# Ethical Challenges: The "Duty to Care" and Moral Injury in Healthcare Professionals

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# No Conflicts of Interest

# Objectives

1. Describe the “Duty to Care.”
2. Provide a framework for evaluating competing duties.
3. Describe “Moral Distress” and “Moral Injury.”
4. Outline potential causes of moral injury during a pandemic.
5. Provide practical tools for supporting those experiencing moral distress and injury.


# Duty to Care

# Case Study 1: To Care or Not to Care

An outpatient nurse and her husband have several comorbid conditions. Her 70 year old parents live with them. Although home health suspended their visits due to covid, she strives to keep her parents at home and considers this a particular moral obligation.

She is asked to cover shifts at the local hospital because they are severely short staffed and unable to find traveling nurses. She has not done inpatient medicine for ten years. She knows several younger nurses who contracted covid, needed oxygen, and are still experiencing mild symptoms several months later. She worries about caring for her parents, or, worse, making any of her family sick.

She also knows patients are not receiving good care because the hospital is so short-staffed. She has heard through the grapevine that PPE is very limited, and wonders if there will be enough. She feels bound by her professional obligation to serve, and her personal obligation to protect herself and her family.

# Duty of Care

Minimum threshold of professional obligation:

- Appropriate credentials and experience
- Adherence to established standard of care (by convention, professional society and/or law)
- Avoidance of negligence and patient abandonment

Malpractice claims

Non-maleficence

Generally does not apply to “Good Samaritan” situations

# Duty to Care

Professional moral ideals:

- Obligation to excellence
- Covenantal trusting relationship
- Indiscriminate provision of care
- No inordinate personal gain
- Special provision for the poor
- Personal sacrifice

Humanistic

Beneficence

# Ethical Oaths and Codes

## Hippocrates Oath and Precepts: 3rd century BCE

> "...Whatever house I visit, I will come for the benefit of the sick, remaining free of all intentional injustice, and of mischief..."
>
> "And with respect to the poor, to visit them gratuitously.... Strangers and the poor demand peculiar attention from the physician, for no one can have a proper regard for medicine, who forgets his duty to his fellow creatures.... In the pursuit of his duty, he neglects nothing, not even to those in the most abject poverty, for good faith and justice accompany him...." (Precepts 1: 7)

# Ethical Oaths and Codes

Sun Sui-Miao: 7th century CE

> “A great doctor, when treating a patient … should not have covetous desire. He should have mercy on the sick and pledge himself to relieve suffering among all classes. Rich or poor, aged or young, beautiful or ugly, enemy or friend, native or foreigner, all are to be treated equally. He should look upon the misery of the patient as if it were his own inconveniences. Furthermore a physician should be a scholar, mastering all the medical literature and working carefully and tirelessly.” (The Thousand Golden Remedies, Vol 1)

# Ethical Oaths and Codes

## AMA Code of Medical Ethics: Opinion 8.3

> “Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters. This obligation holds even in the face of greater than usual risks to physicians’ own safety, health, or life.”

https://www.ama-assn.org/delivering-care/ethics/physicians-responsibilities-disaster-response-preparedness

# Ethical Oaths and Codes

## AMA Code of Medical Ethics: Opinion 8.3

"... However, the physician workforce is not an unlimited resource. Therefore, when providing care in a disaster with its inherent dangers, physicians also have an obligation to evaluate the risks of providing care to individual patients versus the need to be available to provide care in the future."

With respect to disaster, whether natural or manmade, individual physicians should take appropriate advance measures, including acquiring and maintaining appropriate knowledge and skills to ensure they are able to provide medical services when needed."

