Alleviating Moral Distress with Ethical Decision-Making

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Learning Objectives

1. Describe moral distress as a concept, especially as it applies to social work.
2. Identify theory-based frameworks for ethical decision-making that are useful for increasing moral efficacy and moral courage.
3. Apply specific ethical decision-making models to case studies and assess their effectiveness to reduce moral distress for social workers and members of interdisciplinary teams.

Moral Distress
Definition, Causes, Prevalence, and Consequences
Moral Distress Defined

An integrity-compromising experience

Moral distress occurs when personal or institutional factors prevent one from taking an action considered morally justifiable.

Fantus, et al., 2017

5 Key Components of Moral Distress in Healthcare Professionals

- Complicity in Wrongdoing
  - Pressure to act unethically
  - Situation threatens moral integrity

- Lack of Voice
  - Believe they have knowledge or insight into the situation but are not heard or taken seriously

- Wrongdoing Associated Professional Values
  - Not personal values

- Repeated Experiences
  - Distress builds over time with each new experience
  - Moral residue and crescendo effect

3 Levels of Root Causes

- Patient/Family Level
- Unit/Team Level
- System Level

Epstein, et al., 2019
Prevalence and Root Cause of Moral Distress by Profession

Study conducted at Baylor Health Care System
- Over 2,700 respondents from 10 disciplines and a variety of work settings

<table>
<thead>
<tr>
<th>Mean Moral Distress Score &amp; Primary Cause by Role on Team</th>
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<tbody>
<tr>
<td>MD 64.33%</td>
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<tr>
<td>• Starting or maintaining medical treatment they do not agree with</td>
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<tr>
<td>RN 68.00%</td>
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<tr>
<td>• Following patient’s wishes for treatment even when they do not think it is the right thing to do</td>
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<tr>
<td>SW 66.51%</td>
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<td>• Social justice issues, discharging patients with inadequate social support</td>
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Comparing Moral Distress, Occupational Stress, and Compassion Fatigue

Occupational Distress: often result from the following organizational barriers:
- High turnover rates
- Role ambiguity
- Lack of funding
- Staff shortages
- Attitudes towards social workers from other disciplines

Compassion Fatigue: Burnout + Secondary Trauma

Comparing Moral Distress, Occupational Stress, and Compassion Fatigue, cont’d

Moral Distress: experience MUST lead to the individual experiencing professional values and standards being compromised.

All three can produce similar results including leaving the profession and mental and physical health issues
How does moral distress relate to ethical dilemmas?

VS.

Consequences of Moral Distress

Moral Residue:
The lingering feelings after a morally problematic situation has passed; resulting in a loss of moral identity that is lasting and powerful.

(Allen, et al., 2013)

Measure of Moral Distress for Healthcare Professionals (MMD-HP)

- Moral Distress Scale (MDS) originally published by Corley, Elswick, and Gorman in 2001
- Revised (MDS-R) by Hamric, Borchers, and Epstein in 2010
- 6 versions for different professions and settings
- MMD-HP newly published in April 2019 by Epstein, Whitehead, Prompanakul, Thacker, and Hamric
- 1 version for all professions and settings
- Addresses all three levels of root causes
- Used to measure both the frequency and intensity of moral distress experienced by health care professionals across disciplines

http://moraldistressproject.med.uky.edu/interviewees/mdp-ann-hamric-phd-rn-faan

11/13/2019
What do we do about it? Building Moral Efficacy and Moral Courage

Moral Efficacy & Moral Courage

- Moral Efficacy: One's belief in their ability to deal positively with ethical issues as they arise and to overcome obstacles in developing and implementing ethical solutions.

- Moral Courage: One's willingness to stand up for what is right, even in the face of adverse personal outcomes.

Ethics Education

- Understand and use a model for ethical decision-making
- Acknowledge moral distress
- Build common language and process
“...work through it continually and forever”

Building Moral Community

Dr. Stuart Finder
Cedars Sinai Medical Center
Los Angeles, CA


Congress ETHIC Model

E
Examine relevant personal, societal, agency, client and professional values.

T
Think about what ethical standard of the NASW code of ethics applies, as well as relevant laws and case decisions.

H
Hypothesize about possible consequences of different decisions.

I
Identify who will benefit and who will be harmed in view of social work’s commitment to the most vulnerable.

C
Consult with supervisor and colleagues about the most ethical choice.

Congress, 2000

Mattison’s Framework to Analyze Ethical Dilemmas

Mattison, 2000
Case Study #1

- 57 year old woman with recurrent metastatic uterine cancer
  - Past surgery and on IV chemotherapy for ~8 months
  - History of drug abuse, no use in several years
  - Adult children were mostly raised by adoptive parents, now back involved
  - Daughter lives 40 miles away, son lives 300 miles away
  - Recent decline in status, current situation: cachexia, previous malignant bowel obstruction, using wheelchair, ECOG-3, nausea/vomiting, very difficult peripheral vein access
  - Pt. comes to clinic alone for labs and possible chemo. After 3 attempts, unable to draw blood for labs. Pt. tearful and says she does not feel well enough to take chemotherapy but does not want to let her family down. Decision for two-week break from treatment.
  - Two weeks later, after office visit with children present, decision made to have a port placed and restart single-agent chemotherapy. Performance status is unchanged.

Case Study #2

- 36 year old woman comes into Emergency Room and is diagnosed with colorectal cancer while inpatient – Stage 4 at diagnosis with potentially poor prognosis
  - Married with two children, ages 3 years and 10 months
  - Husband works days and patient had worked nights as a CNA
  - Patient has surgery and begins aggressive chemotherapy
  - Pt. states that her most important goal is to have as much time with her children as possible
  - Pt. has a very hard time with chemotherapy and ends up hospitalized, often in ICU, after each treatment
  - During flu season and children under age 12 are not allowed to visit inpatient
  - Pt. continues to desire aggressive chemotherapy

Next Steps

- Be a safe person for teammates – recognize that moral distress is experienced individually
- Seek out ethics education and become familiar with a model for ethical decision making
- Look out for situations/patients with potential to cause moral distress – start the conversations early to build trust with patient/family and among care team
Questions?

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References


References, continued


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