



Covenant
Health

Story-keeping as Occupational Hazard

*Addressing Moral Distress through
Narrative Ethics*

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“...is the pain or anguish affecting the mind, body or relationships in response to a situation in which the person is aware of a moral problem, acknowledges moral responsibility, and makes a moral judgment about the correct action; yet as a result of real or perceived constraints, participates in perceived moral wrongdoing”

Nathaniel in Austin et al.

External Barriers

- Inter-professional relationships
- The law
- Administration
- Policy
- Structural fabric of profession

Internal Constraints

- Fear of job loss
- Futility of past actions
- Professional role socialization
- Lack of courage
- Self-doubt

At the bedside

- ✧ Prolongation of life (or dying)
- ✧ Inadequate pain management
- ✧ Unnecessary tests and procedures
- ✧ Time constraints affecting patient care
- ✧ Insufficient inter-disciplinary collaboration
- ✧ Provider-Patient (family) conflicts
- ✧ (in)Competence

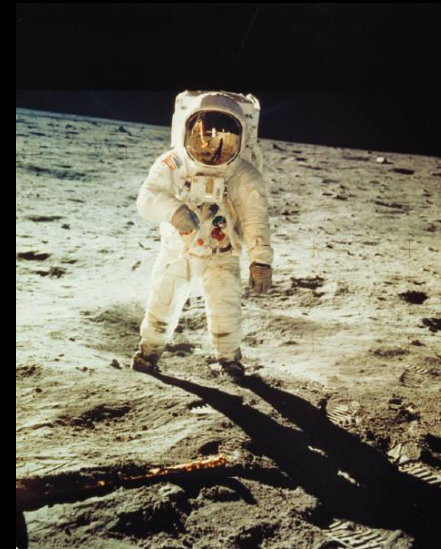
frustration ANGER ***heart palpitations***
depression ***diarrhea*** loss of self-worth self-
blame ***self-criticism*** migraines damaged
personal relationships unproductive *sleep*
disturbance feelings of being alone,
powerless, hopeless ***shaking*** emotionally
drained GUILT ***sweating*** anxiety *loss of confidence*
dread anguish nightmares

a lonely journey

Compassionate care led by Catholic values

“Experiencing moral distress depends on the belief framework of the individual, the compatibility of that framework with her colleagues and the institution, the type of unit, or the moral sensitivity of the individual.”

Austin et al.



Recognize and Identify

Communication and Collaboration

- Clear and collaborative communication
- Interdisciplinary dialogue to discuss concerns, identify distress, and problem solve
- Shift to shift reporting
- Unit staff meetings
- Patient care conferences

Rice et al.

“The presence of moral distress indicates a lack of meaningful ethical discussion that includes all perspectives and all relevant stakeholders.”

“Morally distressed individuals feel as though they must behave in an ethically inappropriate manner, in part because their views have not been heard.”

Epstien and Hamric

Education

- Interdisciplinary education
- Clinical ethics rounds
- Facilitated open discussion re: ethics issues
- Simulation and case study discussion

Consultation

- Interdisciplinary debriefing of moral distress situations
- Ethics consultation

Rice et al.

Principles

- Autonomy
- Benefit
- Avoid Harm
- Justice

Virtue

- Prudence
- Fidelity to trust
- Courage

Benefits and Burden

- Balance risks of harm and anticipated benefits

Casualty

- Evaluate similar cases for prudent direction

What is Narrative Ethics?

C o m p a s s i o n a t e c a r e l e d b y C a t h o l i c v a l u e s

*The stories we would call ‘ours’ are already
bits and pieces we have gathered from others’
stories*

*“Narrative, like ethics, is about who we
become by the decisions we make.*

*We can step back and see how our decisions
inform and shape who we become.”*

*Narrative ethics is an ethics of commitment to
shaping oneself as a human being.*

*The point is what a listener becomes in the
course of listening to the story.*

*Narrative enables us to see more clearly that
ethics is about identity.*

*Self-stories are told to make sense of a life that
has reached some moral juncture*

“There is therapeutic importance of recognizing patients in the context of their lives and bearing witness to their suffering” Charon et al.

“The practice of narrative ethics aims to prevent the development of ethical quandaries by building into medical care a fully articulated recognition of the moral dimensions of the patient’s [or professional’s] actual life.” R. Charon

- Thinking with stories means joining with them; allowing one's own thoughts to adopt the story's immanent logic... and its narrative tensions. The goal is empathy... resonance with the other.
- The other's story does not become my own, but I develop sufficient resonance with that story so that I can feel its nuances and anticipate changes in plot.

A. Frank

✧ From Isolation to Community

- ✧ Relief through shared experience & being heard
- ✧ Equipped with an other's language
- ✧ Rooted in a broader story and identity

✧ From Powerlessness to Empowerment

- ✧ Own one's experience
- ✧ Reinforce positive narratives such as heroism, competence and caring
- ✧ Identify and revive commitment to one's values and beliefs

- ✧ From Compromise to Continuity
 - ✧ Reminder of integrity and identity
 - ✧ Permission to construct a new way, a new understanding
 - ✧ “It takes a lot of telling before you get it right”

- ✧ From Confusion to Uncertainty
 - ✧ Provides meaning through language
 - ✧ Recognition of moral nuance and complexity

“The people who come to see us bring us their stories. They hope they will tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is their story”

Coles quoted in Austin et al.

Comments?

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