Dartmouth Health

Project ECHO

# WELCOME to
# *Palliative Care ECHO 5.0*

## ***Moral Injury***

October 7, 2025

Dartmouth Health

# Schedule

| | |
|---|---|
| 10/7/2025 | Moral Distress/Injury |
| 11/4/2025 | VSED-MCF |
| 12/2/2025 | Creating a Legacy |
| 1/6/2026 | Complicated Bereavement? |
| 2/3/2026 | Goals of Care for People with Disabilities |
| 3/3/2026 | Cannabis in Serious Illness |
| 4/7/2026 | Advanced Agitation |
| 5/5/2026 | Palliative Care for Justice Involved |
| 6/2/2026 | Palliative Care High-Risk Perinatal |

# Moral Distress and Moral Injury

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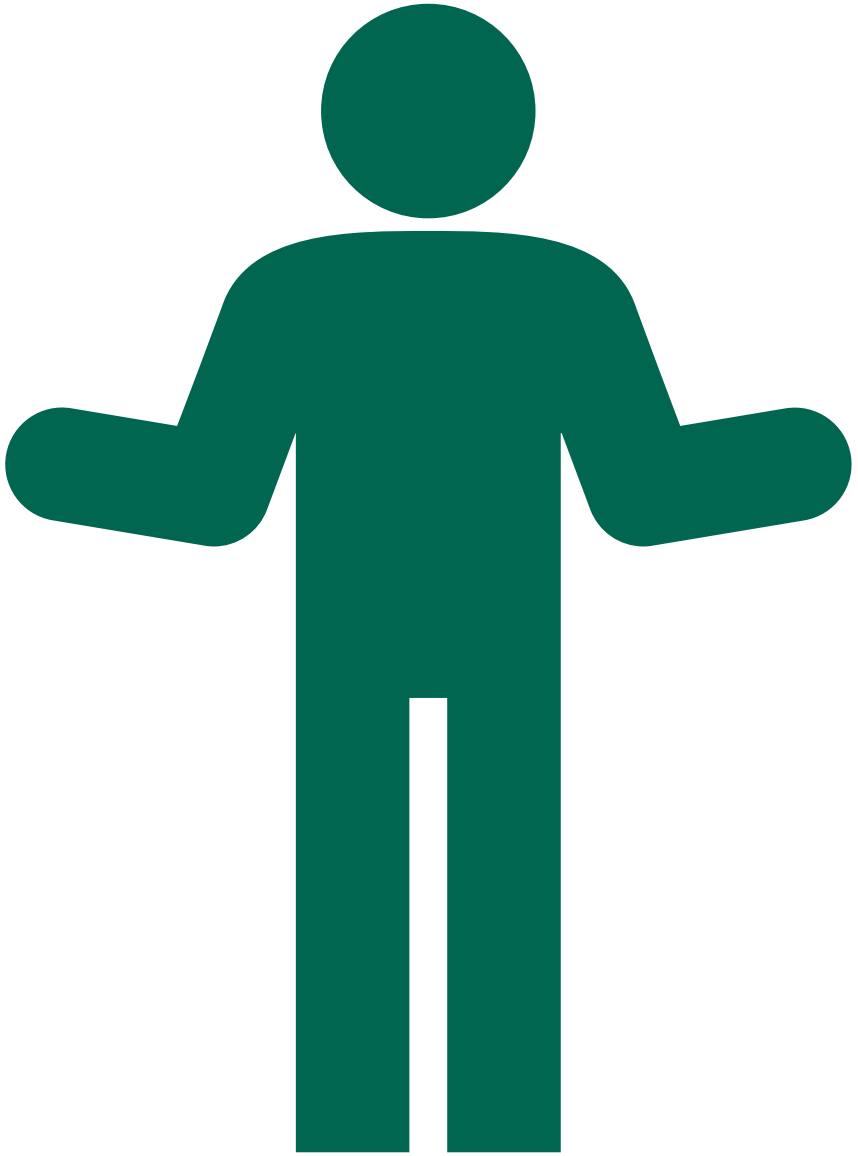
# Have you . . .

- Had challenges sleeping, waking and wondering if you could have done something differently in the care of patients?
- Felt like you were not a strong advocate for your patient?
- Felt strained by the competing responsibilities of self, family, and profession?

