Moral Injury and Staff support: Insights from a Paediatric Clinical Ethics Committee

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Aims

- Brief Overview of the GOSH Ethics Committee
- Dilemmas that arise
- How we support staff

The GOSH Paediatric Bioethics Centre

- MDT including both Professional and Lay members
- Expertise in Advanced decision making and Ethics
- Clinical Ethics Committee
- Rapid Case Reviews (RCRs)
- Education and Training sessions
- Staff Support
- Bioethics Research
- Family +/- the child encouraged to attend RCRs
- **Not a decision-making body**

What is Bioethics?

- Looks at the most challenging moral and policy questions of our time
- Duties of a doctor to '*Make the care of your patient your first concern' (GMC)*
- *But who is our patient?*
- *Challenges of Adults v Children*

Ethical challenges

- Differing and conflicting views
- New and innovative treatments
- End of life decision making
- Quality of life
- Conflict management
- Best interest dilemmas
- Resource allocation
- Tensions between a professional's personal moral compass, expectations attached to their role and conflict within team members

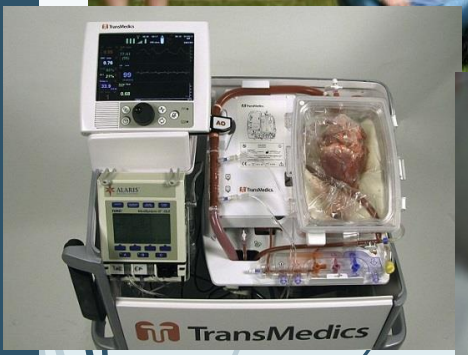
What is Moral distress in the context of Bioethics?

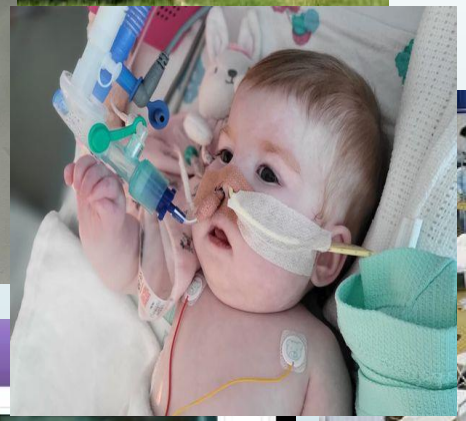
- When staff are unable to act on a moral judgement of what should/should not be done due to institutional/social constraints
- Should new and experimental treatments (which may lead to benefit in future) be pursued?
- Should life sustaining treatment be withdrawn?
- This is heightened when there's conflict with the family about what should be done/ what is in their child's best interests
- Also includes smaller relational judgements – e.g. which call bell to answer first

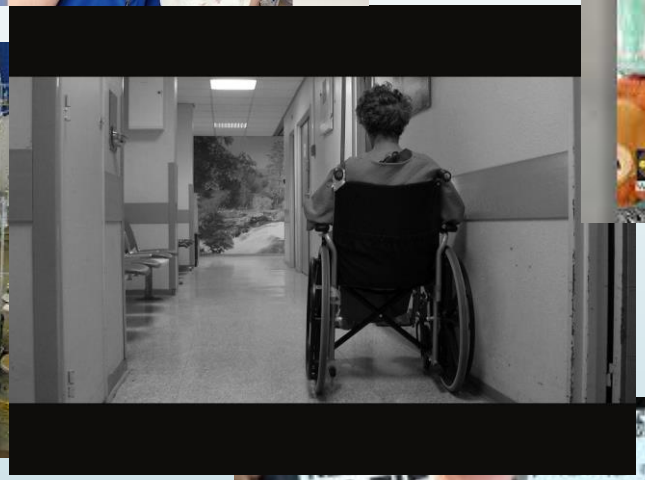

SAVE
CHARLIE GARD


"Vaccines cause autism"

