Refractory Suffering: Impact on Team

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Objectives:

- Describe the ethical challenges for providers, nurses and team in the situation of refractory suffering and administration of palliative sedation

- Discuss two important aspects of moral distress

- Identify opportunities to build team resilience

Ethical challenges: Provider perspectives

Physical vs. psychological/existential

Skills in psychological management

Efforts to relieve suffering vs. sedation

Symptom relief vs. hastening of death

Ambivalence/difficulties in clinical decision-making

(Anquinet, et.al., 2014; Swetenham, et.al., 2011)

Ethical challenges: Nursing perspectives

- Clarity of patient wishes
  - Nurses' inability to communicate with patient

- Difficulty in determining the point of "refractoriness"

- Physical vs. existential symptoms

- Perceived lack of skills/discomfort with PS practice
  - Lack of clinical practice guidelines

- Lack of respect for nurse opinions/team dynamics

- Beliefs of nurses
  - PS does not relieve distress
  - PS is euthanasia
    - Post-sedation concerns about real cause of death

- Loss of patient's ability to communicate with family

(Abarshi, et.al., 2014)

Ethical challenges: Team dynamics

- Powerlessness at inability to relieve suffering

- Unrecognized mutual suffering
  - Physical signs of distress and feelings of impotence and failure
  - Philosophical differences leading to team suffering

- Ineffective communication

- PS for physical vs. existential suffering

- United front

- Honest team discussions

- Unaligned goals of care – clinicians, patients, families

- Philosophical alignment- a) treatment goals, and b) personal philosophies
  - Need to recognize one's own feelings in a clinical encounter

- Cure vs. care

- Insufficient skills/resources to provide supportive care
  - Use of experts/specialists

(Swetenham, Hegarty, Breaden, & Grbich, 2011)

Ethical challenges: Moral distress

Moral distress: (a) the psychological distress of (b) being in a situation in which one is constrained from acting (c) on what one knows to be right (Jameton, 2017)

Distress from causing pain during care of the dying	Constraints stemming from challenges of health care organizations	Changing global therapeutic perspectives

Two conditions should be met:

(Morley, Ives, Bradbury-Jones & Irvine, 2019)

Experience of a moral event	Psychological distress

Addressing moral distress: Building moral resilience

Build	Build systems to support ethical practice
Educate	Educate the public – ethics related
Identify and address	Proactively identify and address issues that may trigger conflicts
Monitor	Monitor benchmarks that relate to moral distress and culture, e.g., turnover, patient safety, outcomes
Develop	Develop practice guidelines t0 address areas of concern
Require	Require ethics training for staff/leaders/board members (Rushton, Schoonover-Shoffner, Kennedy, 2017)

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QUESTIONS?