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.
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.”
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.
Is there a “moral burden” problem?

- Moral distress
- Moral residue
- Compassion Fatigue
- Professional burnout
- Job satisfaction among clinicians
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?
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.
Trust and Moral Burden

- How best to create relationships of trust?
Language and moral burden

- Slogans.
- Precision
Culture and moral burden

- We all belong to multiple cultures – these can evolve over time.
Shared Decision Making

- Shared among whom?
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.
Moral Burden Reducers?

ACP Tracking Record

Goals of Care Designation Order
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.
Thanks. Discussion?

- Gary Goldsand

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