



John B Dossetor Ethics Center ETHICS Rounds

Daniel Garros (dgarros@ualberta.ca)

Stollery Children's Hospital,
, John Dossetor Ethics Center, Univ of Alberta
Edmonton, AB – Canada

*HOW CAN I SURVIVE
THIS?*

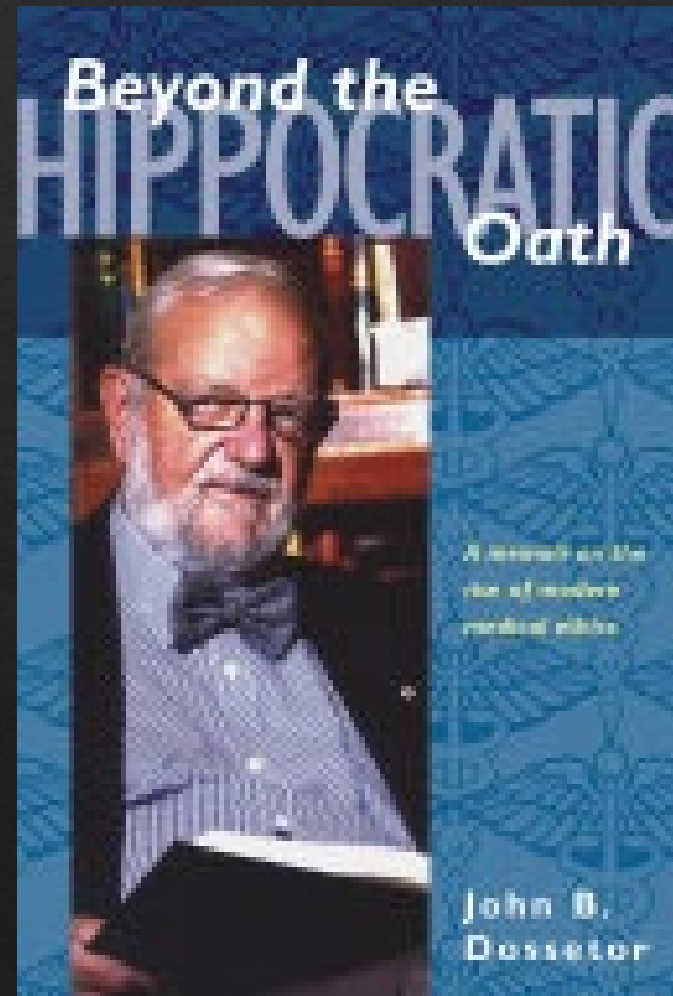
Supporting health care professionals in a PANDEMIC

Faculty Disclosure

- ◆ Nothing to disclose
- ◆ Support for Research on the Moral Distress Project:
 - ◆ CIHR, Univ of Alberta, Alberta health Services,



John B Dossetor 1925-2020



Objectives

- ◇ PANDEMIC and US
- ◇ Moral Distress : does it fit?
 - ◇ How can we resolve it/ mitigate it?
- ◇ RESILIENCE
- ◇ INSTITUTIONAL approach
- ◇ CAN YOU HELP ME TODAY?
- ◇ PEER SUPPORT/ SOLIDARIETY
- ◇ GRATITUDE





THE PRESENT REALITY



Reality check



“We have to make decisions, who gets ventilators, who gets dialysis, who gets care.” Dr Anuj Shah, New Jersey



“Older patients are not being resuscitated and die alone without appropriate palliative care, while the family is notified over the phone, often by a well-intentioned, exhausted, and emotionally depleted physician with no prior contact. Dr M Nacoti, Italy.”(2)



“We are very tired physically and mentally.”
Dr. Sergio Cattaneo, Italy.
(3)



© Getty Images

<https://www.indiatoday.in/world/story/who-overseas-coronavirus-spread-tip-of-the-iceberg-urges-all-countries-prepared-1644878-2020-02-10>

(Photo: Reuters)



“The hours go by, and your nose hurts more and more, the mask cuts through your skin and you can’t wait to take it off and finally breathe. Breathe. It’s what we all want these days, doctors and patients, nurses and care workers. All of us. We want air”.



