

## Treating Our Own

SHILPA SHASHIDHARA, PH.D.

Healthcare providers frequently encounter and grapple with complex ethical issues and dilemmas. The case of Mrs. G is a prime example. Mrs. G is a 65-year-old woman who was admitted to the ICU after she was found unresponsive. She is being supported by multiple life-prolonging treatments, including long-term ventilator support (tracheostomy), a permanent feeding tube (PEG) and dialysis. Mrs. G is now in a minimally responsive state. She opens her eyes spontaneously but is unable to recognize family, follow any commands, or appreciate her surroundings. Due to ongoing complications, multiple physicians inform her daughter that the patient is at the end of her life and that aggressive interventions would only cause her further pain and suffering. However, Mrs. G's daughter told the doctors that her mother is a fighter and would want "everything done." This case resulted in significant moral distress among the providers caring for this patient.

Moral distress is the perceived violation of one's core values and duties, resulting in feelings of being constrained from taking ethically appropriate action (Epstein, E.G., & Hamric, A.B., 2009). This phenomenon occurs when healthcare providers cannot carry out what they believe to be ethically appropriate actions because of institutional or personal constraints.

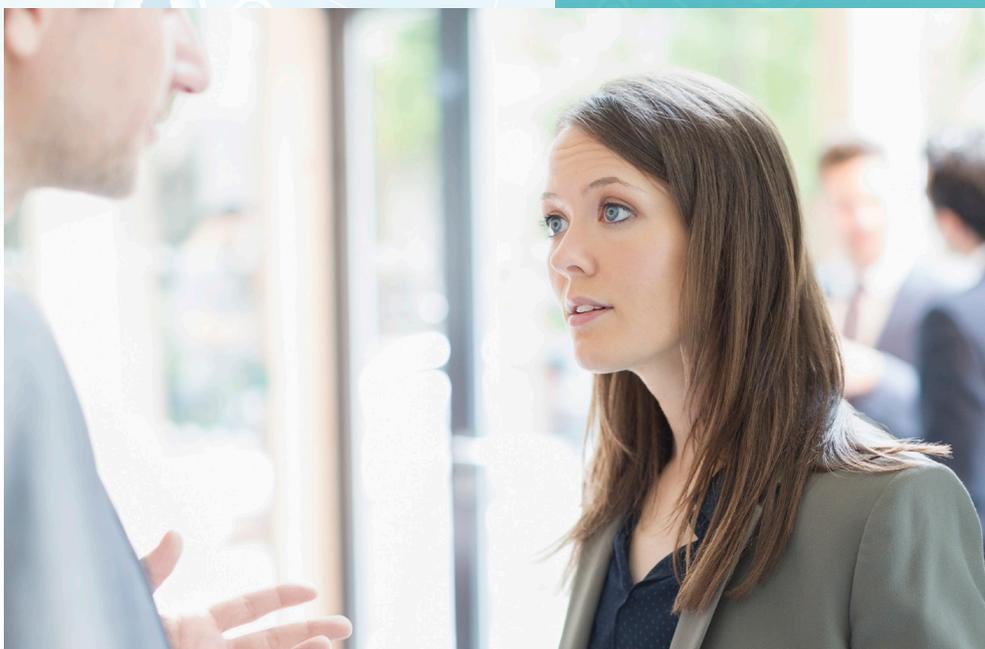
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*“Are we obligated to provide treatments that won't medically benefit the patient and will prolong the dying process?”*

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When healthcare providers experience moral distress, they may respond to it in different ways. Some may voice their concerns but many tend to withdraw from the troubling situation. Moral distress can adversely affect patient care and is associated with decreased job satisfaction, burnout, and job turnover (Dzeng, E. & Curtis, J.R., 2018). Finding ways to successfully deal with ethical conflicts is crucial for both the distressed healthcare provider as well as institutions striving to improve patient outcomes.

The Program in Medicine and Human Values' Ethics Service is a consultation service that helps healthcare providers determine the right course of action in challenging clinical situations while respecting a patient's values and preferences. The Ethics Service provides resources and interventions to help address, prevent, and reduce moral distress through ethics consults, ethics education, policy development, empowerment of providers, and facilitated debriefing sessions.



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# The Ethicists Are In: Debriefing for Moral Distress

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## The Case:

Julia was 15 years old. For over two years, she had undergone extensive treatment for melanoma that had metastasized to her lungs, liver, and bones. After a short time with home hospice, Julia had been readmitted to the pediatric intensive care unit. After four weeks in the ICU, she passed away in the hospital. Several weeks after Julia's death, the Ethics Service was contacted to conduct a debriefing session about Julia's case. It had been a tragic situation for her family and also particularly traumatic for her healthcare team.