# Ethical Oaths and Codes

## AMA Code of Medical Ethics: Guidance in a Pandemic

> "Whether physicians can ethically decline to provide care if PPE is not available depends on several considerations, particularly the anticipated level of risk. In some instances, circumstances unique to the individual physician, or other health care professional, may justify such a refusal—for example, when a physician has underlying health conditions that put them at extremely high risk for a poor outcome should they become infected."

https://www.ama-assn.org/delivering-care/ethics/ama-code-medical-ethics-guidance-pandemic

# Ethical Oaths and Codes

## ANA Position Statement on Risks and Responsibilities

"The American Nurses Association (ANA) believes that nurses are obligated to care for patients in a nondiscriminatory manner, with respect for all individuals. The ANA recognizes there may be limits to the personal risk of harm nurses can be expected to accept as an ethical duty. Harm includes emotional, psychological, physical or spiritual harm."

"In some situations, the nurse may identify a degree of personal risk in caring for a patient and must differentiate between caring for the patient as a moral obligation and caring for the patient as a moral option."

https://www.nursingworld.org/~4af23e/globalassets/docs/ana/ethics/riskandresponsibilitypositionstatement2015.pdf

# Duties of Society to Healthcare Professionals

Duty to provide safe working environment?

- Adequate PPE, Air-filtration Systems

Duty to prioritize healthcare professionals?

- Vaccine distribution
- Resource allocation, including triage policies

Duty to provide good healthcare policies?

- Financially paying for telehealth visits
- Mask mandates, limitation of non-essential services
- Hazard pay in particularly dangerous situations

# Summary Duty-to-Care Ethics

**Nonmaleficence and beneficence**

- Limited by lack of knowledge about disease, treatments, standard of care
- Resource limitations (staff, supply chain, capacity, time)
- Whole person care compromise (strict visitor policies, lack of clergy/sacraments, etc.)

**Justice**

- Limited by unfair or inadequate systems, structures, policies
- Socioeconomic status, racial background or citizenship status
- Unfair triage policies
- Good policies may be ignored

**Self-sacrifice**

- Concern for physical safety of healthcare professionals
- Physical, emotional and spiritual self-sacrifice leading to moral injury

# Case Study 1: To Care or Not To Care

Obligation of Duty to Care

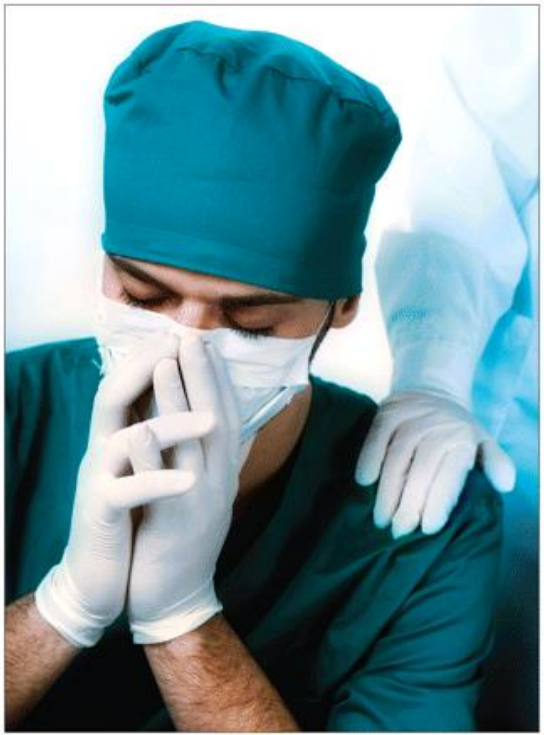
- Hospital and patients have genuine need
- Fellow nurses stretched thin
- Professional, community, and societal obligations
- Risk of moral distress if she “abandons” her duty to care

Option of Duty to Care

- She and husband at higher risk (comorbid conditions)
- Her parents at higher risk, and dependent on the nurse
- Lack of inpatient experience
- Risking being unable to serve as nurse in outpatient setting
- ?PPE availability
- Risk of moral distress if she harms self, family or patients
- Risk of moral distress if she has to enact or support unjust policies, structures, etc.