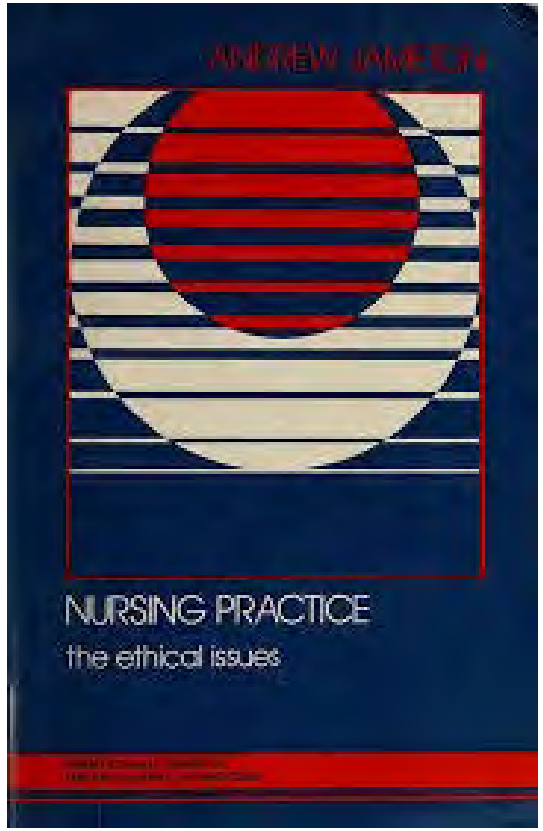


# Moral Distress & Injury

- Moral Distress: Refers to the psychological unease that results when professionals identify an ethically correct action to take but are unable due to institutional or hierarchical barriers (British Medical Association, 2021).
- Moral Injury: Occurs when sustained moral distress results in a reduction in functioning or psychological harm (British Medical Association, 2021).

# Moral Distress – Historical Context

- Entered nursing literature in 1984, Andrew Jameton - *Nursing Practice: The Ethical Issues*
  - Drawn from descriptions of bioethical conflicts that included:
    - Appropriate care for terminally ill patients
    - Limits of life support
    - Communication and decision-making with patients and families.




(Jameton, 1984)

# Moral Distress

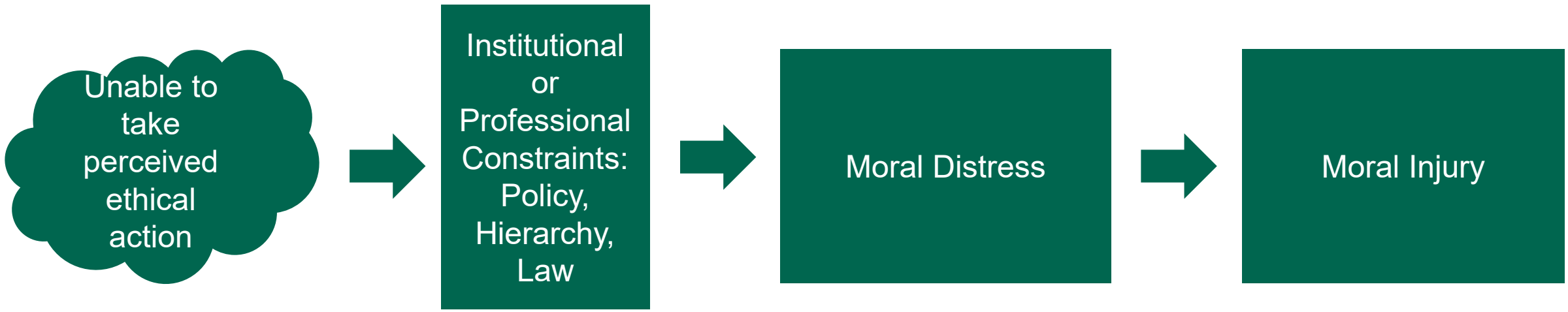
- Healthcare professionals encounter situations where they feel unable to act according to what they feel is right, due to institutional or hierarchical barriers (Jameton, 1984; Grace & Uveges, 2023).
- Moral distress may result in:
  - Migration from clinical areas of high stress
  - Emotional distancing from patients, compassion fatigue, and poor outcomes.
  - Attrition from the profession (Allen & Butler, 2016; Robinson et al., 2014).
    - Large financial costs associated with attrition of trained staff

# Moral Injury – Historical Context

- Introduced in 1994 by Dr. Jonathan Shay, a military psychiatrist, who identified a syndrome among Vietnam War Veterans (Nash, 2012).
- Dr. Litz, in 2009 - “Moral Injury and moral repair in war veterans: A preliminary model and intervention strategy.”
- Euripides identified the syndrome, “miasma”– to describe any violation of moral values (Koenig & Al Zaben, 2021).

# Moral Injury

- Is described as a significant cognitive and emotional response that follows instances where there have been transgressions against an individual's ethical code (Williamson et al., 2021).
- Can yield:
  - Feelings of shame or guilt
  - Changes in cognition
  - Changes in self-image
  - Maladaptive coping (Williamson et al., 2021).


Unable to take perceived ethical action
Institutional or Professional Constraints: Policy, Hierarchy, Law
Moral Distress
Moral Injury

# Strategies to Address Moral Distress and Injury

- Developing moral agency among healthcare professionals (Robinson et al., 2014).
  - Provide ethics education that speaks to everyday ethical issues.
  - Empower clinical staff:
    - Identify a problem
    - Sort out nuances
    - Conceptualize and act.

# Strategies to Address Moral Distress and Injury

- American Association of Critical Care Nurses 4 A's (Rushton, 2006).
  - Ask
  - Affirm
  - Assess
  - Act
- Moral Distress Consult Service (Epstein & Delgado, 2010).


(The 4A's to Rise Above Moral Distress, n.d.)

# Strategies to Address Moral Distress and Injury

- Policy development for recurrent issues.
- Interdisciplinary collaboration to foster support and pooled resources to navigate challenges

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