(..) You have to be thrifty, you have to resist and wear a diaper you hope you won’t have to use because your dignity and your psychological state are compromised enough as it is by the work you are doing, the look on the patients’ faces, the words of their relatives when you call them to update them on the condition of their loved ones. Some ask you to wish their father a happy name day, others to tell their mother they love her and to give her a caress...and you do what they ask, trying to hide from your colleagues the tears in your eyes. Dr S Castelleti, Italy. (4)



24 **LIVE**

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Italy says number of doctors killed by coronavirus passes 100

16K more

Record on: 01/04/2020 - 16:09 Modified: 01/04/2020 - 16:09

LBC | **NEWS**

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Stunning 2020 Compact SUV May Not Cost What You Think
Sponsored by Toyota

Health

T've never been so stressed': Health-care workers in COVID-19 battle face PTSD, mental health issues

Front-line workers have higher risk of symptoms of depression, anxiety, study says

Nicole Morfilaro - CBC News - Posted: Mar 25, 2020 4:00 AM ET | Last Updated: March 25

<https://www.france24.com/en/20200409-italy-says-number-of-doctors-killed-by-coronavirus-passes-100>



Evidence

- ◇ 1830 workers
 - ◇ 764 (60.8%) RN,
 - ◇ 493 (39.2%) physicians;
- ◇ 522 (41.5%) were frontline HCP
- ◇ 760 (60.5%) worked in Wuhan;
- ◇ Depression (50.4%), anxiety (44.6%), insomnia (34.0%), and distress (71.5%)
 - ◇ Worse in Front line
 - ◇ (odds R: 1.5, 1.6, 2.9, 1.6)
- ◇ Outside Hubei province: lower risk of experiencing symptoms of distress



- ◇ Being a woman and *having an intermediate professional title* were associated with severe symptoms of depression, anxiety, and distress.
- ◇ JAMA Network Open. 2020;3(3):e203976-e.



What is this?



Moral Distress

- ◇ “Angst that professionals in of diverse fields experience when they have identified what they believe to be the ethically right course of action but are unable to act upon it. (6, 7)
- ◇ They may experience
 - ◇ frustration,
 - ◇ anger, guilt,
 - ◇ physical symptoms and
 - ◇ anxiety
- ◇ ... as they perceive threats to their moral integrity!

Jameton, A. (1984). *Nursing practice: The ethical issues*. Englewood Cliffs, NJ: Prentice Hall.

Nathaniel, A. K. Moral Reckoning in Nursing. *Western Journal of Nursing Research* 28(4), 419-438.

Dean W, Talbot SG, Caplan A. Clarifying the Language of Clinician Distress. *JAMA*.2020; 323(10):923-4.



Consequences

- ◆ Violation of one's core moral values,
- ◆ Has the capacity to erode personal integrity, and may undermine moral identity.
- ◆ At its heart, moral distress is a type of suffering that arises in response to “challenges to, threats to, or violations of professional and individual integrity.”
 - ◆ AJN, July 2016;116(7):40-59