# Moral Distress and Injury

# Case 2: When Policies Interfere



There are strict family and clergy visitation policies so as to preserve PPE and to prevent community and hospital spread. A patient is worsening in the ICU. His wife and son repeatedly call, begging to see him one last time; the patient is also a devout Catholic and they plead for a priest to offer him the Sacraments. His family insists that they have adequate PPE for themselves and their priest. The wife is a nurse and fully aware of the risks.

This is the fifth situation like this in the last week. The physician has tried and failed to make an exception in the past, and generally agrees with limiting visitors and preserving PPE. However, he also never got to say goodbye to his own mother when she died at a nursing home last month. As a faithful Muslim, he appreciates the importance of family bonds and spiritual accompaniment. He feels guilty, is not sleeping or eating well, is irritable with his staff and family; he doesn't know how long he can continue working in this situation.

# Burnout and PTSD

## Burnout:

- Emotional exhaustion, depersonalization, and decreased personal accomplishment
- Often but not always caused by moral injury

## Post-Traumatic Stress Disorder (PTSD):

- Cognitive and psychological disorder
- An experience of witnessed violence that affects everyday responses to ongoing stimuli
- Avoidance of triggering stimuli, memory lapses, flashbacks, decreased coping skills

# Moral Dilemma and Moral Distress

## Moral Dilemma:

- Different options available, none of which are ideal or “right
- Can cause emotional distress, but not always injurious

## Moral Distress:

- The right option is recognized (or at least the wrong action is clear) but you are unable to proceed with the right option
- Causes moral pain but is not always injurious

# Moral Injury

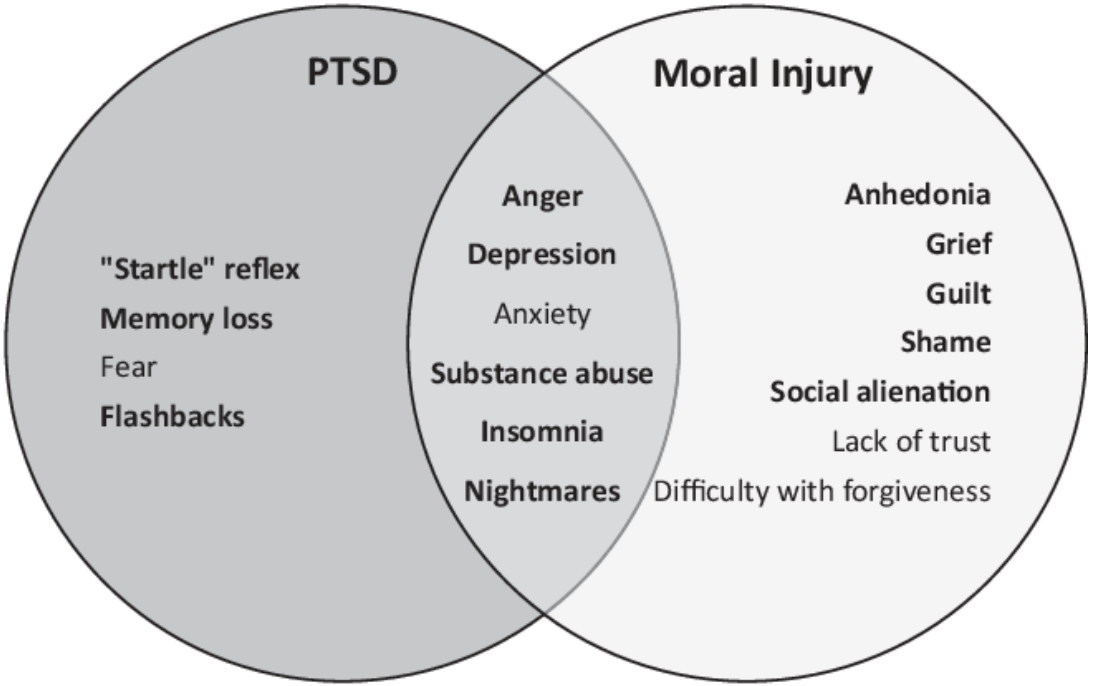
Guilt, shame, anger, isolation, and sense of moral failure due to one's own participation with or experience of violence or trauma (or failure/inability to stop it)

Slow disintegration of one's sense of self and character

- "Am I good person/good nurse/good physician?"
- "Am I part of the problem of evil?"

