



**What is...
Moral Distress?**

Moral distress is the physical or emotional suffering that is experienced when constraints (internal or external) prevent one from following the course of action that one believes is right.



**How might your
organization
support you?**

Do you have a support line to call for events like these?

Is there a policy for you to follow to help guide you through the process?

Do you have someone you can talk to for moral support and guidance?

Your Ethics Committee will be able to help you with this or point you in the right direction.

When Patients Pose a Hazard

Case adapted from “Feeling Strain When Violent Patients Need Care” by Theresa Brown, R.N. *The New York Times*, January 30, 2012.

Fred Allen, a patient with a history of violent behavior in the hospital setting has been re-admitted for necessary cancer treatment. He is physically intimidating at 6’5” and nearly 300 pounds. During this admission he has been verbally abusive toward staff members, and there were concerns, heightened by gossip that was circulating about him, about staff being harmed in the course of providing care. Additionally, the fear for personal safety that Fred inspired in staff caused them to be distracted when providing care for him, which increased the risk that he would experience an otherwise avoidable adverse event in the course of his hospitalization.



The ethics committee has been called in to provide support. What might they do in this case?

First, it is important to identify the ethics issues raised by this case. One of these is how to treat this patient with respect. Connected with this is the question of how to ensure that the patient gets the care he needs and how to ensure that this care is safe. The ethics consultants might also be concerned about staff experiencing moral distress in the situation. Other ethical issues arise around the obligations of the organization. How can the organization fulfill its obligations to staff to provide a safe work environment? How can the organization

fulfill its obligations to other patients to provide the care that they need if a disproportionate amount of staff time and energy is spent on one patient?

The ethics committee will not be able to address all of these issues in this consultation. They might choose to focus in the short term on helping the team with this particular patient, but they might also identify a need to address these sorts of cases on an organizational level through a policy or set of guidelines for staff.

In approaching this case, the first step might be to identify the reasons for the patient’s behavior and for the staff’s reaction to it. That is, ethics consultants could facilitate dialogue and communication so as to repair the relationships between the patient, the team, and the organization. This demonstrates respect for all parties, a concern for everyone’s well-being, and a commitment to fostering and preserving relationships.

In some cases, however, these efforts to improve interactions between the patient and staff will not be effective as there has been too much damage done to the relationship on both sides or because one party is unwilling to put forth a good-faith effort to repair the relationship.

Another strategy that could be used in this situation is a patient contract. In these documents, specific behavioral expectations for both patient and health care providers

Some resources:

Pejic AR. [Verbal abuse: a problem for pediatric patients] http://www2.cna-aiic.ca/CNA/documents/pdf/publications/patient_safety_discussion_paper_e.pdf

A descriptive study of 35 Canadian pediatric nurses found that 94% had experienced verbal abuse in the previous three months; yelling was the most common form. [Pediatric Nursing 2005;31(4):271-9]

Ethics is central to the way we care, and to the way we envision ourselves as professionals



are negotiated and clearly articulated, and specific consequences for not meeting these expectations are established.

Patient contracts should focus on particular behaviors that pose a threat to staff and other patients, as it is necessary to change these in order to prevent harm to others. It is harm to others that justifies the use of patient contracts that impose limits on individual choices. While the patient does have a right to choice and self-determination, including the option of being “non-compliant” or causing harm to themselves, they do not have an unlimited right to cause harm to others, whether directly or indirectly.

Consequences in a patient contract can, if necessary, can include transferring or even stopping care after all other avenues have been exhausted. Given the ethical obligations of both health care providers and health care organizations, such clauses should be a last resort, but recognize that staff and other patients exert ethical claims as well. That said, the use of patient contracts may also raise ethical concerns for some members of the health care team.

In particular, the team might feel uncomfortable with a contract that threatens what feels like patient abandonment, and part of the ethics consultants’ work might be to help staff address these responses. Once a situation has reached the point where such measures seem necessary, it is often more a matter of choosing the least worst option than selecting the best option.

This is only one possible approach to this case – if you were the ethics committee, what would you do? Let us know what you think!

Contact Krista, NSHEN Administrator, at krista.mleczkoskerry@iwk.nshealth.ca.

Ethics Q & A

1. What is a substitute decision maker?
 - a. A person put in place to make decisions on a person’s behalf who is not mentally capable of making a particular decision
 - b. Someone who decides whether your answers are right or wrong
 - c. Someone you call in the morning who will tell you what to wear for the day

2. What is informed consent?
 - a. Permission for the health care team to do whatever they want
 - b. Permission given to the health care team to do specific procedures after they have given you information about what will happen
 - c. A form that you have to fill out before you get your test done

Answers on next page

NSHEN currently has a library of books that may be of interest to you. Please contact the Administrator for the title listing or to arrange a book loan.

Questions?
Comments? Want to join the mail list?

Contact NSHEN!

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Answers

1. A! Everyone has the right to make decisions for him/herself as long as he/she is mentally capable of making decisions. The guidelines for assessing mental capacity vary depending on the type of decision involved.
2. B! It is important that you have all the information that you need to make a choice.

NSHEN: Coming Events...

March 6 & 7, 2012

NSHEN 2012 Health Ethics in the Digital Age Conference. Presentations now available on our website (www.nshen.ca)

April 11, 2012

All Hazards Workshop. Quality Inn Airport Hotel. Registration closes March 15, 2012. Details available on our website

April 25, 2012

Ethics Committee 101 Workshop. Holiday Inn, Truro. Registration closes April 11, 2012. Details available on our website

May 2012

NSHEN Education Telehealth. More details will be released at a later date.

If there are any topics you would like to see discussed in our Newsletter or Telehealth Education sessions, please let us know!

What Makes NSHEN Unique?

While there are other ethics networks and centres across the country, there are a few features that make NSHEN unique within Canada.

- * Our collaborative structure facilitates dialogue between partners
- * Our strategic goals are collectively established by the collaborating partners
- * NSHEN involves academia, government, and health care organizations in a single network

This results in a network that is innovative, efficient, and responsive to ethics needs in Nova Scotia.