for Sam and customers, with no way for his supervisors to rectify the situation in a way that also preserves his job. In the case scenario as written, Anne experiences moral distress in part because she feels coerced to act in a way that conflicts with other weighty loyalties and duties. It seems wrong to fire one's best friend. Is this moral belief sound? Perhaps not. Has she misconstrued the situation entirely? Perhaps. In any case, one takeaway is this: The experience of moral distress does not imply that one accurately perceives that which is morally significant. Sometimes we simply are mistaken.

But other times we are not mistaken; we have perceived accurately what is going on in a clinical situation, and moral distress is an appropriate response. Given this, there are good reasons to study and understand the concept of moral distress for the practice of clinical ethics.

Understanding Causes

The first reason is that acknowledging moral distress may give way to a deeper understanding of its causes. In the case above, Sandra is unable to act in accordance with other moral principles relative to community commitments and providing the best care possible for every patient. She believes she and her team ought to help Tiffany survive this infection using therapies that have been developed and that are being used elsewhere. However, Sandra is not empowered to provide this optimal level of care. Resources available to her are inadequate, hence the cause of her moral distress as a care provider.

Other causes include coercion, i.e., cases where one is forced to act against their moral code. In the initial case scenario, Assistant Manager Anne feels coerced to violate her moral belief that it's wrong to fire someone from a job due to poor performance caused by depression. Sam is also a friend. In this case, the causes of Anne's moral distress are multiple: feeling coerced by a manager and dual roles with conflicted loyalties.

Intervening on the Causes of Moral Distress

Understanding causes may help point to solutions and interventions. There are many resources for addressing moral distress. Dr. Wocial offers tips that include acknowledging the feelings experienced in a situation of moral distress, obtaining/providing information about the distress situation, and engaging with other stakeholders. Elizabeth Episten and Sarah Delgado (2010) highlight additional approaches to addressing moral distress. Among them is a method proposed by The American Association of Critical Care Nurses, which they have since revised.

1. Identify What You Are Experiencing: In managing distress, it is important to identify specifically what type of distress you are feeling.

2. Assess Your Level of Moral Distress: Use the thermometer to rate the severity of your moral distress from 1 to 10, and note the accompanying description. Use the result to prioritize actions you will take to mitigate your distress and identify changes over time.

3. Identify Causes and Constraints: Specific situations trigger moral distress. Typically, there is a defining element that constrains or stops you from acting. This constraint may be related to internal or external factors (such as work environment or organizational pressures).

4. Select Resources that Can Help: Choose strategies to address moral distress based on the type of constraint. Solutions may be actions nurses can take individually, contribute to as part of a unit or escalate to organization leaders.

So addressing moral distress involves identifying the triggers and causes, such as coercion or dual relationships or inadequate resources. It also entails, as in Step 4 above, adopting and implementing strategies addressing those causes. In Sandra's case, this could mean reaching out to peers, perhaps

establishing together a support network within the hospital. Understanding moral distress as a concept can lead to potential creative interventions.

(For more perspectives on moral distress, see The Moral Distress Project out of the University of Kentucky.)