Moral Distress/Compassion Fatigue

NHPCO Medical Aid in Dying Resource Series

10/10/2021

Definitions

Moral Distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action (Jameson, 1984 as cited by Musto & Rodney, 2018).

This definition has been modified numerous times to address components of moral distress. A key concept related to moral distress is the residual impacts if not addressed. This are identified through the following stages of moral distress.

1. Initial moral distress – the experience that triggered the reaction.
2. Reactive moral distress – follow-up reaction from not addressing the initial response.
3. Moral residue/crescendo – impact of ongoing moral distress if not resolved

To build on these concepts; Campbell, Ulrich & Grady (2016) attempted to refine the underlying issues to better understanding moral distress. They identified the following six situations that can trigger moral distress.

1. Moral Uncertainty – the individual does not know the right action to take. New or unfamiliar situation.
2. Mild Distress – a strong emotional reaction not initially experienced. Impact is cumulative in nature.
3. Delayed Distress – feelings of having done the wrong thing but not sure what the right action should have been.
4. Moral Dilemma – no morally right thing to do. Two moral principles able to be applied equally.
5. Bad Moral Luck – morally best action selected but negative outcome.
6. Distress by Association – response not based on your action but the actions of another. Exposure to others distress.

Revised definition - more inclusive of each individual's role

Moral Distress involves one or more negative self-directed emotions or attitudes that arise in response to one's perceived morally undesirable involvement in a situation that one perceives to be morally undesirable (Campbell, Ulrich & Grady, 2016)

Relevance to MAID

In response to Medical Aid in Dying, many hospice and palliative care professionals may experience moral distress. In MAID, as professional caregivers they might have a lot of moral uncertainty. They may be conflicted about whether MAID is morally right, even if in a state where it is legally possible. Or they might be very certain that it (a) IS right, but cannot assist because the hospice or the state tells them they can't, or (b) IS NOT right, but the patient insists and the hospice and state allow it. That's where the dilemma and distress come in. For example, a hospice nurses know how to recognize the signs and symptoms of death and are prepared to help their patients live comfortably until death. What the majority of nurses are not trained to do is to expedite death through intentional means. Different health professions will have different types of moral distress related to this scenario.

Moral distress related to MAID has potential impacts on hospice and palliative care professionals and organizations. A few of the most common are:

1. Staff turnover – the inability to confront the moral residue resulting from the unresolved distress.
2. Decreased job satisfaction – the personal experience of helping others have a death with dignity has been minimized or compromised.

3. Frustration – the lack of ability to directly impact a patient' natural peaceful death experience results in feelings of lack of control.
4. Shame – feelings that they were unable to assist their patient with an acceptable death resulting in their choosing MAID, or that they were prevented from assisting with LAD as the patient wished.
5. Doubt of professional skills and abilities – similar to shame, feeling that they lack the requisite skills and abilities resulting in the patient choosing MAID.

Recommendations

Based on the complexity of moral distress and MAID, recommendations are focused in two areas: individual and organizational.

Individual

To help with better understanding of Moral Distress, hospice and palliative care professionals are encouraged to engage in the following mechanisms to understand, explore and address moral distress in their professional practice.

1. Personal awareness of situations that trigger feelings of loss of control when they know the right thing to do but are unable to take the required actions.
2. Engagement with members of the interdisciplinary team (IDT) to discuss feelings and concerns with LAD being chosen by patients to address their EOL wishes.
3. Utilization of ethics committees to address ethical components of MAID and how the organization can best address staff concerns.

Resources

Moral Distress Thermometer (Wocial & Weaver, 2013) – See Appendix A

Organizational

Utilization of NHPCO MAID resources