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C847 An Academic Medical Center's Response to Moral Distress: Interprofessional Ethics Case Rounds

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Objectives

- Learners will be able to discuss how Ethics Case Rounds provides a shared moral framework to address moral distress among staff.
- Learners will be able to articulate ways to develop Ethics Case Rounds at their institutions.

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Conflict in Health Care

- Moral conflict in health care is inevitable
  - Multiple cultures and religions
  - Multiple disciplines
  - Multiple roles
  - Multiple interests
- Presence of ethical conflict does not mean that anyone is bad or wrong
- Can be a true opportunity for growth. However …

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The Cost of Unresolved Conflict

- Moral distress for those with less power/control
- Moral residue and the "crescendo effect"
  - Moral residue: a "moral wound" that results from having to act against one's values
  - Crescendo effect: the heightened sense of moral distress with every episode of unresolved moral distress
- Moral residue can be a major cause of burnout in nursing
- Can be experienced by other professionals, family members and patients

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Varieties of Moral Problems

- **Moral conflict: Two or more people have different views about what is right or wrong about a situation in which they are involved**
- Moral dilemma: Competing moral obligations; feeling that there is no ethical course of action
- **Moral distress: Feeling blocked or prevented from doing something you feel is right (or forced to do something you feel is wrong)**
- Moral uncertainty: A sense of moral unease; feeling that something is morally wrong about a situation, but not being able to explain what it is

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Moral Distress: Description

- Moral distress is the feeling of being blocked or prevented from taking the morally appropriate course of action.
  - "Block" can be internal or external
- It is a source of burnout for healthcare professionals, particularly nurses.

Moral Distress: Causes

- Inadequate orders for pain relief
- Being asked to perform duties beyond one's skill level
- Being required to administer medically non-beneficial treatment
  - Especially if painful or harmful to the patient
- Inappropriate use of resources
- Poor communication with patients and families

Moral Distress: Consequences

- "Moral numbness"
- Conscientious objection
  - Can be positive or negative
- Lower job satisfaction
- Burnout
  - Poor performance
  - Depression
  - Absenteeism
- High turnover

Ways to Address Moral Distress

- Find the root causes of moral disagreement
  - May be necessary to explore a different path
  - Additional resources may be needed
- Improve interdisciplinary communication
  - Many instances of moral disagreement disappear with good communication
  - Why? Good ethics starts with good facts
- Support nurses who speak up responsibly
  - Those who speak up about moral distress contribute something valuable

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Ethics Resources at UTMC

- Ethics Committee
- Clinical Ethicist
- **Ethics Case Rounds (ERC)**
- Ethics Resources page on Intranet
- Related resources:
  - Patient Advocate
  - Nursing Wellness Program
  - Literary Rounds
  - Medical Humanities

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Ethics Case Rounds

- Monthly interprofessional meetings
  - Lunch provided
  - CE offered
- Case presentation
  - "Panel" of nurses and other providers who cared for the patient contribute their experiences
- Discussion of morally and emotionally difficult features of case
- Options and barriers explored
- Teaching points from Bioethics literature, law, hospital policy

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Ethics Case Rounds: Goals

- Create a forum for discussion for cases that cause moral discomfort for staff
- Provide a shared framework for ethical discussions
- Provide an opportunity for ethics education
- Promote interdisciplinary team building
- Normalize differences of opinion
- Build a network of ethics leaders throughout the hospital

Adapted from Martha Jurchak and Ellen Robinson

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How ECR got started at UTMC

- Support from Chief Medical Officer for Dr. Mendola to participate in CERN (clinical ethics residency for nurses)
  - HRSA-sponsored program at Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH)
  - Ethics Case Rounds in ICUs led by Ellen Robinson, PhD, RN at MGH and Martha Jurchak, PhD, RN at BWH
- Initial concept was to implement small discussion groups in each ICU at UTMC
- Support from Chief Nursing Officer and Nurse Managers
  - Trained nurse-facilitators for ECR in individual ICUs
- Only small number of staff were able to participate

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How ECR got started at UTMC

- Support from Nursing Clinical System Coordinator
  - Expanded to a broader hospital-wide program
  - Open to all team members and healthcare students
  - Scheduled each month at same time and location
  - ECR Flyer
  - Included in electronic newsletter
- Support from Staff Development
  - Continuing education credits (CNEs, CMEs)
- Support from Graduate School of Medicine
  - ECR is a required component of resident education

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And now …

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Welcome to Ethics Case Rounds

When the incapacitated patient refuses treatment

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Goals for Today

- Learners will be able to explain the considerations that are including in assessing a patient's best interests
- Learners will be able to articulate the level of decisional capacity needed for a given decision

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Elizabeth

- Elizabeth is a 72 year old lady who was admitted with altered mental status, sepsis, and acute kidney injury. She has a history of paranoid schizophrenia.
- Elizabeth is oriented, articulate, and opinionated. She is widowed and has four children.
- One of the daughters has temporary legal conservatorship over Elizabeth and is in the process of trying to gain permanent conservatorship.
- Elizabeth's primary concern is preserving her independence. She also dislikes medical settings and medical interventions. She states frequently that she does not want to be interfered with. "It's my body and you can't invade it!"