memeguy.com


TransMedics



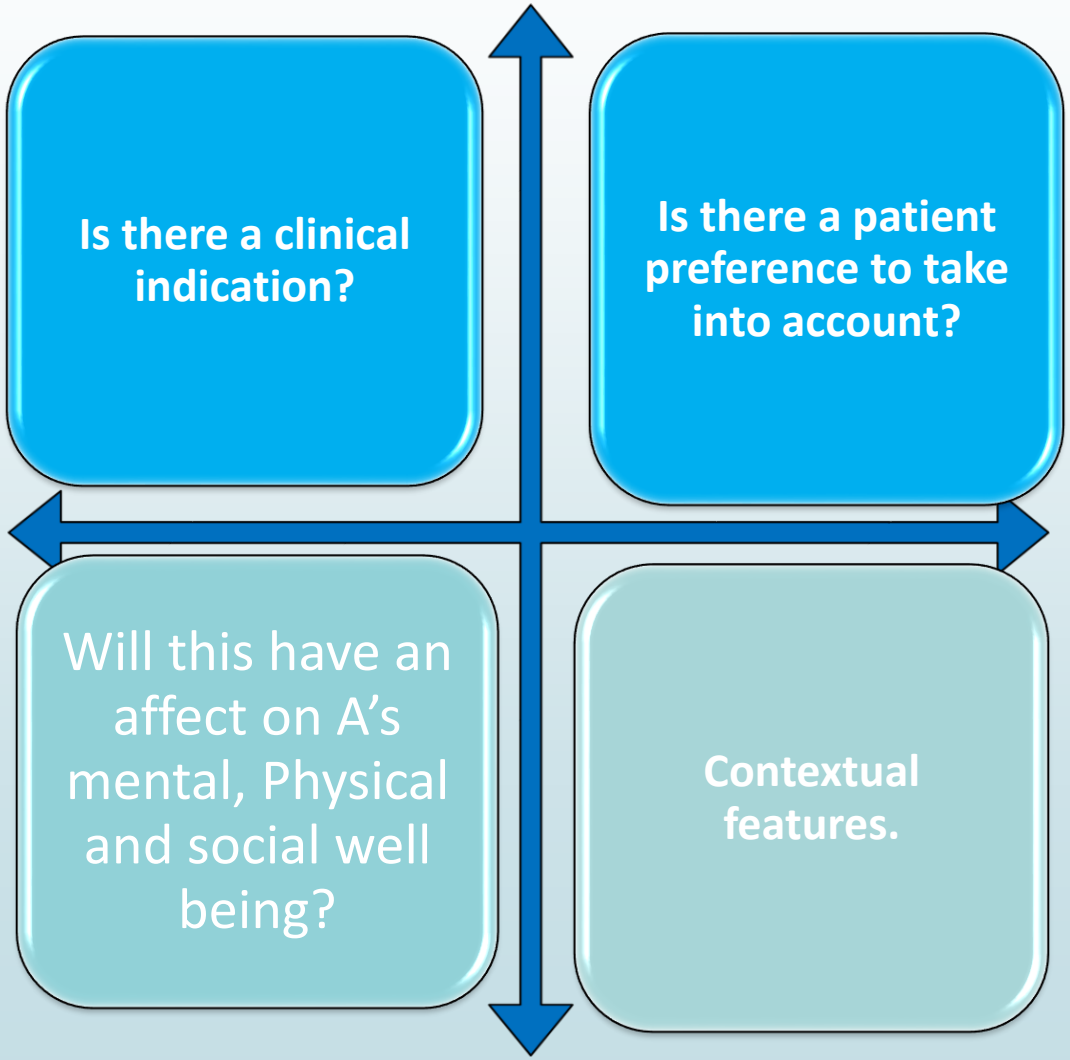



WHO DECIDES WHEN LIFE SUPPORT ENDS?
ARCHIE BATTERSBEE WAS TAKEN OFF ALL MEDICATION ON SATURDAY
TODAY TONIGHT


Jahi Mcmath Fund
Raised: $21,510.00
Goal: $20,000.00


ALFIE EVANS
EVANS
FREE ALFIE
RELEASE ALFIE EVANS

The Four Quadrant Framework



Organisational factors – Is this inevitable in today's NHS?

