Understanding Moral Distress, Burnout, and Professionalism:
Exercising moral agency for balancing professional obligations and personal values as an RT.

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Conflicts of Interest

I have no conflicts of interest to declare.
Objectives

• Develop an accurate understanding of moral distress and its causes.
• Develop specific tools to address moral distress in ethically conflicted situations.
• Empower RT’s to exercise (moral) agency.
One-year old girl who’s spent most of her life in an intensive care setting. Transferred to an academic medical center for a liver transplant.

Complications: Sepsis, renal failure, pneumonia, recurrent resuscitation efforts. Poor prognosis—clinician consensus is that she’ll likely die.

Mother refuses to withdraw care, and believes to be her daughter’s only protector and advocate. She’s critical of the team, and holds the view that every moment of life is valuable...so she demands aggressive care while being suspicious and critical of the team.
Case Continued

“RT’s found themselves in a difficult situation as they attempted to provide aggressive treatment while worrying that they were causing suffering without potential benefit.”

“The RT’s were traumatized by the child’s mother and by the effects of their efforts; they dreaded going to the bedside.”
RT context…

“Nearly every RT has at some time removed a ventilator in the process of termination of life-sustaining treatment.”

“Almost no patient dies in the hospital without being cared for by an RT.”

“70-90% of ICU deaths are due to withdrawal or withholding of life support.”

“One-third reported distress related to withdrawal of treatment.”
What would you do?

• In support of continuing aggressive treatment?
• In support of withdrawal of treatment?
• Unsure
• Refusal to provide care…
How do you feel?

- Frustration
- Anger
- Fear
- Anxious
- Inability to feel happy
- Being unprofessional
- Feeling overwhelmed
- Disillusionment
- Hopelessness
- Lack of empathy
- Feeling insufficient at work
These Feeling are Associated with Burn-out syndrome

- 25-33% of critical care nurses
  - 86% have symptoms
- 45% of critical care physicians
- Respiratory therapists?

Burn-out syndrome

Moral Distress

Original construction:

“Moral distress arises when one knows the right thing to do, but ... constraints make it nearly impossible to pursue the right course of action.”

A proposed expanded definition:

“Moral distress is one or more negative self-directed emotions or attitudes that arise in response to one’s perceived involvement in a situation that one perceives to be morally undesirable.”

Constraints involved in moral distress:

**Internal Constraints:**
- Lack of assertiveness
- Self-doubt
- Socialization to follow-orders
- Perceived powerlessness
- Lack of understanding of full situation

**External Constraints:**
- Inadequate staffing
- Hierarchies within the healthcare system
- Lack of collegial relationships
- Lack of administrative support
- Policies and priorities that conflict with care needs
- Compromised care due to pressure to reduce costs
- Fear of litigation

Specific issues:

- Hierarchy and power structures in medicine
  - Respect for persons
  - Role ambiguity and abdication of decision making power (inappropriate delegation)
  - Lack of accountability and ownership (blame)
Things you can do Globally to Combat Moral Distress

• **Speak up**, recognize and name moral distress and insist on dialogue with other parties in the situation

• **Be deliberate** in decisions and **accountable** for actions

• **Build support networks to empower** colleagues and speak with one authoritative voice

• **Focus on desired changes** in the work environment that preserve moral integrity

Some advice...

“One antidote to moral distress is stronger moral agency.”

You want to be a co-author of the narrative rather than a character.

Moral Agency and Moral Distress

Moral Agency is an ability of an individual to make a moral judgment, to act on it, and be held accountable for the action.
Strengthening Moral Agency

“Ought implies Can.”

• You’re not responsible for things outside of your control…

• Professionalism and Role Clarity:
  • Scope of professional obligations and duties define what is inside and outside of your sphere
    • *One cannot play all positions*

• **Point for reflection:** What are the things inside your sphere of influence and professional duty?
  • What are the things *outside*…?
Strengthening Moral Agency

“I own me, you own you…”

- Things you are not in control of and do not have responsibility for:
  - Not responsible for patient choices
  - Not responsible for patient feelings
    (But you’re still responsible for your actions towards them.)

- Point for reflection: Can I really control another person’s choices and feelings?
  - Do I have a responsibility for the outcomes?
    (Or only my own actions?)
Discussion about a case that’s closer to home…

- There is a 30 week preemie that is ventilator-dependent and severely neurologically compromised with a very poor functional prognosis.
  - Option 1: Prepare the patient and family for home discharge via multiple surgical and medical interventions and an extended hospital stay
  - Option 2: Palliative extubation and withdrawal/withholding of life sustaining treatments.
Are These Options both Ethically Permissible Choices.

A. Option 1: Preparing the patient and family for home discharge via multiple surgical and medical interventions and an extended hospital stay is the only ethically viable option.

B. Option 2: Palliative extubation and withdrawal of life sustaining treatment is the only ethically viable option.

C. Both are Ethically Permissible Choices

D. Neither are Ethically Permissible Choices
Independent Exercise Using These Tools

- What do I have the professional obligation to do?
  - What is my role?
  - What is outside of my professional obligations to the patient?

- What do I have the power to do?
  - What are the limits?
  - What do my choices require of others?

- What happens if the final choice is not the one I prefer?
  - If it’s ethical but sad?
  - If it’s morally unacceptable to you: Conscientious objection
    - Objection is permissible as long as care is provided…
Some final thoughts on the power of stories in medicine...

- Stories transcend ethics...
  - A story can be tragic without there being anything ethically wrong.
  - Concepts like hope, reconciliation/redemption, heroism, forgiveness are only coherent within narratives.
  - “Man is in his actions and practice, as well as in his fictions, essentially a story-telling animal…”

I can only answer the question ‘What am I to do’ if I can answer the prior question ‘Of what story do I find myself a part?’”
  - After Virtue, Alasdair MacIntyre (1984)
We Are Co-authors in our patient’s story

All stories of life end in death, but they can still be beautiful stories.

* Let’s try and help write beautiful stories


* Also see January 2014 special edition of the Hastings Center Report.
Questions? Comments?