Often occurs through chronic unresolved moral distress

# Moral Injury vs PTSD




Bryan, C., Bryan, A.O., Roberge, E.M., Leifker, F.R., & Rozek, D.C. (2018). Moral Injury, Posttraumatic Stress Disorder, and Suicidal Behavior Among National Guard Personnel. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*, 36–45.

# History of Moral Injury

Shay (1990s): **MI** arises from a betrayal of what soldier considers “right” by someone who holds legitimate authority in a high-stake situation.

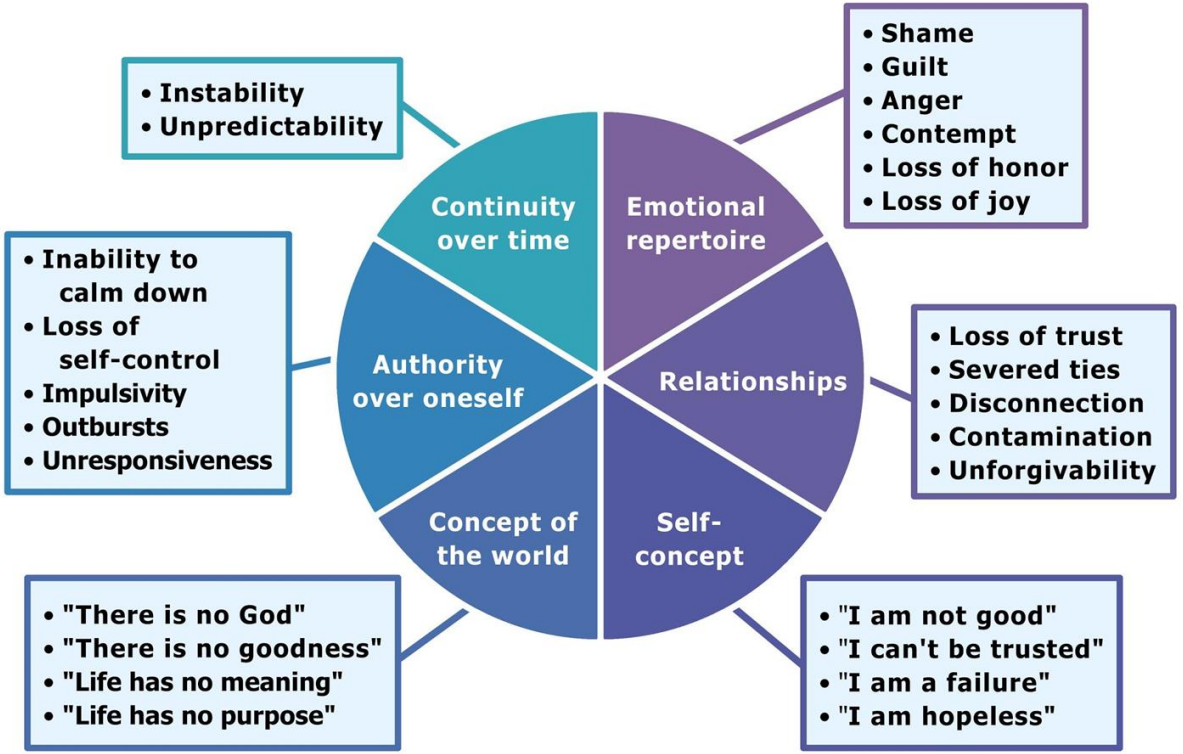
Litz (2009): **MI** arises from discrete repeated morally injurious events where the soldier perpetrates, fails to perform, or intimately bears witness to acts that transgress the soldier’s deeply held beliefs.