- Increased medical complexity
- New technological advances/access to phase 1 trials
- Working with death & morbidity
- Exposure to challenges from social media
- Working with long stay and traumatised families
- Increased workload & time pressures
- Large systems of care
- Finding it hard to have sense of common purpose?
- "Because we can – should we?"

High management turnover

Workload

Support (or lack of?)

Silencing and fear of reprisals

Resource shortages

Poor staffing

Shifting values

Hierarchical structures

Challenging team dynamics

Micro-management

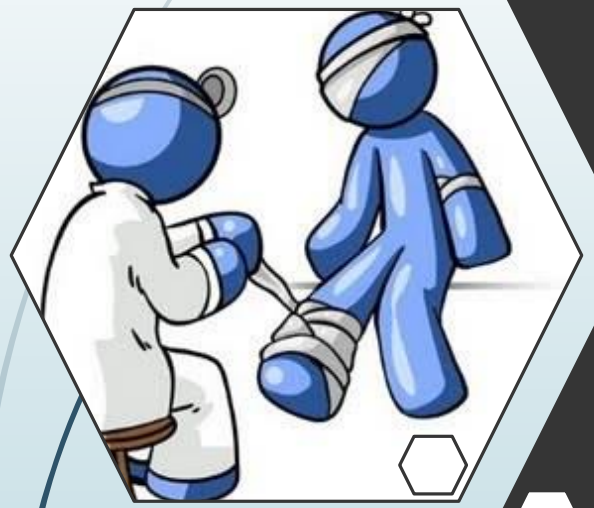
Relationships with management

High patient acuity

Power struggles

Ethically unsupportive organisational structures

Employer



Personal

Patient

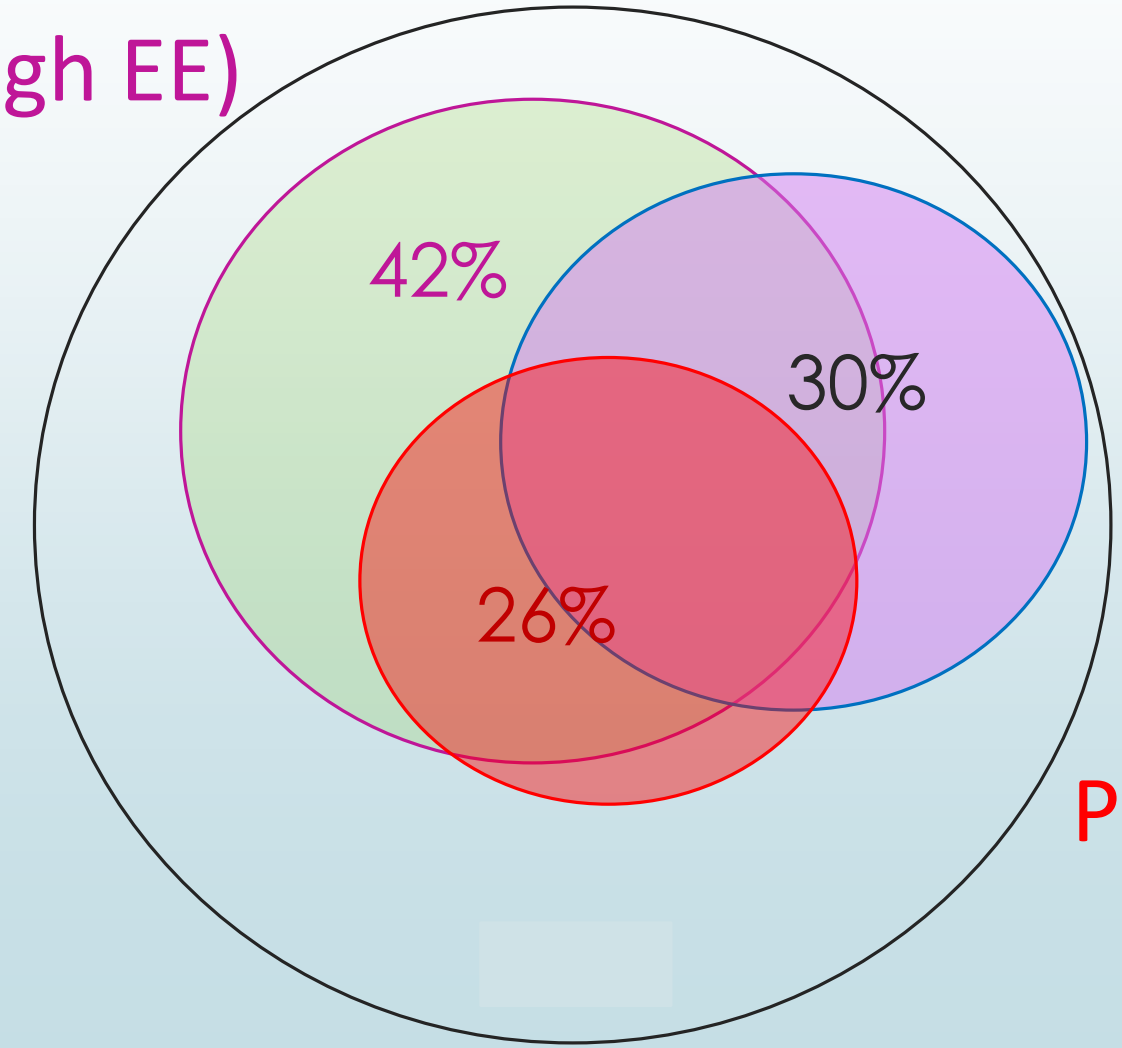
'I believe the powers that be or the people who make management decisions are far removed from the reality of what happens on the floor.'

