

Title: Moral distress by staff: My patient is suffering and "we can't keep torturing them"

Authors: Anthony Eidelman, MD; Amos Bailey, MD; Regina Fink, PhD, APRN

Statement of the Problem: Moral distress is increasingly recognized as an issue of concern in palliative care and is associated with detrimental outcomes.

Background: Moral distress is an emotional anguish that occurs when an individual feels compelled to act in a manner contrary to their moral values. Moral distress is especially prevalent in palliative care professionals perhaps related to continuously caring for patients with serious illness, prevalence of ethical dilemmas, and the responsibility to facilitate complicated care decisions. The consequences of unresolved moral distress include compromised quality of patient care, impaired provider wellbeing, and organizational challenges.

Purpose: To author an educational, case-based chapter on moral distress for a textbook intended for palliative care trainees and providers.

Methods: A clinical case exemplar that gives rise to moral is described. The chapter reviews moral distress and summarizes potential supportive and preventative strategies. An analysis and resolution of the clinical case exemplar is provided.

Findings: There have been substantial efforts to develop meaningful strategies to mitigate or preempt the experience of moral distress. Proposed interventions include reflective practice, cultivating moral resilience, fostering collaborative relationships, effective communication, implementation of educational programs and improving personal psychological empowerment. While these approaches offer promising direction, no single intervention has been found to reliably mitigate the detrimental effects of moral distress

Conclusions: It is essential that palliative care professionals have familiarity with moral distress in order to support themselves, their colleagues, and to implement systems level interventions. Moral distress is often associated with poor communication among providers, patients, family caregivers, or their surrogates. There are few proven effective interventions for mitigating the effects of moral distress. On an individual level cultivating moral resilience has been proposed as a coping strategy. Future effective interventions should be multidimensional and address the complex root causes of moral distress.