## The Ethicist:

While planning the debriefing session, it was important for the ethicist to ascertain the goal of the session. It was evident that there was significant moral distress around the case. What may work as an intervention for one group of providers may not necessarily meet the needs of another. In speaking with the healthcare providers and administrators who were involved in the case, it became clear that those involved in taking care of Julia wanted to talk about the clinical aspects of the case, identify factors that made the case especially difficult, and, most importantly, develop better strategies for similar cases in the future.

It was essential for the ethicist to create a safe space where providers could express themselves honestly and discuss their challenges without any fear of judgment or retaliation. As the debriefing unfolded, it became apparent that difficult interactions with the patient's father caused many staff members to feel distressed, discouraged, and, in some instances, angry. Common problems identified were the tendency of the patient's father to lash out at the staff and his refusal to allow the medical team to provide the patient with needed treatments, such as pain medication. He also demanded treatments that resulted in uncomfortable side effects for his daughter and frequently accused the staff of being uncaring and even of wanting the patient to die.

Although it was difficult to take care of this extremely sick patient given her father's requests and his behaviors, many team members were also frustrated by what they perceived as an inconsistent treatment plan with poorly communicated and unclear expectations. They felt those issues contributed to Julia not receiving the level of pain control and focus on comfort they believed she needed.

There was no doubt that Julia's father's reactions resulted from fear and denial about his daughter's condition. However, the staff felt constantly thwarted in their attempts to do what was best for the patient. Voices broke and tears welled as they shared the guilt they felt about wishing to avoid entering Julia's room unless absolutely necessary. Dealing with Julia's father drained the time and energy they believed should have been devoted to her care. As the days went by, they felt more powerless and helpless. Some of them talked about feeling heartsick because no one from the family touched Julia physically.

Healthcare is an extremely gratifying field of work but it also carries a high risk for burnout due to the physical and emotional demands of the job. As Julia's care providers shared the difficulties they encountered in this complex situation, there was an opportunity to learn from this experience and build a more resilient team that connected over this case. What could they do to improve how they respond to these situations in the future? One staff member forcefully exclaimed that the Ethics Service should have become involved much earlier. When the Ethics Service was contacted late in the case, the ethicist was able to provide useful suggestions about how to better attend to the patient's needs and professionally respond to the father's demanding and abusive behavior towards the staff. The ethicist also ensured that multidisciplinary meetings would be scheduled on a regular basis to discuss the most pressing issues surrounding the patient's care and allow for staff to have their questions answered. Learning about appropriate and allowable actions to ensure the patient's comfort had provided a measure of relief for the staff.

During the debriefing, concern was repeatedly expressed that in Julia's case not everyone had followed the agreed upon treatment plan consistently. The consequences, including mixed messages to family members, confusion among the staff, and frustration by all had been emotionally devastating.

*Continued inside*

# Treating Our Own

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## Request an Ethics Consult

The case of Mrs. G illustrates the problem of what to do when a family member requests medical treatment that the physician determines would not benefit the patient. This conflict often results in a fractured relationship between the medical team and the family. Understandably, this dilemma can cause considerable distress among all involved.

One pathway to address moral distress is to request an ethics consult. In this case, multiple healthcare providers, from the multiple physicians involved to nursing staff, called for an ethics consult asking, "Are we obligated to provide treatments that won't medically benefit the patient and will prolong the dying process?"

Ethics consultations are increasingly being used to resolve conflicts about life-sustaining interventions. They are a way to help care providers, patients, and family/decision makers reach a decision about medical treatment when value-laden conflicts are involved. Ethics consultants use well-honed communication skills to attempt to arrive at mutually agreeable decisions that are in the patient's best interest. Effective communication skills help rebuild trust between the providers and family. If there is still on-going conflict and failure to reach consensus with the daughter, the hospital and its physicians are not obligated to provide a patient with medical treatment that, in the physician's best judgment, will not be beneficial. The ethics consultant can assist the medical team with implementation of hospital policies that address conflict in such situations. This can help ease moral distress in cases that may otherwise not be resolved through mediation.

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## Educate Healthcare Providers

Healthcare providers help patients and families through emotionally difficult circumstances. These events can take a toll on their own well-being, especially when there is continued conflict. Moral distress manifests in frustration, anger, anxiety, guilt, and withdrawal to name a few.

Even though moral distress is highly prevalent, many healthcare providers aren't sufficiently able to recognize and address it effectively. Providers should have the knowledge, skills and

ability to do so. In this case, the providers struggled with what to do next since they were not able to reach a consensus with the daughter. The ethics consultant was able to inform providers there is no ethical obligation to provide nonbeneficial treatments and guide them through the process of implementing the hospital policy around nonbeneficial treatment.