# History of Moral Injury

Brock (2012): **MI** is response to trauma when a person or group's existing core moral foundations are unable to justify, process, and integrate trauma into a reliable identity and meaning system that sustains relationships and human flourishing. It results from:

1. Being betrayed by people and/ or institutions that should have been trusted;
2. Committing, witnessing, imagining, or failing to prevent acts or events that can be judged as harmful or evil or violate foundational social/ethical rules;
3. Being involved in events or contexts where violations of taboos or acts of harm leave one feeling contaminated by evil or “dirty;” or
4. Surviving conditions of degradation, oppression, and extremity.

# Facets of Moral Injury




*The above diagram created by William Nash, M.D., USN ret., Greater Los Angeles VA https://www.voa.org/moral-injury-war-inside*
*Cited in* Moral Injury *by Rita Nakashima Brock, Ph.D. Senior Vice President and Director of the Shay Moral Injury Center at Volunteers of America*

# Pandemic and Moral Injury

## Feeling betrayed, abandoned or expendable

- Inadequate state and federal messaging or policies
- Inappropriate or unclear health care policies or chain of command
- Public and community:
  - Rejection of public health policies
  - Distrust of healthcare professionals
- Limited resources, staffing, and other restraints to meet standard of care
- Vaccine distribution neglecting certain professionals (chaplains, outpatient staff)

## Feeling inadequate:

- Unable to cope with high load of patients and their needs
- Unclear or rapidly changing protocols and standard of care
- Efforts simply “not enough” to save patients

# Pandemic and Moral Injury

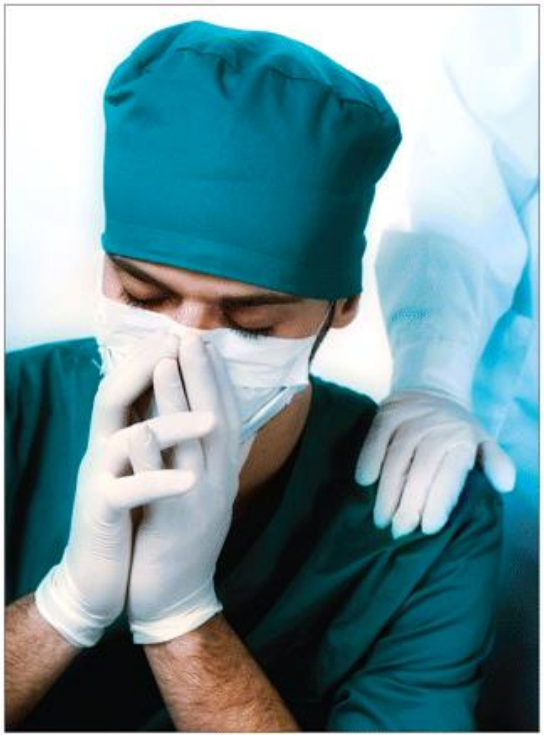
Feeling complicit in evil:

- Racial disparities
- Financial situations limiting standard of care
- Inappropriate healthcare policies
- Continuing life support inappropriately
- Withdrawing/withholding therapies inappropriately
- Larger societal impacts (suicide, substance use, domestic violence)
- Endangering loved ones and other patients

Surviving “warzone” type situations:

- Survivors guilt
- Uncertainty if actions/sacrifices “made a difference”
- Repeated trauma of accompanying dying patients and families

# Case 2: When Policies Interfere



- Torn between policies he agrees with and the obvious harm being done by them
- Feels he is contributing to the problem
- Acute unresolved personal grief
- Feels voiceless
- Experiencing isolation
- Clear evidence of Moral Injury

# Facing Moral Injury

# Case 3: Post-Covid Ambiguity

A chaplain visits a ICU which has recently been “decommissioned” as a covid unit and returned to a neurointensive care unit. After the isolation walls come down, he congratulates them with a big smile, expecting the team to be happy. He finds them ambivalent, feeling like the intense care they provided and the trauma they experienced alongside their critical patients are somehow forgotten. “It’s like it never happened -- but it did.” They do not know how to process their experience as they resume “normal” duties.

