Conversations in Ethics:

Transforming Moral Distress to Moral Resilience: One of Our Toughest Pediatric Cases

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Transforming Moral Distress to Moral Resilience: One of Our Toughest Pediatric Cases

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Objectives

At the completion of this education conference, participants will be better able to:

➢ Describe the ethical challenges and moral distress experienced by healthcare professionals while caring for complex, pediatric patients at the end of life

➢ Define and understand the concept of moral resilience

➢ Utilize effective strategies to cultivate moral resilience in clinical practice and to manage moral distress

Baptist Health South Florida

Disclaimer

This case presentation is based on an actual ethics consultation case. However, to remain in compliance with HIPAA Privacy Rules, the content has been modified

Baptist Health South Florida
Summary of Events Over 2-weeks:
- Ethics team met with parents — wanted to explore 2nd opinion for brain dead diagnosis
- Family had international ties with other physicians
- Angry at family/staff discussion about organ donation — would never consent to donation
- The father continued with outbursts of aggressive behavior including threats towards physicians, nurses, and even towards the child's mother. He refused to have the maternal grandparents visit the child
- He would not provide feedback from the second opinions; was requesting additional EEG and another blood flow study, which was not granted
- Hospital security were present in the unit and Metro-Dade police were called more than once
- Daily huddles — Staff were updated daily, supported, given scripts on what to say so everyone remained a cohesive team

American Academy of Pediatrics
Brain Death Guidelines

- Determination of brain death — clinical diagnosis based on absence of neurological functions with a known irreversible cause of coma
- Ages: > 30 days to 18 years old the following is required:
  - Two examinations including apnea testing with each examination
  - Observation period of 12-hours apart
  - Ancillary studies — i.e., blood flow, are not required

Pediatric Ethics Case

Ethics consult requested by: The palliative care ARNP 4 days post admission

Ethical Dilemma: The child's father would not accept the diagnosis of brain death following 2 separate physician's examination with apnea testing and an additional ancillary blood flow study, showing no flow to the brain.

Relevant Medical & Social History: This was a toddler who drowned in the bathtub at home. Fire rescue was called and she was brought to hospital in full arrest, requiring intubation with ventilator support and other life prolonging interventions, including vasopressors.

Relevant Social History: The child lived at home with her parents and older maternal sister. She was the only child for the father. Father had history of depression and anxiety. Parents were not married; dated for a short while prior to mother's pregnancy.
Pediatric Case (cont.)

- By day-11 the healthcare team, ethics, and the leadership team met and decisions were made to wean off vasopressors which were not serving a purpose for the brain dead child.
- On day-14 vasopressors were stopped and the child had asystolic arrest within 3-hours.
- Father's behavior escalated. Police and hospital security were again called with a large presence.
- The parents and their family were allowed quiet time separately in the room, (1-hour each family group), after the asystolic arrest.
- The father was then escorted by the police out of the hospital with a restraining order.
- Entry into the unit was changed from open access to card access for safety reasons.
- Follow up debriefing session held 1-week later for the staff to include psychology support.

What Were the Morally Distressing Challenges?

- For the MD
- For the Nurse
- For the Case Manager

Definition of Moral Distress

- Moral distress is a phenomenon that occurs when healthcare professionals cannot carry out what they believe to be the ethically appropriate actions because of various constraints.
- If not addressed – moral residue, crescendo effects, dissatisfaction, burnout, leaving job and leaving profession.

Moral Distress Suffering

HOW TO COPE AND RISE ABOVE MORAL DISTRESS UNDER THESE CIRCUMSTANCES?
Resilience (APA, 2018)

➢ The ability to "adapt well over time to life-changing situations and stressful conditions".

➢ "Being resilient does not mean that a person doesn't experience difficulty or distress."

Moral Resilience

• "the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature". (Lachman, 2016)

Moral Resilience

"Capacity of a person to sustain, restore or deepen their integrity in response to moral complexity, confusion, distress or setbacks."

Rushton, 2016
Factors that Contribute to Moral Resiliency

- Organization
- Team
- Individual

Organization Factors

- Promoting a culture of ethical practice
  - Policies and Procedures
  - Administrative Support
  - Ethics Committee
  - Risk Management
  - Mental Health Resources
  - Safety and Security Resources
  - Staff Training and Education
  - Community Resources

Team Factors

- Good communication and problem solving skills
- Making realistic plans and take steps to carry them out
- Positive and supportive team relationships
- Use of debriefing
Self awareness
A realistic and positive view of yourself and confidence in your strengths and abilities
Assertiveness/Self-assurance
Self-regulation (the capacity to manage strong feelings and impulses)
Flexibility
Maintaining a hopeful outlook
Keep things in perspective
Self-care
Relationships with family and friends
Ethical competence
Commitment to transformational learning
Commitment to a culture of ethical practice
Ability to find meaning in the midst of despair
Ability to find meaning in the midst of despair
Self-regulation (self-assurance)
Moral distress arises from ethically challenging medical cases, such as this case of pediatric brain death with father's mental health issues, parental conflict, and father's difficulty accepting his daughter's death.

Moral distress occurs when healthcare professionals cannot carry out what they believe to be the ethically appropriate actions because of various constraints. If not addressed—moral residue, crescendo effects, dissatisfaction, burnout, leaving job and leaving profession can result.

Organization, team, and individual strategies that build moral resilience help to reduce moral distress and sustain professional integrity.

Organizations that promote an ethical culture, good communication and supportive growth oriented teamwork, and highly qualified, emotionally healthy, and resilient medical staff are critical to successful patient care.

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References


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