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*"As an organization, we have an obligation to treat our own."*

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The Ethics Service educates providers through Grand Rounds for physicians, department education for nursing and social work, through our annual ethics workshop and quarterly Ethical Times newsletter, in addition to our webinars that address encountered requested ethical issues. This education can help providers identify triggers for moral distress and teach them concepts and skills they can utilize in difficult patient care situations. These may range from conflicts with surrogate decision makers, unaligned goals of care, inadequate pain relief provided to patients, inappropriate use of healthcare resources, to unsafe discharge plans, etc.

Through education, red flags can be identified earlier. Red flags can be early signs of conflict or disagreement among patient and family, family and team, or among team members. This results in providers seeking help earlier or awareness to seek support from supportive services such as Ethics, Palliative Care, Social Work or Spiritual Care. The earlier that red flags are noticed, the more likely moral distress can be prevented or managed.

## Empower Healthcare Providers

It is important that healthcare providers acknowledge they are experiencing distress and attempt to rise above it. The Ethics Consultant helps empower providers to rise above moral distress with the goal of creating a healthy work environment. Learning to manage moral distress can empower staff.

The care providers involved in caring for Mrs. G were feeling distressed but were not aware they were experiencing moral distress. The ethics consultant facilitates the discussion and provides the tools to help healthcare providers as they think through the case and recognize their professional responsibility to address their distress and take care of themselves. Distress ultimately led them to want to resolve the situation quickly. They communicated as a team to ensure everyone was on the same page and sought help to establish a plan to resolve the situation.

## Debriefing Sessions

Our healthcare providers should have an opportunity to speak up, work through, decompress, and process their feelings towards these issues and conflicts in a healthy manner. Debriefing sessions are another way to manage and share the distress these events can cause. The ethics consultant can help identify the goal of the debriefing session, facilitate discussions, and guide the team through the process as well as makes sure the discussion remains focused and respectful to ensure an effective debriefing session. These sessions can provide emotional support, ensure a clearer understanding for all involved, reinforce lessons learned through the challenging experience, decrease distress around the situation, improve team dynamic and functioning, and help identify future pitfalls (Martinchek, M. et al., 2017). This intervention can provide a safe space for the team to process their experience together

and share healthy coping strategies.

Moral distress is a complex phenomenon. It has implications for job satisfaction, recruitment and retention of healthcare providers, and implications for the delivery of quality patient care. It is crucial that we help our healthcare providers mitigate the effects of moral distress in order to achieve optimal patient outcomes and for their own well-being. As an organization, we have an obligation to treat our own.

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- Epstein, E. G., & Hamric, A. B. (2009). *Moral distress, moral residue, and the crescendo effect*. *Journal of Clinical Ethics*, 20(4), 330-342.
- Dzeng E., & Curtis, J.R. (2018). *Understanding ethical climate, moral distress, and burnout: a novel tool and a conceptual framework*. *BMJ Qual Saf*, 27, 766-770.
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## The Ethicists Are In:

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The debriefing discussion strongly emphasized the need to not only develop an appropriate plan of care, but also the absolute necessity of every member of the team adhering to the plan. It was also recognized that when the plan needed to be changed as the situation evolved, the missing link was a lack of clear communication regarding all changes to staff and family members.

At the end of the session, recommendations were summarized by the ethicist:

1. heeding early "red flags",
2. lessen emotional confrontations with family members,
3. seek external help and resources, and
4. the importance of a documented plan of treatment agreed upon by every member of the healthcare team.

It was noted that if a team member disagreed with any aspect of the plan, they should report their objections and resolve the issue internally without family present, so that the team could present a united front. In Julia's case, confusion and inconsistencies about treatment objectives had caused a multitude of problems. Committing to regular team meetings, with and without the family in attendance, was determined to be a method of improving consistency and communication. Another take-away from the debriefing was the value of each



*The staff felt constantly thwarted in their attempts to do what was best for the patient.*

team member taking time to read the patient notes and provide detailed hand-off information.

During the debriefing, staff members shared appreciation with one another for emotional support and help with difficult tasks. The department head and supervisory nursing staff offered further assistance to anyone who desired emotional assistance. Participants were reminded that the ethics team is available to confidentially evaluate cases brought to their attention and is willing to become involved if appropriate. A staff member related a surprising conversation with Julia's father, who after his daughter's death acknowledged his unfair treatment of the staff and conveyed his gratitude for their efforts. Overall, team members shared constructive ideas, gained perspective, and left the debriefing prepared to take on the next challenging case.

# Spotlight: Bioethics Education

## DISPATCHES FROM PARIS

Each year PMHV partners with Cambridge University Press and The Institut du Cerveau et de la Moelle épinière – ICM (Brain & Spine Institute) to produce three annual bioethics meetings in Paris. These meetings attract delegates from around the world and cover a wide range of bioethics and neuroethics topics. This year participants came from Australia, China, Denmark, Finland, France, Germany, Iran, Israel, Italy, Japan, Lithuania, The Netherlands, Pakistan, Romania, Serbia, South Africa, South Korea, Sweden, Switzerland, Turkey, United Kingdom and USA.

