Moral Resilience through Ethical Decision Making

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What are we talking about when we talk about Ethics in nursing?

1. Wrongdoing
   - How to change a bad situation

2. Dilemmas
   - How to resolve a conflict of legitimate values

3. Enacting our values
   - What is the best way to enact agreed upon values

4. Right values
   - What should our professional values be?

Uses of the term “ethics” in health care*

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* From Olson, D. (2017). What nurses talk about when they are talking about ethics: the first step towards solutions, 117(11), pg. 67.
**Moral Distress**
- “The negative feeling that occurs when one knows the right action to take, but is constrained from taking it.” (Jameton, 1984)
- Crescendo effect+
- Responses to moral distress*:  
  - Emotional  
  - Behavioral  
  - Physical  
  - Spiritual


**Emotional responses***
- Feelings of powerlessness or being overwhelmed  
- Fear, disgust, discouragement  
- Depression  
- Anxiety

- Bitterness, cynicism, resentment, or sarcasm  
- Shock  
- Dismay, sorrow, or grief  
- Burnout  
  - Emotional exhaustion or withdrawal  
  - Numbness

**Behavioral responses***
- Impaired thinking (such as forgetfulness)  
- Nightmares  
- Lashing out at others  
- Addictive behaviors  
- Controlling behaviors  
- Defensiveness

- Avoidance  
- Agitation  
- Shaming others  
- Disengagement or depersonalization  
- Horizontal or vertical violence

**Physical responses***
- Heart palpitations  
- GI disturbances  
- Insomnia  
- Headaches or other pain symptoms

- Fatigue, exhaustion, or lethargy  
- Hyperactivity  
- Unplanned weight gain or loss  
- Susceptibility to illness
**Spiritual responses**

- Spiritual distress, including crisis of faith or disrupted religious practices
- Dampened moral sensitivity
- Loss of a sense of meaning
- Deterioration of moral integrity, moral agency, or both
- Loss of self-worth
- Disconnection from work or community


**Moral Resilience**

“The capacity of an individual to sustain or restore integrity in response to moral complexity, confusion, distress, or setbacks.”*


**Addressing your moral distress**

- Recognize the symptoms of moral distress
- Reflect on and be curious about the ethical aspects of clinical situations
- Reconnect to your original purpose and intention for being a nurse
- Commit to your personal well-being
- Support and restore your moral integrity
- Learn to listen to your intuition and somatic responses
- Develop ethical competence
- Speak up about your ethical concerns
- Take principled actions
- Contribute to a culture of ethical practice


**Moral Sensitivity**

- “an ‘attention’ to the moral values involved in a conflict-laden situation and a self-awareness of one’s own role and responsibility in the situation.” (Litzén, et al., 2006)
- The ability to recognize the ethical and moral components of situations
- A precursor to moral action

**Moral Courage**

• “…the individual’s capacity to overcome fear and stand up for his or her core values. It is the willingness to speak out and do that which is right in the face of forces that would lead a person to act in some other way.” (Lachman, 2007)

• Nurse Wubbels
  (https://ajnoffthecharts.com/nurse-takes-stand-gets-arrested/)

**The Wubbel’s Case**

• Patient is unconscious after car accident

• A police officer wanted a blood sample to determine if alcohol was involved

• Blood sample was **NOT** for any clinical purpose but to aid the police investigation

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**Ethical Decision-Making**

1. Identify values in conflict
2. Get the facts
3. Identify options
4. Identify ethically relevant variables
5. Are there critical distinctions?
6. Explicate status of ethically relevant variables
7. Make judgment
8. Develop policy recommendations

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**Self-reflection & Social Context**
1. Identifying values conflict

“A value is something that is prized or held dear; something that is deeply cared about.”

From: Canadian Nurses Association Code of Ethics (2002)
Values are what tell you – *This* is better than *that.*

Values can be conflicted within an individual or between individuals.

WE VALUE: Self-Determination

WE VALUE: Patient Well-Being
WE VALUE:  
Fairness

2. Get the facts

3. Identify options

Facts

• No substitute for in-depth understanding
• Know the clinical condition
• You will never have all the facts
• Facts vary in the degree of certainty
• Some facts are not known
• Some facts cannot be known
What do we mean by ethically relevant?

- Influences the enactment of a value
- Influences the degree of “good” and “bad” in a situation’s outcome

Ethically relevant variables

Occur on a continuum:

- Patient’s experience of the situation
- State of patient’s decision making capacity
- Cost benefit ratio of treatment/non-treatment
- Clinical Relationship
- Family input / Quality of surrogate

5. Distinctions

- Even though ethically relevant factors occur on a continuum – for some factors a clear distinction is required for justification.
- Criteria for making the distinction are helpful.
Examples of distinctions in relation to ethically relevant factors

- Decision making capacity
  - Having v. Lacking
- Influencing a patient
  - Undue v. acceptable influence
- Distribution of benefits or burdens
  - Fair or unfair
- Treatment
  - Medically necessary v. unnecessary
- Dysfunctional in elderly
  - Normal aging v. disease

Dr. Chen et al., 2002, categorization by Miller, 1982

6. Explicate ethically relevant variables
7. Make a judgment

Who am I to Judge?

