

# Moral distress - a commentary

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# Moral distress: A working definition

*“Ethical unease or disquiet resulting from a situation where a clinician believes they are contributing to avoidable patient or community harm through their involvement in an action, inaction or decision that conflicts with their values.”*

**Does this resonate?**



**The starting point is the individual's  
experience ...**

# However ....

- Is this a team or individual issue?
- Who are we concerned about?
- Is it inherent in the work we do *OR* is it a sign that there is a problem?



Clinicians' ethical  
skills

Processes of  
care

Organisational  
/ team  
cultures



**It's all about decision-making**

**Decisions we don't make**

**Decisions we do make**

# It's all about decision-making

Blood draws, obs  
Investigations

Treatment - stop or go

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SMALL STUFF IS ON AUTO-PILOT - THE  
DEFAULT CARE SETTINGS

BIG DECISIONS WITH HIGH  
CONFLICT POTENTIAL



# Organisational / team cultures : the troublesome mismatch

*The operating theatre is not a democracy*

→ it's hierarchical, requires time critical decision-making, protocolized

But it's the wrong model for the complex, multidimensional, slowly evolving, but inevitable end-games of chronic disease

# A different question

Maybe the question is -  
“What *kind* of decision is being made  
here?”

# The wisdom of the team

For many problems, we need to evolve processes of care that call upon and validate the input of different clinicians

# How should we understand the ethical conflicts within teams?

What will do the most good and produce the least harm?	<b>Utilitarian</b> approach
What respects the rights of all who have a stake?	<b>Rights-based</b> approach
Do we treat people equally or proportionately?	<b>Justice</b> approach
What best serves the community as a whole, not just some?	<b>Common good</b> approach
What will lead me to act as the sort of person I want to be?	<b>Virtue</b> approach

Ref:

# Our perspectives and conflicts are ethical

Specific concerns may be associated with *professional* focus ...

- ❖ Nurse : patient suffering
- ❖ Social worker : autonomy, rights
- ❖ Doctor : stewardship of resources, evidence-based decision-making
- ❖ Administrator : resource allocation, common good

# When we see things differently

... Avoid right / wrong dichotomies

... Avoid seeking false resolution

... Beware of our own confirmatory biases

Is moral distress the problem?

Moral distress as a “warning light”

# If its a team problem

Strategies that focus on teams >> individuals - for instance ....

- Schwarz Rounds
- Peer supervision
- High value MDTs
- MMs that focus on *quality* outcomes - quality of life, quality of death and dying



# Fostering spaces for shared decision-making

*Wise teams* with concern for the patient  
as their shared goal

\*Wise: having or showing the ability to make good judgements, based on a deep understanding and experience of life