Empowering Healthcare Professionals: Addressing Moral Injury and Navigating Ethical Dilemmas

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None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Learning Objectives

• Introduction to Moral Injury
• Moral Injury vs. Burnout
• Moral injury and COVID 19
• Personal examples of moral injury
Moral Injury

Moral injury: the betrayal of what is right by someone who holds legitimate authority in a high-stakes situation (Jonathan Shay)

Later expanded to include: perpetrating, failing to prevent or bearing witness to acts that transgress deeply held moral beliefs and expectations (Brett Litz, et al)
Moral Injury vs. Burnout

- Often coincide
- Burnout: exhaustion, ineffectiveness, depersonalization
- Moral injury: frustration, anger, shame

“Healthcare workers aren’t quitting because they can’t handle their jobs. They’re quitting because they can’t handle being unable to do their jobs.” – Ed Yong, The Atlantic
Drivers of Burnout and Moral Injury

- Unclear Requirements
- Poor Leadership/Communication
- No “Down” Time
- Impossible Expectations
- Lack of Personal Control
- Lack of Recognition and Insufficient Pay

Burnout
Chronic Stress, Physical and Emotional Exhaustion

Reduced Professional Efficacy of the Public Health Workforce

Moral Injury
Distress from Coerced Violation of Personal Ethics

Negative Impact on the Health of the Public

It's Not Burnout: it's Moral Injury

Competing Institutional Agendas
Financial Stress
Hyper-responsibility
Barriers to Patients

Source: www.fixmoralinjury.org
“By now corporate medicine has milked just about all the efficiency it can out of the system....it has pushed the productivity numbers about as far as they can go. But one resource that seems endless and free is the professional ethic of medical staff members. This ethic holds the entire enterprise together. If doctors and nurses clocked out when their paid hours were finished the effect on patients would be calamitous. Doctors and nurses know this which is why they don’t shirk. The system knows it too, and takes advantage.”

Dr. Daniel Ofri, NYT Jun 8, 2019
Ideal vs. Force

- Constant expectations
- External pressures
- Fatigue

- Prescribing Narcotics
- To whom do you answer?
  - Patient
  - Guidelines
  - Institution
  - Self
My COVID Experience

- Viewbox
- Phone Conversations
- Family Time
COVID in the ER

Pressures

• Exhaustion
• Mandated/restricted treatments
• Denial
• Essential vs. Nonessential

Coping

• Compartmentalize
• Empowered
• Useful
COVID

In the ICU

1 person, 1 family at a time

- Changing policies every shift
- No N95 or PPE in the beginning
- 1st patient coded 9 months before vaccine
- Was told no need to prepare
- Goodbyes over IPAD
- Maybe 10 staff remaining

- Taking list home nightly
- Equal say but not equal expertise
- mSOFA being required
References


• Dean, W. and Talbot, S. If I Betray These Words: Moral Injury in Medicine and Why It’s So Hard for Clinicians to Put Patients First. Steerforth Press. 2023.