

Summary: Ethics for Lunch, February, 15, 2022

**Ethics for Lunch:** Moral Suffering: Challenges and Opportunities

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Summary: The pandemic has intensified the frequency and complexity of ethical issues that clinicians confront in their day-to-day clinical practice. In response to these situations, clinicians are experiencing various forms of moral suffering ranging from moral stress to more corrosive moral injury. The consequences of these unresolved ethical concerns manifest in degraded physical, psychological, and moral well-being. Naming the sources of moral adversity that result in moral suffering, identifying the consequences, and exploring possible solutions offer a pathway to healing.

The February Ethics for Lunch began with a clip from a recent documentary (<https://youtu.be/4fzJkaUaIRE>) that highlights some of the challenges faced by nurses during the pandemic. The panel identified the many ethical challenges that arose during the trajectory of the pandemic. Early on, frontline health care workers had concerns about transmitting the virus to patients, family and others. Staffing shortages led clinicians to worry about not being able to provide care in alignment with their standards. The moral distress from such issues resulted in the subsequent erosion of relationships and increased feelings of isolation. The moral adversity traversed personal, professional, and community relationships.

Moral suffering is “the anguish experienced in response to moral harms, wrongs or failures and unrelieved moral stress” (Rushton, 2018). The response to moral adversity includes a continuum of moral suffering that can range from moral stress to moral distress, or all the way to moral injury. Data gathered during the pandemic confirm the prevalence of moral distress and moral injury (Nelson, 2022). The panelists observed a range of consequences of moral suffering ranging from an existential crisis, isolation, eroded empathy, reactivity, hopelessness, apathy, loss of trust, and fear of retribution. These consequences have impacted individuals, teams, and organizations in overt and insidious ways.

Moral injury is distinct from post-traumatic stress disorder (PTSD). Both are triggered by an event and may include re-experiencing or remembering the event. Both are associated with negative emotions, but they are not the same. Moral injury provokes feelings of guilt and/or shame and tends to be perception-based—someone perpetrated an event outside one’s own values and the emotional response tends to develop after the event. In contrast, hyperarousal is necessary for the diagnosis of PTSD but is not always seen in moral injury. PTSD tends to be fear-based in response to experiencing or witnessing an event that puts someone at risk of harm or death. PTSD often includes re-experiencing emotions (flashbacks) that occurred during the event. These responses can co-occur, and recent data suggests that re-experiencing guilt and self-blame can increase suicidal ideation. Moral injury adds an additional layer of risk that must be taken seriously.

Without denying the intense suffering and inherent resilience of healthcare workers, the panel invited participants to consider the interplay of the moral suffering and grief and to turn toward what else might be possible.

Some simple suggestions were offered for attending to moral suffering and grief:

- 1) Appreciate the little things
- 2) Examine why we believe what we believe
- 3) Talk about our mental health in more normalized ways in the healthcare system
- 4) Recognize we are not alone in the experience.

The concept of moral resilience-- the ability to preserve and restore integrity in response to moral adversity--was discussed. Moral resilience can offer a protective resource to meet moral adversity and to restore our moral agency. It allows us to choose who we want to be in order to respond to these inevitable challenges.

Systemic changes are also needed to modify the conditions that create moral suffering. These include allocating significant resources in the budget to support innovation, healthy and wholesome work environments, communication by leaders that rebuilds trust, and asking people at the frontlines to help in designing solutions. Institutions need to broaden support systems to enable health care workers to maintain family and community relationships while fulfilling their professional duties. Another resource can be moral resilience rounds as a means for offering support and a place where people can connect to each other and their experience.

### **Conclusions**

- Moral suffering is an expected response to moral adversity and can occur along a continuum.
- The consequences of moral suffering can undermine clinician well-being, mental health, relationships, and ultimately patient care.
- Investments in individual and systemic solutions are needed to begin to heal the wounds of the pandemic.

### **References:**

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