

About *The Ethics of Powerlessness*:

The Ethics of Powerlessness: The Theological Virtues Today is a project based in the School of Philosophy and Art History at the University of Essex. Our aim is to clarify the ethical challenges that arise from human experiences of powerlessness, especially in contexts of palliative and end-of-life care.

Email: powerlessness@essex.ac.uk

Visit: <http://powerlessness.ac.uk>

Further Information

For a more detailed discussion of moral distress, and references to further reading, visit:

<https://powerlessness.essex.ac.uk/moral-distress>

Understanding *Moral Distress*



What is moral distress?

Moral distress occurs when you feel you know the right thing to do, but feel constrained from doing it, or feel you can't stop the wrong thing from happening.

Although it is not often recognised or spoken about, moral distress is common among carers, healthcare practitioners, and family members involved in healthcare scenarios.

This leaflet will help you understand what moral distress is, make it easier to identify it when it occurs, and present some ways of responding.

We can introduce moral distress with two real-world examples.

Example 1

A patient in the last days and hours of life has submitted a Do Not Resuscitate order. She suffers cardiac arrest before the form has been processed. The patient's nurse and family realise the mistake, but are prevented from intervening by the attending physicians, who attempt resuscitation. The nurse and family feel powerless to stop what seems like unnecessary suffering.

Example 2

A patient with learning difficulties has been admitted to A&E. He is resisting treatment and being verbally abusive. A team of medical staff hold him down and stuff a flannel in his mouth to placate him. Some members of the team laugh. Patients and administrative staff in the ward witness this act, but feel unable to speak out and intervene. They nonetheless feel complicit.

Am I experiencing moral distress?

It can be hard to know if you are experiencing moral distress. But moral distress occurs in certain kinds of difficult situations and involves a characteristic set of feelings.

Although the following list of situations and feelings cannot be used to 'diagnose' moral distress, it can help you to recognise it when it occurs.

Situations in healthcare that often give rise to moral distress include:

- Procedures undertaken against the wishes of the patient or the family, often due to difficulties in fulfilling administrative requirements.
- Emergency situations where action needs to be taken quickly and there is no time for consultation.
- Witnessing dehumanising or disrespectful treatment of patients and feeling unable to stop it.
- Clashes between professional and personal values, in particular religious values.
- Lacking the authority and confidence to express your views.

Moral distress involves a distinctive experience of powerlessness. This can involve feeling...

- ...unable to live up to the standards of the profession
- ...too junior to be heard
- ...unable to provide care to your standards
- ...unable to affect the procedures of the institution
-responsible and guilty for what you felt you couldn't stop
- ...morally compromised
- ...isolated

How do I deal with moral distress?

Moral distress is not a disease. Since it can build up over time, it is best to recognise and address it early on.

It already helps to recognise the signs and acknowledge what you are going through. But there are a number of other immediate steps you can take:

- Remember that you're not alone.
- Reflect on your experience and try to distinguish between what you can change and what you can't.
- Speak to friends or peers; share your experiences.
- Investigate whether your institution has spaces for voicing and discussing moral distress (e.g. Schwartz rounds)