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Reducing Moral Burden in Clinical Decision Making

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Some goals of “ethics talks.”

- ▶ To assist, clarify, and share thoughts on common ethical situations.
- ▶ To promote reflection, and self-reflection, in clinical practice.
- ▶ To acknowledge the presence of complexity and uncertainty.
- ▶ To encourage the use and development of *judgment* in situations that demand it.
- ▶ To share discussion around difficult questions.
- ▶ To explore practical solutions to real dilemmas.

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Goal of today's talk

- ▶ To share reflections on the sources and effects of moral burden in health care.
- ▶ To seek to understand these, and reduce them.
- ▶ To suggest that we can collectively influence our working culture towards what we want them to be.
- ▶ Keys are implementing true “shared decision making,” within a “culture of trust,” within “relationships of authenticity.”

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Case examples

- › Woman in labour facing possible fetal demise, refusing c-section.
- › Man with moderate dementia on a locked unit who may be there a bit prematurely.
- › Home care staff caring for a nice old lady who consistently feel intimidated by her son.

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Is there a “moral burden” problem?

- › Moral distress
- › Moral residue
- › Compassion Fatigue
- › Professional burnout
- › Job satisfaction among clinicians

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Sources of moral burden in health care?

- › Difficult decisions with insufficient information.
- › Bearing witness to unnecessary suffering.
- › Imprecise language
- › Solitary practice
- › Bureaucracy
- › Caregiver indifference and distress
- › Others?

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Who bears the weight of moral burden?

- › Patients
- › Bedside caregivers
 - Doctors, nurses, and professionals.
 - Informal caregivers
- › Family and loved ones of patients.
- › Administrators
- › Health Care organizations?
- › Governments?
 - Lawmakers.

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Trust and Moral Burden

- › How best to create relationships of trust?

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Language and moral burden

- › Slogans.
- › Precision

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Culture and moral burden

- › We all belong to multiple cultures – these can evolve over time.

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Shared Decision Making

- › Shared among whom?

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What might reduce moral burden in health care?

- › Shared decisions
- › Dedication to professional ideals
- › Close relationships among trusted individuals.
- › Reduced use of slogans
- › Enabling good decisions.
- › Good care planning for all.

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Moral Burden Reducers?

ACP Tracking Record Goals of Care Designation Order

The slide displays two forms from the University of Alberta Health Services. The left form is the 'ACP Tracking Record' and the right is the 'Goals of Care Designation Order'. Both forms include sections for patient information, healthcare provider details, and specific tracking or designation data.

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Conclusion:

- It is within our power to reduce moral burdens by constantly improving our cultures and relationships – from what they are, to what we want them to be.
- Complex decisions will continue to emerge with many patients, and sharing them minimizes burden for all.
- When clinicians perceive injustice, or the “wrong thing” being done, they need to be able to discuss.
- Trust is best placed in individuals, rather than in systems or collectives.
- Communities of practice support clinicians well, and empower them to support patients more thoroughly.

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Thanks. Discussion?

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