Moral Distress

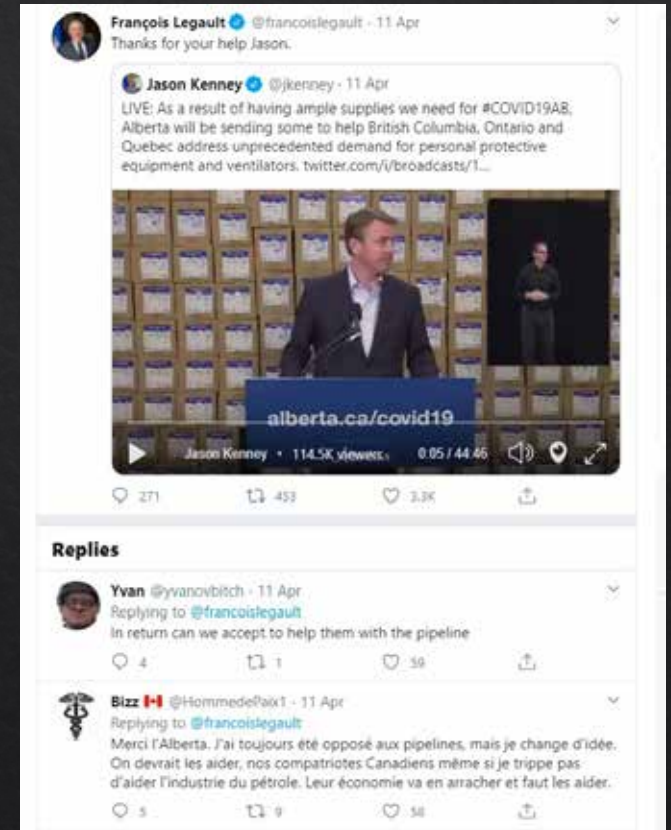
Practitioner -----///----- Outcome

Action blocked

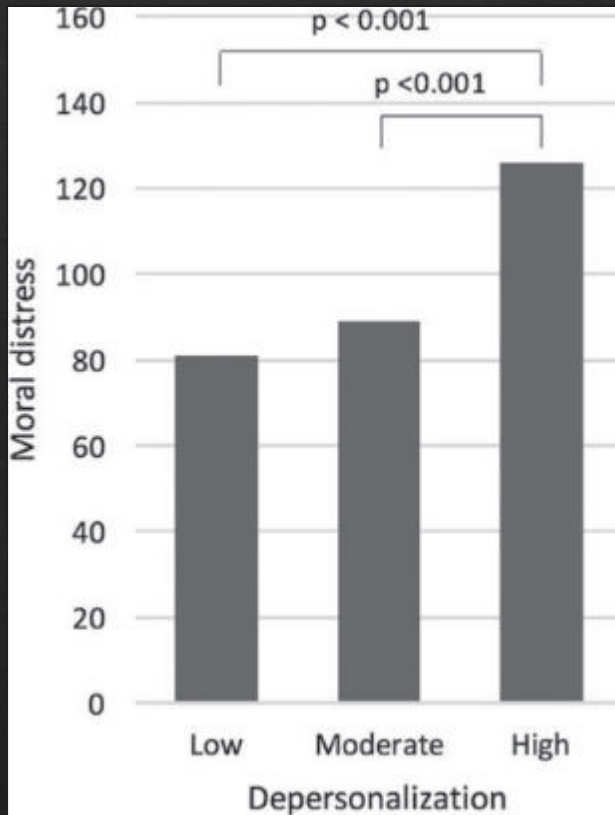




PPE stories



<https://www.nytimes.com/2020/03/19/health/coronavirus-masks-shortage.html>



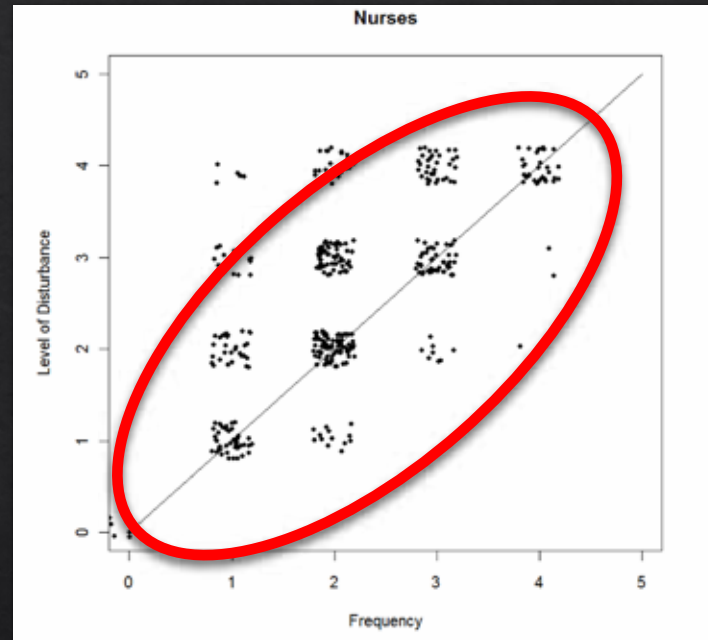
Moral Distress in PICU and Neonatal ICU Practitioners: A Cross-Sectional Evaluation*. Larson, CP et al Pediatric Critical Care Medicine. 18(8):e318-e326, August 2017.

Moral distress by level of depersonalization.

Graph of the median Revised Moral Distress Scale score by level of depersonalization on the Maslach Burnout Inventory. Practitioners with high depersonalization had higher levels of moral distress than those with low or moderate depersonalization.