# Healing Moral Injury

Get the “diagnosis” right:

- Psychiatric Condition: PTSD? Anxiety or depression? Psychosis?
- Concurrent substance abuse? Legal issues? Relational issues?
- Moral Distress? Moral Injury?

Identify cause:

- Systems and hierarchies?
- Sense of personal moral failure?
- Both?

Anticipate Moral Injury before, during and after the situation:

- Proactively look for Moral Distress
- Anticipate Moral Injury even during the “let down”

# Navigating Stigma of Moral Injury

Chronic Moral Distress → Moral injury

- Frames Moral Injury as the failure to be resilient or inability to heal
- Implicit expectation to manage one's distress so as not to become injured
- Some sort of personal deficiency or pathology

# Navigating Stigma of Moral Injury

Evidence of an appropriate moral compass and recognition of moral seriousness of actions and systems:

> “Moral injury is not a psychological disorder, but a normal human response to extremity and the disruptive impact of violence, oppressive contexts, and moral failure.” ~Dr Brock

Moral Injury as prophetic and transformational:

> “We all want to live a well-adjusted life in order to avoid the neurotic and schizophrenic personalities. But I must honestly say there are some things in our nation and the world to which I am proud to be maladjusted and wish all men of goodwill would be maladjusted until the good society is realized.”
>
> ~Dr. Martin Luther King, SMU campus, March 17, 1966

# Psychological First Aid

Safety, calm, and connectedness in community:

- Mindfulness practices
- Brief targeted screening and interventions
- Community activities and debriefing

Challenges:

- Requires personal agency to pursue/incorporate
- Fewer face-to-face social interactions in pandemics
- Limitation/suspension of religious services and other moral anchors
- Challenges obtaining healthy food, exercise, sleep
- Mindfulness may not always be helpful in very grim situations

# Individual Recovery

Pursing holistic health practices

Memory processing and reprocessing

Engaging trustworthy conversation partners

Reconnecting within intimate relationships

Restoring empathy towards others

Acceptance of self, including limitations and frailty

Confronting structures and systems contrary to individual moral well-being

# Collective Strategies

Collective lamentation

Creation of liminal space for transitioning to “ordinary” and the transcendent

- Rituals and rites of passage
- Spiritual Practices
- Communal Arts

Aspiration values and public symbols of belonging to restore collective connections to life and larger mission/meaning

Building moral well-being and oversight into teams, structures and systems

# Case 3: Post-Covid Ambiguity

- Time for deep listening and lament
- Ceremony for decommissioning the covid unit and removing PPE bays
- Parts of the isolation wall given to staff
- Hallway dedicated to those who served, survived or died: artwork, poetry, photographs, quilting
- Candle service
- Public service event
- Resolving/Improving unjust policies or other causes of Moral Injury

# Summary

- The Duty to Care is an important aspect of professional and ethical obligation but may sometimes be optional.
- Individual healthcare professionals must assess proportionality before serving in emergency situations, including professional expertise, personal safety, emotional and spiritual impacts, and risks to dependents.
- Moral Injury is a particular risk to healthcare professionals in emergency situations, and should be anticipated, mitigated and prevented.
- Individual and collective strategies must be available to support healthcare professionals experiencing Moral Injury.

# Resources for Moral Injury

https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/2970/Mora_Injury__Identity_and_Meaning.pdf

https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp

https://brite.edu/programs/soul-repair/

https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp

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