8. Policy recommendations

Under what conditions is it ethical to...

What are ethically justifiable options?

How can professional values be best expressed in this situation?

What action will bring about the most good?

Martha is an 86 year old woman living in a skilled care facility. She has dementia of the Alzheimer’s type, type II diabetes, and congestive heart failure. She is in the moderate to severe stage of the disorder. Her memory is showing increasing deficits, at times she forgets where she is or cannot name or recognize her children. However, she does still have periods of lucidity where she can interact quite normally so long as she challenged with complex tasks. Her diabetes and CHF are controlled with medications.

Martha has two daughters. Her oldest daughter, age 62, cared for her mother at home for many years until incontinence and her other physical needs became too much. The older daughter visits frequently. The younger, age 56, lives on the West coast and visits several times a year. The daughters often argue about their mother’s care though they usually reach consensus. The younger generally favors more aggressive care.

Meds for Martha
Martha is generally cooperative and seems happy, especially when her
daughter visits or she is involved in group activities. Recently she has begun
to refuse her diabetes and cardiac medications saying the colors are all wrong.
She continues to accept the Xanax that she is prescribed for sedation.
If you spend a good amount of time cajoling, coaxing and wheedling her,
she’ll usually take the pills, but this takes enough time that it takes care away
from the other patients. When you tell the nurse manager she says, “Just put it
in some ice cream, she’ll never notice.”

2. Facts @ Martha
- 86 years old
- In skilled nursing – Cooperative, seems happy
- Moderate to severe Alz’s
- Other medical problems controlled
- Two daughters who argue sometimes
  - 62 cared for her at home prior to placement, visits frequently
  - 56 lives on west coast, visits 2-3 times a year – Favors more aggressive tx
- Recently refusing diabetes medication
  - She often takes diabetes meds with considerable coaxing
  - She continues to accept Xanax without difficulty

3. Options
- A= Accept her refusal
  OR
- B=Put it in her ice cream
  OR
- C=A third way?
4. Ethically relevant variables

- Quality of Martha’s experience (suffering, pain etc.)
- Decision making capacity
- Degree of benefit from medication
- Degree of harm from not taking medication
- Harm from Martha discovering that you hid medication in her food
- Harm from daughter discovering that you did or didn’t put medication in her food
- Quality of the clinical relationship
- Quality & clarity of family input

5. Critical distinctions

- Decision-making capacity?
- Would Martha retain knowledge if she discovered the deception?

6. Explicate ethically relevant variables
Overall Decision

Respect pt refusal

Hide meds

**Algorithm with examples**

- Complete Lack
- Low-motivating
- Frustrated
- Not likely
- Quality of surrogate decision-maker

Patient’s decision-making capacity
High level thinking

Benefit of taking the medication
Significant QOL
Little benefit

Possible harm of not taking the med
No harm

Quality of surrogate decision-maker
Little knowledge of pt, self-interested

**Patient’s decision**

- Making capacity

- Benefit of taking the medication

- Possible harm of not taking the med

- Possible harm from loss of trust

- Quality of surrogate decision-maker

**Easy decision: Hide med**

- Hide meds
- Overall Decision
- Respect pt refusal

- Patient’s decision-making capacity
- Benefit of taking the medication
- Possible harm of not taking the med
- Possible harm from loss of trust
- Quality of surrogate decision-maker

**Easy decision: Respect refusal**

- Hide meds
- Overall Decision
- Respect pt refusal

- Patient’s decision-making capacity
- Benefit of taking the medication
- Possible harm of not taking the med
- Possible harm from loss of trust
- Quality of surrogate decision-maker

**Hard Decision**

- Hide meds
- Overall Decision
- Respect pt refusal

- Patient’s decision-making capacity
- Benefit of taking the medication
- Possible harm of not taking the med
- Possible harm from loss of trust
- Quality of surrogate decision-maker
Social Context:
Meaning of food & Contamination

Self-reflection:
Best for patient OR Less work

7. Make a judgment

8. Develop policy recommendations
Under what conditions is it ethical to hide medications in a patient’s food?

1. Lacks decision making capacity
2. Mental status is such that trust will not be lost
   1. The patient is highly unlikely to discover the deception or retain the knowledge
3. Medication confers substantive increase in QOL (or prevents substantive loss of QOL)
4. An appropriate surrogate agrees
5. Med is compatible with delivery method