Common causes of Moral distress in Paediatrics

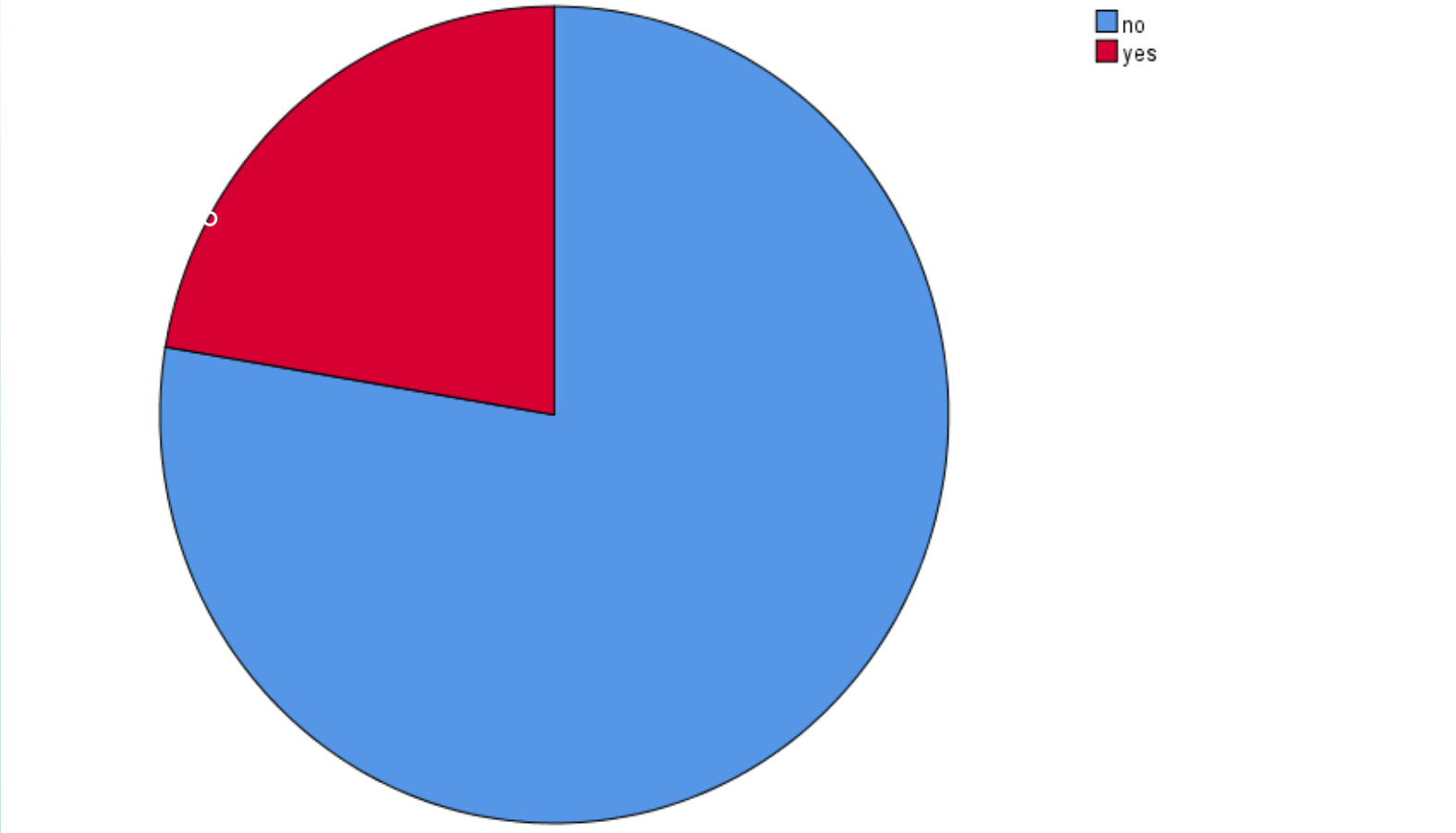
- Continued life support even when not in the best interest of the patient
- Inadequate communication about end-of-life care
- Inappropriate use of health care resources
- Inadequate staffing or staff who are not appropriately trained
- Inadequate pain relief
- False hope given to patients and their family

Staff Burnout & Work-Related Stress in ICU

(Colville et al., 2017)



Considering leaving because of moral distress



Leaving Position/Profession

Apathy

Burnout

Increased Errors

Suicide

Inability to support Juniors/Peers

Depression

Decreased Job Satisfaction

Insomnia

Withdrawal from patient care

PTSD

Decreased ability to advocate for patients/colleagues

Emotional Exhaustion

Increased Sickness

Depersonalization of care

Low Moral

Isolation

Deep Cynicism

Exhaustion

Alcohol/Substance abuse

Catastrophic effect on life

Complex case examples:

MATERNAL DIAGNOSIS

- Maternal diagnosis of HIV
- Unwell baby
- Father not aware of mother's diagnosis

- MORAL DILEMMAS?
- Staff's duty of care
- Who needs to know?
- Confidentiality
- Split staff views (gendered)

WITHDRAWAL OF LIFE SUSTAINING TREATMENT

- Complex rare medical condition
- Parents with a strong faith
- Doctors (including 2nd opinion) feel further time and treatment will not help

- MORAL DILEMMAS?
- Nurses having to care for a child with no chance of survival
- Aware we are turning away children who may need ICU bed
- Conflicting views of what is in the child's best interest

TRACHEOSTOMY

- Complex condition; child may need long term ventilation (24/7 care at home)
- Young siblings at home; Parents sometimes live apart
- Worries about long-term QOL
- Dad wanting treatment and intervention; Mum unsure

- MORAL DILEMMAS?
- Whose voice is heard?
- Can the wider psychosocial needs be taken into consideration?