Relationship between Frequency and Intensity of Disturbance

MDS scores largely attributed to “intensity” or “level of disturbance” with items rather than “frequency”





LET'S CONTINUE TO PRETEND

...

1. ADDRESSING
MORAL DISTRESS
DURING COVID19



...HOW DO I MANAGE THIS?



1. How to Address Moral Distress during COVID19 pandemic

- ◆ Raise your concerns
- ◆ Support your colleagues
- ◆ Actively participate in ethical decision-making



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

A Shift on the Front Line

Silvia Castelletti, M.D.

I have just finished the night shift on the Covid-19 ward. I look at myself in the mirror: I have a C on my nose from the FFP2 (N95) mask I wear all the time, deep marks on my face left by the elastic

You take your instructions from your exhausted colleagues from the previous shift. There is a phone that's used for receiving special instructions on hospitalizations

How to...

- ◆ Develop moral courage

“Courage is the commitment to begin without any guarantee of success”. (J W von Goethe)



This Photo by Unknown Author is licensed under CC BY

Osswald S, Greitemeyer T, Fischer P, Frey D. What is moral courage? Definition, explication, and classification of a complex construct. The psychology of courage: Modern research on an ancient virtue. Washington, DC, US: American Psychological Association; 2010. p. 149-64

2. MORAL RESILIENCE: How do resilient people cope?

- ◆ ...“the ability of an individual to respond to stress in a healthy, adaptive way, such that personal goals are achieved at minimal psychological and physical cost.” (24, 25)



I am not Afraid of
STORMS,
for I am Learning
How to Sail my Ship.

Louisa May Alcott
Little Women

Resilience

- ◇ Canadian Department of National Defence (DND)
- ◇ “Mission Ready, Sentinel, and the Road to Mental Readiness”
 - ◇ resiliency and mental health training to Armed Forces members across the institutional hierarchy and throughout members’ careers.
 - ◇ DND definition: “the ability to recover quickly, resist, and possibly even thrive in the face of direct/indirect traumatic events and adverse situations.”
 - ◇ <https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2017/caf-vac-joint-suicide-prevention-strategy.pdf>

RESILIENCE

FUNDAMENTALS

- ◆ Adequate self-care,
- ◆ Ensuring adequate rest,
- ◆ Spiritual practices, meditation
- ◆ Exercise
- ◆ Hobbies outside of the work environment.



Moral Resilience

- ◇ ... choosing how one will respond to ethical challenges, dilemmas, and uncertainty in ways that preserve integrity, minimize one's own suffering, and allow one to serve with highest purpose.
 - ◇ Rushton CH: Moral resilience: A capacity for navigating moral distress in critical care. AACN Adv Crit Care 2016; 27:111–119
 - ◇ Monteverde S. Nurs Ethics. 2014:Dec 10;ii



C.H. Rushton



2.1. STRATEGIES TO CULTIVATE PERSONAL RESILIENCE IN THE MIDST OF COVID19

You get dressed, leave the hospital, and take a deep breath. Get in the car. When you get home you have to be watchful again. The entryway is already organized like the hospital undressing area because you cannot risk contaminating the house. You undress, put everything in a bag, and quickly take a hot shower: the virus can survive on your hair, so you have to wash yourself thoroughly. It's over.

The shift is over, the fight has just begun.

A Shift on the Front Line Silvia Castelletti, M.D.
NEnglMedicine. 2020 DOI: 10.1056/NEJMp2007028

Learn do “disconnect”

INTERNAL RECOVERY PERIOD

- ◆ Short breaks
- ◆ Shifting attention
- ◆ Short relaxation



EXTERNAL RECOVERY PERIOD

- ◆ Outside work
- ◆ Free days
- ◆ Turn off notifications
- ◆ Apps:
 - ◆ Instant[®] / Moment[®]
 - ◆ Offtime[®]
 - ◆ Unplugged[®]

