



Moral Distress: Considerations for COVID-19

What is moral distress?

Moral distress is “the psycho-emotional-physiological responses of an individual who feels unable to act in a way that they believe to be consistent with deeply held ethical values, principles or moral commitments because of institutional or other constraints.” Moral distress is, in essence, the feeling of being morally compromised as the result of a situation in which a health care provider believes that they should take a particular course of action in response to a scenario, but for some reason are unable or prevented from doing so.

How might COVID-19 lead to feelings of moral distress?

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. This declaration brought significant changes to healthcare, including:

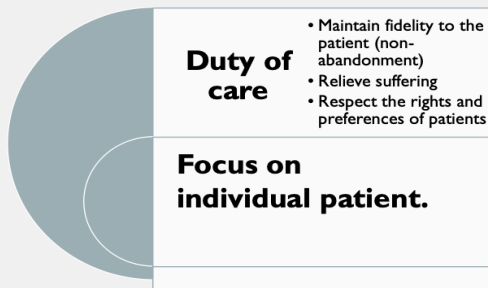
- Public health values taking centre stage. Asking healthcare providers to consider the broader community rather than only the singular patient. However, this more communitarian focus does not mean that the value of an individual patient is unimportant. Some conflict between these values may be inevitable. Distress may also increase as changing infection rates swing the values focus between the individual and community.

Distress may also come from bearing witness to the individual patient impact of a more communitarian approach to healthcare. The redeployment of staff may lead to a slowing or stopping of particular services resulting in an impact on quality and/or quantity of life for some patients. The impact and distress caused by COVID-19 will be ongoing, even as the pandemic slows.

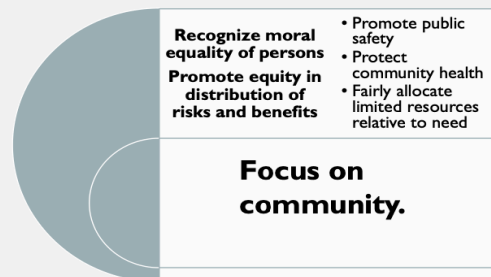
- Rapidly evolving information about COVID-19. Providing timely and accurate information during a pandemic can be difficult. Over time researchers are able to provide new information that may grow or completely change our understanding of the virus. This new information then guides changes in policy. But the rapid influx of new information, and the resulting policy changes, can be overwhelming or confusing.
- Rapidly changing policies. The rapid availability of new information will lead to policy changes. These policy changes may appear quickly and contradict or completely change previous practice. It may be difficult to keep up with these changes and cause differing options around best practice. It may even lead to frustration or fear that the impact of the new policies on patients and staff was not considered. Transparency about how and why decisions are made may provide confidence that decisions are being made ethically with the most currently available information.

Clinical Ethics and Public Health Ethics

Duties of Clinical Ethics



Duties of Public Health Ethics



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Why is it hard to deal with moral distress during COVID-19?

The spread of COVID-19 has not only changed daily practice. It also changed how one might normally address moral distress, including:

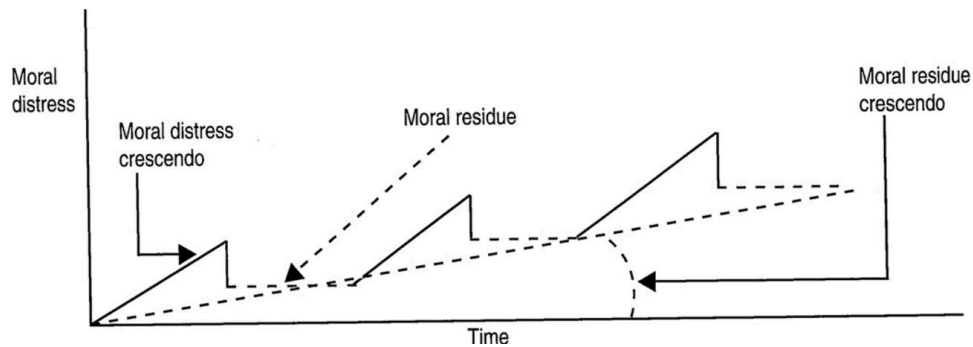
Regular contact with social supports. With the spread of the pandemic, many healthcare providers have limited contact with friends and family to avoid making them sick. These social supports are a key area for resilience in the face of stressful situations, such as COVID-19.

Decreased workplace gathering. COVID-19 has led to a decrease in supportive practices within workplace settings that may have provided meaningful social supports, such as shared meals. There may also be a feeling of disconnect from team members who are temporarily reassigned. Access to those in leadership roles or other supportive services (including the Clinical Ethics Service) may feel less available due to work from home orders.

What is the risk of unaddressed moral distress?

Moral distress can have a significant impact on the health and well-being of health care providers. Feelings of shame or guilt that can come from feeling seriously compromised may lead to numerous physical or psychological symptoms, including burnout.

Each experience of moral distress that is not addressed leaves behind a residue, a lingering feeling that persists after a morally distressing situation has resolved. This lingering feeling may grow with repeated exposure to morally stressful events and can result in an intensifying of the symptoms of moral distress with each subsequent exposure. Even if the situation is less challenging than others experienced in the past, each new exposure may evoke stronger reactions due to a recall of previously distressing situations. COVID-19 has increased the possibility of experiencing a morally distressing event that may come in rapidly. Then due to the pace of events and changes in workflow may remain unaddressed. While COVID-19 has altered the delivery of many services, the resources available for adequately identifying and addressing moral distress remain in place.



As the pandemic progresses, health care providers are also at risk at risk of experiencing frustration and fatigue as a result of the continued hyper-vigilance required to protect themselves, their loved ones, and patients. Recognizing that the time and energy to maintain what may feel like the new normal requires self-care and resilience, including reaching out for support when facing difficult decisions.

What resources are available to health care providers in working through feelings of moral distress?

For many health care providers, the feeling of moral distress may simply show up as a “gut feeling” that something is off. While moral intuitions aren’t definitive ethical imperatives, they shouldn’t be left unexplored. There are several options that are available to help explore experiences of moral distress even during a pandemic, including:

- The “Unpacking Moral Distress” guide and reflective debriefing tool is available on the Clinical Ethics Service Insite page. This tool can be used individually or as a group with or without the support of a Clinical Ethicist;
- [Resilience, wellness and Mental Health Resource Guide](#) on Insite;
- Developing healthy self-care practices and coping mechanisms to help decompress from working within a stressful environment. COVID-19 is a marathon, not a sprint;
- Discussing feelings and experiences of moral distress with trusted colleagues or managers to help work towards a solution to the root causes of the distress. Often, the situation that causes moral distress for one health care provider is also shared among multiple team members;
- Connecting with the Clinical Ethics Service for a confidential discussion about a distressing scenario, and explore the value tensions that are causing the distress;
- Scheduling a debrief session with the Clinical Ethics Services to facilitate a team or unit-wide discussion to explore a difficult patient case; and
- Accessing [Employee & Family Assistance Program](#) to be connected with other psycho-social support services (professional colleges and other organizations may also offer similar supports).

For support in working through difficult or complex ethical issues, please contact the AHS Clinical Ethics Service at 1-855-943-2821.