What did we do?

- Referral to Clinical Ethics Committee
- MDT impartial discussion
- Staff support sessions for ward staff
- Psychology support (1-1 or in groups)
- Teaching sessions

What can we do?

- Test the waters
- Give Time & Space for Reflection
- Consider cultural and religious perspectives
- Encourage Inclusive and respectful teamwork
- Safe staffing levels
- Deliver multidisciplinary ethics & moral distress education
- Promote ethics consultations/rounds
- Offer formal and informal debriefs
- Hold Schwartz Rounds
- Facilitate complex patient care working groups
- Encourage Self care: nutrition, exercise, rest
- Share success stories and experiences
- 4A's (Ask, Affirm, Assess, Act)


AACN's 4 A's of Moral Distress
Ask
Act
Healthy Work Environment
Affirm
Assess

Things to consider

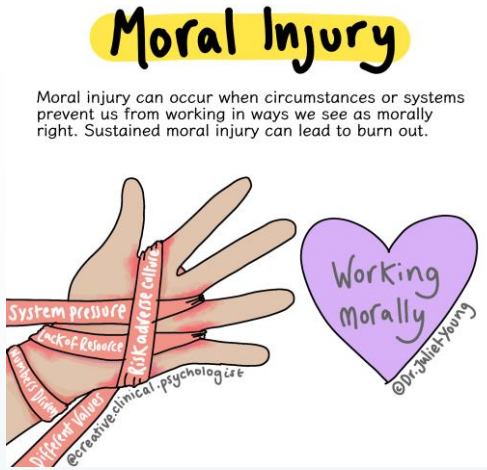
The well-being of the health professional experiencing moral distress

The well-being of the patient

The distribution of moral distress among groups of health professionals

(Fourie 2017)

Concluding thoughts and reflections



''A lot of people feel they're not involved in the decision but they're forced to carry out the decisions made by others.'' (Nurse)

'I am so relieved to see these (moral injury) terms used rather than burnout or [physicians'] distress which imply only those with less resilience suffer from these 'mental health' problems…' (Nurse)

''We are sometimes invited to offer our opinions but they never are taken into consideration when it comes down to actually making the choices'' (Nurse)

''It's very intimidating when you are that once-a-week episodic person who is not #well known or is junior. It takes a lot of courage on their part to speak up'' (Intensivist)

In Emergency Medicine we're used to the moral injury year on year of lack of beds, undignified conditions of having no adequate space to see patients and the feeling of providing an inadequate service. I'm really pleased people are talking about it now because it wears us all down and will contribute to burn-out and people leaving the profession…'

References and Further Reading

- American Association of Critical-Care Nurses *The 4A's to Rise Above Moral Distress* Aliso Viejo, CA, American Association of Critical-Care Nurses 2004 http://www.aacn.org/WD/Practice/Docs/4As_to_Rise_Above_Moral_Distress.pdf
- *Brierley J, Larcher L. Cui bono? Can feminist ethics show a path in complex decision-making where 'classical' theories cannot? Clin Ethics 6(2): 86—90*
- Who Is Experiencing What Kind of Moral Distress? Distinctions for Moving from a Narrow to a Broad Definition of Moral Distress - PubMed (nih.gov)
- *Inwald D. The best interests test at the end of life on PICU: a plea for a family centred approach. Arch Dis Child. 2008 Mar;93(3):248-50*
- Making decisions to limit treatment in life-limiting and life-threatening conditions in children: a framework for practice (DtLT) | RCPCH
- Coping With Staff Burnout and Work-Related Posttraumatic Stress in Intensive Care | Request PDF (researchgate.net)