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COVID-19 and Moral Distress

Setting the Stage

Physicians and trainees routinely face challenging situations and difficult decisions in everyday practice that can, at times, cause moral distress. Moral distress can occur more frequently in times of crisis, such as in the present COVID-19 pandemic. It is important for physicians to learn how to recognize when they may be experiencing moral distress and how they can use coping strategies to prevent negative impacts.

In the Canadian health care system, it is well accepted that everyone should have an equal opportunity to access and receive medical treatment. This is possible when there are sufficient resources. But in contexts of resource scarcity, **difficult decisions must be made about who receives critical care** (e.g., ICU beds, ventilators) by triaging patients. *Triage* is a process for determining which patients receive which treatment and/or which level of care, and under what circumstances, when resources are scarce. The process of setting priorities for resource allocation to manage a surge of patients becomes more ethically complex during catastrophic times or in public health emergencies, such as the COVID-19 pandemic when one encounters conflicting courses of action.

Resource allocation decisions can lead to moral distress, particularly when physicians are required to make clinical decisions dictated by circumstances beyond their control. Moral distress, and the moral residue it can create, can have both a positive and a devastating impact on physicians. The experience of moral distress reminds us that compassion, honesty, humility, integrity, and prudence — foundational virtues of medicine — can sustain physicians in difficult, at times impossible, situations.

The content of this document was adapted from the Champlain Centre for Health Care Ethics.

What is moral distress?

Moral distress occurs when one feels unable to take what they believe to be an ethically appropriate or right course of action, including avoiding wrongdoing or harm, because of institutionalized obstacles. It is a psychological response to an experience of moral conflict or moral constraint, which is especially likely to occur during public health emergencies and in other situations when there are extreme resource limitations affecting patient care and the safety of health care workers.

Causes of moral distress are found at one or more of three levels: patient-level, unit/team level, system-level.

Common elements of moral distress:

• **Complicity in wrongdoing:** when one believes they are doing the wrong thing and have little power to change the situation.

• **Lack of voice:** when one believes they have insights and knowledge relevant to the situation that are either not heard or not taken seriously.

• **Wrongdoing associated with professional values:** when professional standards of care or service delivery are impossible to carry out (e.g., when care or services are being rationed, when resources/supplies are being rationed, when resources/services are not yet available for vulnerable people).

• **Repeated experiences:** repeated situations of moral distress, which leave what is termed moral residue, heightening an individual's level of moral distress in subsequent experiences.

Why is it important?

Moral distress must be acknowledged and addressed because it can have a significant impact at many levels: on the individual physician, their patients, their unit/department, and their organization. It has been shown to be related to burnout, compassion fatigue, depression, errors in patient care, distancing from patients, and decreased job satisfaction. **It can affect a physician's ability to act as an advocate for patients.**

Moral distress can challenge one's view of one's professional integrity. According to the *CMA Code of Ethics and Professionalism*, a physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity. When circumstances or events disrupt the alignment between intentions and actions, a person is at risk of experiencing moral distress because they may feel they are unable to do the right thing (or feel like they are doing the wrong thing).

There is an important relationship between moral distress and moral residue. Moral residue is the distress that remains when the situation generating the moral distress ends; in other words, it is what each one of us carries with us from those times in our lives when we feel we compromised ourselves or allowed ourselves to be compromised in the face of moral distress. If the individual's level of moral distress does not resolve but rather remains elevated, it may increase even more with the next morally distressing clinical situation.

Moral distress has been shown to be related to:

- burnout
- compassion fatigue
- depression
- errors in patient care
- distancing from patients
- decreased job satisfaction

How do I know if I'm experiencing moral distress?

Not everyone experiences moral distress in the same way. Depending on the person and the event, it can range from being easily manageable to being completely impairing. Studies have shown that symptoms of moral distress can be physical (e.g., fatigue, headaches, impaired sleep), emotional (anger, fear, anxiety), or behavioural (e.g., addictive behaviour such as drinking and taking illicit drugs, controlling behaviour such as the need to be right, pervasive cynicism, erosion of relationships).

Ask yourself:

- Do you feel like you are unable to do the right thing?

- Do you feel like your values are being compromised or undermined?

- Do you feel like you are unable to meet your professional obligations or be the kind of professional you know you should be?

- Are you faced with new or extremely complex issues that are ethically challenging, and you are unsure how to move forward?

If you answered yes to one of these questions, you may be experiencing moral distress.

How can I manage it?

It is important to seek help to address moral distress through different evidence-based strategies such as self-care, peer support, and mental health support. It is not possible to eliminate all situations that cause moral distress but, as with any other type of challenging situation, there are ways to mitigate their impacts. **For example:**

Physicians can do the following:

- Develop a self-care plan (nutrition, sleep, exercise) and create time for and engage in activities such as keeping a journal, attending a virtual yoga session, or taking a walk at least once a day.

- Seek support from a variety of resources as needed: colleagues, a leader, a mentor, a virtual peer support group, and/or significant other.

- Reach out to an ethicist to help work through a problematic situation each time an issue is likely to cause moral distress.

- Share experiences (of distress, guilt, sense of unfairness) at team meetings; communicate and exchange stories with colleagues about individual and collective experiences.

- Seek help from an employee assistance program or provincial physician health program if required.

The departmental/unit manager or leader can do the following:

- Recognize and directly address the experience and the significance of moral distress.

- Hold regular departmental and/or interdepartmental meetings
(e.g., ED and acute care/ICU) to build team cohesion, improve communication
and shared decision-making, and allow everyone to share their experiences.

- Debrief regularly with staff when morally charged situations occur in the unit/group
(e.g., clinical triage decisions).

- Encourage team members to support each other to ensure that team members do not isolate themselves
and identify and actively support anyone at risk of doing so by creating a buddy system.

- Work with an ethicist to help work through morally charged situations.
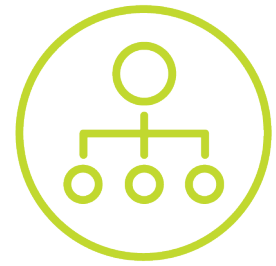
The organization can do the following:

- Recognize and validate the experience of moral distress and create a sense of
solidarity to sustain increasing pressures ("we are in this together," "we have
your back").

- Clarify and widely disseminate processes and mechanisms for addressing ethical
issues in the workplace, including working with an ethicist.

- Be honest and transparent about the situation (e.g., if/when there are resource constraints)
and provide clear guidance on changing policies and procedures.

- Establish clear triage criteria; when triage is activated, it should be accompanied by a plan to mitigate
providers' moral distress.

- Clearly advertise wellness supports and resources as well as peer support, and encourage providers
to use them. Create opportunities for everyone to practise self-care.

After the pandemic:

- Actively provide supports and resources to all staff to minimize moral residue and enhance well-being at
a time when an increase in moral distress and other mental health challenges can be anticipated.

- Create opportunities for everyone to learn from what happened.