Elizabeth

- Elizabeth has difficulty voiding, and recently developed back pain that affects her gait. She was found to have a pelvic mass that presses on her ureters and bladder. She faces impending renal failure, expected to be severe and irreversible, unless the mass is removed.
- There are 2 treatment options, both surgical:
  1. Removal of the mass + mesh to support the pelvic floor, which is likely to fail in <2 years
  2. Removal of the mass + hysterectomy + recreating pelvic floor in vaginal vault, which has a much lower chance of failure, but involves surgically closing the vagina

Assessment of Decisional Capacity

- Decision making capacity (DMC) is defined as an individual's ability to understand the significant benefits, risks and alternatives to proposed health care and to make and communicate a health care decision.
- Involves 4 abilities
  - **C**ommunicate, **U**nderstand, **R**eason, **A**ppreciate
- Sliding scale
- Contrasted with legal *competence*
- Contrasted with *cognition*/*orientation*
  - "Orientation" tells us relatively little
- Best assessment tool: the ACE
  - Mini-mental state exam (MMSE) lacks specificity and sensitivity to assess capacity

Best Interests

- An assessment of the patient's best interests includes:
  - consideration of the patient's dignity
  - the possibility and extent of preserving the patient's life
  - the preservation, improvement or restoration of the patient's health or functioning
  - the relief of the patient's suffering
  - any medical condition and such other concern and values the patient would wish to consider.

Elizabeth

- Elizabeth was unable to demonstrate DMC.
- Her children met with her physicians and Ethics multiple times. They believe that no option is BOTH in her best interests and respects her preferences.
- They are concerned that proceeding with surgery over Elizabeth's objections will increase her lack of trust in medical personnel.
- They are also concerned that the medically safest option is the most invasive, as it closes off vagina and thus makes intercourse impossible.

Elizabeth

- Based on Elizabeth's values and situation, the likelihood that she will have the opportunity to have intercourse is low and the likelihood of benefit from surgery is high
- Without surgery, she is likely to proceed to renal failure soon
- Dialysis 3 times per week would interfere with independence and require more health care encounters
- She is likely to be noncompliant with dialysis, which will lower her quality of life and put her at odds with them
- Her pain is likely to worsen without surgery
- The children have made decisions in her "best interests" over her objections before; she has accepted this

Initial Ethics Recommendations

- Proceeding with the more invasive surgery appears to be in Elizabeth's best interests, even considering her objections, given her medical condition and her lack of ability to apprehend the consequences of refusing the surgery.
- Additionally, given her history of schizophrenia, it does not appear likely that she will gain decisional capacity, especially given the relatively urgent nature of situation.
- We support the decision of her temporary conservator and physicians to proceed with surgery.

Easy for you to say …

- Now the question is: How do we get her to the OR without further traumatizing her or others?
- Throughout her admission, the question of how to carry out treatment without destroying trust emerged and re-emerged
  - Medications
  - Diagnosis and treatment for DVTs

References

- Johnston, C. (2013). The weight attributed to patient values in determining best interests. *Journal of Medical Ethics, 39,* 562-564.
- Karel, M., et al. (2010). Reasoning in the capacity to make medical decisions: The consideration of values. *Journal of Clinical Ethics, 21*(1), 58-71.

Thank you!

Next Ethics Case Rounds:

- Thurs, October 22nd at noon
- Wood Auditorium
- "When the Advance Directive and the Surrogate Disagree"

Hope to see you there!

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Key Points

- Show all sides of the situation
  - Understanding different points of view is the most fundamental goal
- Use a facilitator who
  - Knows how to ask good questions
  - Is able to encourage dialogue
  - Is a “non-anxious presence”
- De-identify case carefully
- Make it a regular event

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Lessons Learned

- Support from management is important
- Input from direct caregivers is crucial
- Be flexible! Tailor ECR to meet the needs of your team members
  - Size, format, time of day, day of week, etc.
- The more voices, the better
- Be “infectiously curious”
- Be willing to learn

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Making it Work

- Link to other services that work closely with morally distressing situations
- Share responsibility for tasks
  - Selecting and writing the case
  - Logistics (reserving rooms, ordering food, sending reminders)
  - Leading discussion
- Make interdisciplinary participation attractive
  - Invite team members who were involved in the case
  - Offer continuing education credit (academic medical centers connect to GME)
  - Food always helps ☺

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Resources

1. Epstein, E.G., & Delgado, S. (2010). Understanding and addressing moral distress. *OJIN: The Online Journal of Issues in Nursing, 15*(3). doi:10.3912/OJIN.Vol15No03Man01
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7. Robinson, E.M., Lee, S.M., Zollfrank, A., Jurchak, M., Frost, D., & Grace, P. (2014). Enhancing moral agency: Clinical ethics residency for nurses. *Hastings Center Report, 44*(5),12-20.

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Questions?

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