2.1. STRATEGIES TO CULTIVATE PERSONAL RESILIENCE IN THE MIDST OF COVID19

Resilience – common features

01

Staunch acceptance
of reality

02

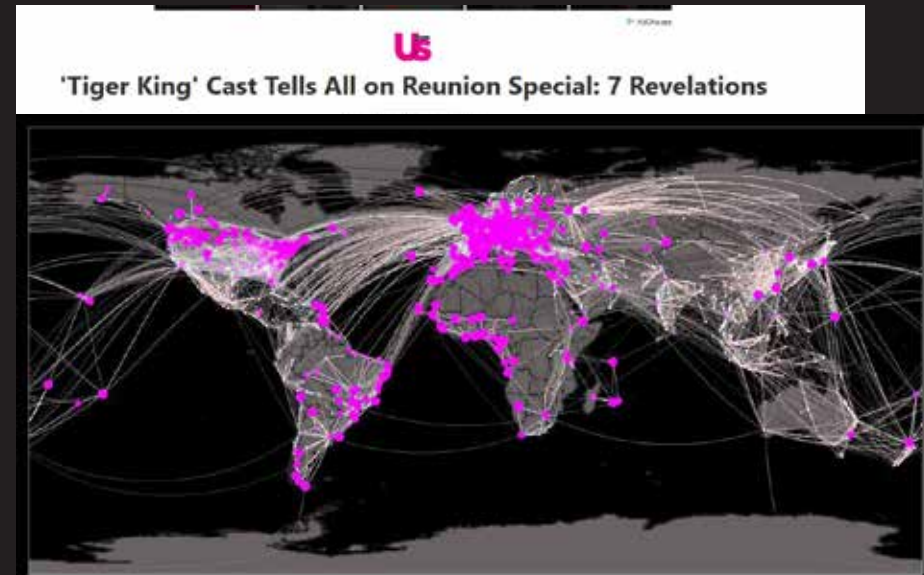
A deep belief,
supported by
strongly held
values, that Life is
meaningful

03

Uncanny ability to
improvise.

1. ACCEPTANCE OF REALITY

- ◇ Resources
- ◇ Not enough workers, not providing safe care
- ◇ Disagreements about goals of care
- ◇ Witness suffering and injustice
- ◇ People dying ALONE



The reality of our daily tragedies

Perspective

Harnessing Our Humanity — How Washington's Health Care Workers Have Risen to the Pandemic Challenge

Lisa Rosenbaum, M.D.

In early March 2020, Ms. B., a woman in her mid-70s, was admitted from her nursing home to Seattle Harborview's medical ICU with suspected Covid-19. When she rapidly decompensated, the

volving the palliative care service as soon as a critically ill patient with Covid-19 was admitted, but determining how best to care for patients at the end of life is just one of countless challenges facing

DOI: 10.1056/NEJMp2007466

- ◇ Witness suffering and injustice
- ◇ People dying ALONE

A tragic dilemma is an irresolvable dilemma with forced terrible alternatives, where even the virtuous agent inescapably emerges with 'dirty hands'.

- ◇ *Phronetic agent* has the capacity to discern good agency in tragic circumstances.
- ◇ *Phronetic agent* – a narrator of a story that conveys what is morally meaningful
 - ◇ *Carnevale, F. Nursing Ethics 2007; 14 (5).*



Our daily struggles

- ◇ ... Dr Nick Mark, an intensivist at Seattle's Swedish Medical Center, lamented the absence from the hospital of patients' family members, who provide comfort and often translate for critically ill patients who can't communicate.
- ◇ *"Everyone is worried about not having sufficient ventilators,".... "I am worried about not having sufficient compassion and not having sufficient people."*
- ◇ *"...we'll continue to be plagued by resource constraints that will compromise our ability to protect ourselves, our patients, and our communities. But as Seattle's response to Covid-19 reminds us, the professional spirit marches on, unconstrained." (Dr L Rosenbaum)*

Harnessing Our Humanity — How Washington's Health Care Workers Have Risen to the Pandemic Challenge

Lisa Rosenbaum, M.D. NEJMEd 2020. DOI: 10.1056/NEJMp2007466



THE WALL STREET JOURNAL

NEWS, MARKETS, OPINION AND ANALYSIS FROM WALL STREET
Nancy Hopkins, 57, lived in Conway, S.C., until her father was sick with the virus, so they said goodbye through a series of video chats, photos, and a family

U.S.

