



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Additional panelists, if any (up to three):

Name: Mark Kuczewski

Title/Degree: PhD

Institution: Loyola University Chicago

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Name: Kayhan Parsi

Title/Degree: JD, PhD

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Name: Deborah Pape

Title/Degree: PhD, MA(Bioethics)

Institution: University of Wisconsin-Madison & Wisconsin Determination Disability Bureau

Country: USA

Proposed Session Title: Challenging Cases and Strategies for Addressing Moral Distress in Clinical Ethics Consultations

Describe topic or case to be discussed up to 300 words:

Moral distress, defined as painful feelings and/or psychological disequilibrium caused by a situation where one believes or knows the ethically ideal action to take but cannot carry it out due to external or internal limitations or obstacles, is receiving increased attention. This session will examine how it can be

identified in health care settings, specifically the art of clinical ethics consultation. While the intersection and impact of moral distress on clinical ethics consultation is not well documented, a range of approaches for dealing with moral distress have been proposed, including formal and informal ethics consultation, education, debriefing sessions, and conscientious objection.

Presenters will examine and critique specific cases which highlight moral distress in practitioners, patients, families and ethics consultants. The cases will be drawn from a burn unit, neonatal intensive care, discharge planning and rehabilitation. One presenter will discuss how ethics awareness and imagination can be used to support coping skills in healthcare practitioners who may be involved in elements of an ethics consultation and experiencing moral distress. Clinicians could turn to these skills when feeling overwhelmed to find support for their judgment skills and movement away from the concept of "rescue ethics" to the domain of "preventive ethics". Other presenters will relay lessons learned from two different ongoing pilot interventions in a burn unit and Medical ICU being used to address moral distress with clinicians.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

One panelist will describe and analyze a burn unit case of a young man with 87% burns which gave rise to moral distress for clinicians who disagreed about whether the medical interventions were futile and causing him to suffer or a necessary part of the duty to care for the patient. After this case, the clinical ethics consultant and nurse manager proposed a pilot intervention on the unit to address ethical issues, moral distress and conflicts prospectively with nurses. Lessons learned from the pilot intervention will be examined.

One panelist will use a rehabilitation case to discuss how ethics awareness and imagination can be used to support coping skills in healthcare practitioners who themselves may be involved in elements of an ethics consultation and experiencing moral distress. These skills are ones that clinicians could turn to when feeling overwhelmed to receive support for their judgment skills and movement away from the concept of "rescue ethics" to the domain of "preventive ethics".

One panelist will examine the theme of moral distress in the context of a Neonatal Intensive Care Unit (NICU). A cluster of cases involved young or first-time parents, unclear diagnoses or prognosis of the infant, language barriers, and repeated discussions of futility and quality of life. The need to make difficult decisions gave rise to moral distress in clinicians and families. Specific cases and their outcomes will be discussed and analyzed.

Another presenter will discuss moral distress through the lens of discharge planning. Recent cases at our institution have illustrated how ethical issues arise whenever there is moral distress regarding discharge planning. Despite the paucity of articles on this topic in the literature, it's essential that ethicists start examining more critically how discharge planning triggers ethical issues, and more specifically generates moral distress in some cases.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No