The 2019 Neuroethics Network meeting was held on June 19, 20, 21. Researchers, physicians, and bioethicists came together under one roof to discuss a multifaceted approach to ethical issues in neuroscience. Dr. Alan Newman, representing CPMC's Department of Psychiatry, spoke on **"Neuroscience-based Psychiatric Assessments of Criminal Responsibility."**

The International Bioethics Retreat and the Cambridge Consortium for Bioethics Education were held at Reid Hall, Columbia University's Global Centers - Europe from June 26 to July 5. Based on research made possible by a PMHV grant from the Hearst Foundation, our Medical Director, Dr. William Andereck presented **"How Much Capacity Does It Take to Say 'No'--the role of preference in the incapacitated patient"** at the International Bioethics Retreat and "Please Don't Teach Me Empathy: the Unbearable Burden of Empathy" at the Consortium. Reflecting PMHV's extensive work in policy and education development, our Program Director, Dr. Ruchika Mishra reported on the department's success in **"Developing and Standardizing Ethics Policies to Address System-level Issues"** as well as **"Integrating an Ethics Elective in Graduate Medical Education."**

## PMHV Offers Ethics Elective to CPMC House Staff

In collaboration with CPMC's Office of Graduate Medical Education, our program continues to offer two-week ethics electives for medical interns and residents. Internal Medicine Intern, Dr. Jack Ma worked with PMHV Directors and Fellow on ethics consultations at CPMC's Van Ness and Davies Campuses in July. The goal of the elective is to meet ACGME Core Competencies on Professionalism, which emphasizes that residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.



## ANNUAL SUMMER WORKSHOP

On Saturday, June 8, PMHV held its 14th annual **Summer Workshop in Clinical Ethics**. This education event was filled to capacity with ethics committee members and other healthcare professionals from various disciplines, including bioethicists, physicians, nurses, risk managers, chaplains, social workers, administrators, patient advocates, and others. Attendees represented 31 institutions, coming from as far as Arizona, including healthcare organizations such as Sutter Health, Dignity Health, and Kaiser Permanente. The workshop, **"Challenging Patients: New Solutions to Recurring Problems in Ethics Consultation,"** discussed potential solutions to respond to the problem of decision making for the unrepresented patient, how to conduct a moral distress debriefing session, practical ways to resolve complex ethics situations, how to conduct a family meeting to respond to requests for non-beneficial treatments, effective interventions to deal with the challenging patient, and the evolving role of the hospital ethics committee.

Participants were also able to brainstorm new strategies to address commonly encountered ethical dilemmas in patient care. The sessions were led by PMHV staff, Drs. Andereck, Holmes, Kirk, Mishra, and Shashidhara. Dr. Vanessa Grubbs, Chair, Ethics Committee, Zuckerberg San Francisco General Hospital, and Donnie Nelson, Ethics Committee, Saint Francis, Dignity Health, also served as faculty at the workshop.



**2019 Cambridge Consortium for Bioethics Education**  
First row seated left: PMHV Medical Director, Dr. William Andereck,  
First row seated middle: PMHV Program Director, Dr. Ruchika Mishra,  
First row standing right: PMHV Neuroethicist, Dr. Thomasine Kushner.

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Bioethicist



## Welcome and Introduction

**ROBERT J. FULBRIGHT, J.D., M.A.**

The Program in Medicine & Human Values is delighted to welcome **Robert Fulbright** to our bioethics team. He will serve as the **Clinical Bioethicist** for **Alta Bates Summit Medical Center, Sutter Health Bay Area**.

Mr. Fulbright comes to us from Renown Health in Reno, Nevada where he was the Bioethics Program Director. Additionally, he served as adjunct instructor on the Community Faculty at University of Reno Nevada Medical School, and is also a board member on the Donor Network West Medical Advisory Board. Prior to moving to Reno, he worked for Sutter Health in multiple roles. He held the position of PMHV Bioethicist at Eden Medical Center and Sutter Delta Medical Center from 2016 – 2018. He also worked as a compliance manager and later as a privacy officer for multiple Sutter Health affiliates in the Bay area. Mr. Fulbright brings strong clinical ethics experience to his work, as well as a background in law and health care policy.

Mr. Fulbright has a master's degree in Biomedical and Health Care Ethics from the University of Leeds, England and completed his Clinical Ethics Fellowship at our program in 2016. He obtained his J.D. from the University of Kansas and is a licensed attorney in Colorado. His interests include end-of-life decision making and mental health advocacy.