'I'm Sorry I Can't Kiss You'—Coronavirus Victims Are Dying Alone

A brutal hallmark of the pandemic is the way it isolates victims in their final moments

By [Jennifer Levitz](#) and [Paul Berger](#)

April 10, 2020 12:02 pm ET

SHARE TEXT

212 RESPONSES

Her father was 83 years old, sweating and gasping for breath. Nancy Hopkins leaned down and rubbed his arm just before paramedics put him into an ambulance. "I'll be with you every step of the way," Ms. Hopkins promised him.

That was as close as she would ever again get to her dad. When she arrived at the nearby hospital in Conway, S.C., that evening in mid-March, she learned she could not go in because of visitor restrictions imposed [during the coronavirus pandemic](#). She sat alone in her car in the hospital parking lot for hours, crying when she finally drove off.

Her father, Robert McCord, a retired livestock dealer, was sick with the coronavirus and lay for 14 days in an isolation room on the top floor of Conway Medical Center. When he neared death on April 1, Ms. Hopkins said goodbye through a phone, placed in a plastic bag and held to his ear by a nurse.

"It has been the biggest challenge of my life, knowing I couldn't be there," says Ms. Hopkins, who is 59 and a schoolteacher. "Because my father depended on me."





Resilience – common features

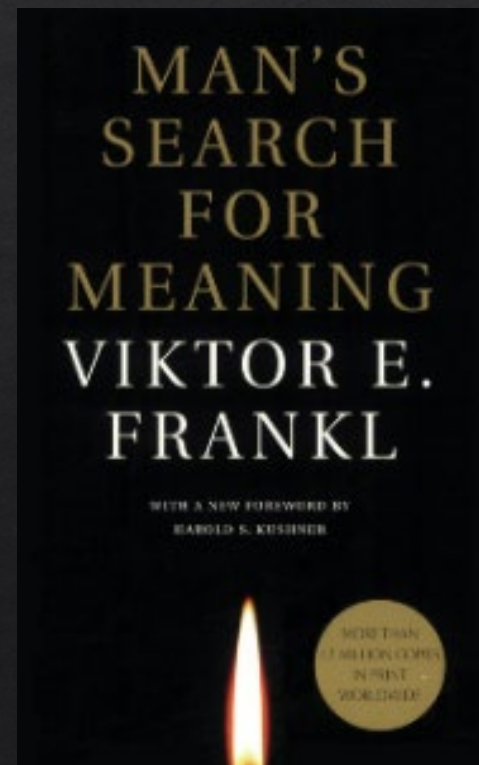
1. Staunch acceptance of reality
2. A deep belief, supported by strongly held values, that Life is meaningful
3. Uncanny ability to improvise.

2. THE SEARCH FOR MEANING

Victor Frankl

“True existential meaning:

1. accomplishments ...solving problems, or creating something;
2. experiencing something or someone inspiring;
3. Identifying value in “unavoidable suffering”.





Landmark Article

March 19, 1927
(*JAMA* 1927;88:877-882)

The Care of the Patient*

Francis W. Peabody, M.D.

Boston

It is probably fortunate that systems of education are constantly under the fire of general criticism, for if education were left solely in the hands of teachers the chances are good that it would soon deteriorate. Medical education, however, is less likely to suffer from such stagnation, for whenever the lay public stops criticizing the type of modern doctor, the medical profession itself may be counted on to stir up the stagnant pool and cleanse it of its sedimentary deposit. The most common criticism made at present by older practitioners is that young graduates have been taught a great deal about the mechanism of disease, but very little about the practice of medicine—or, to put it more bluntly, they are too “scientific” and do not know how to take care of patients.

years, and the enormous mass of scientific material which must be made available to the modern physician, it is not surprising that the schools have tended to concern themselves more and more with this phase of the educational problem. And while they have been absorbed in the difficult task of digesting and correlating new knowledge, it has been easy to overlook the fact that the application of the principles of science to the diagnosis and treatment of disease is only one limited aspect of medical practice. The practice of medicine in its broadest sense includes the whole relationship of the physician with his patient. It is an art, based to an increasing extent on the medical sciences, but comprising much that still remains outside the realm of any science. The art of medicine and the science of medicine are not antagonis-

- ◇ One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.
- ◇ March 27, 1927 *JAMA*. 1927;88(12):877-882.

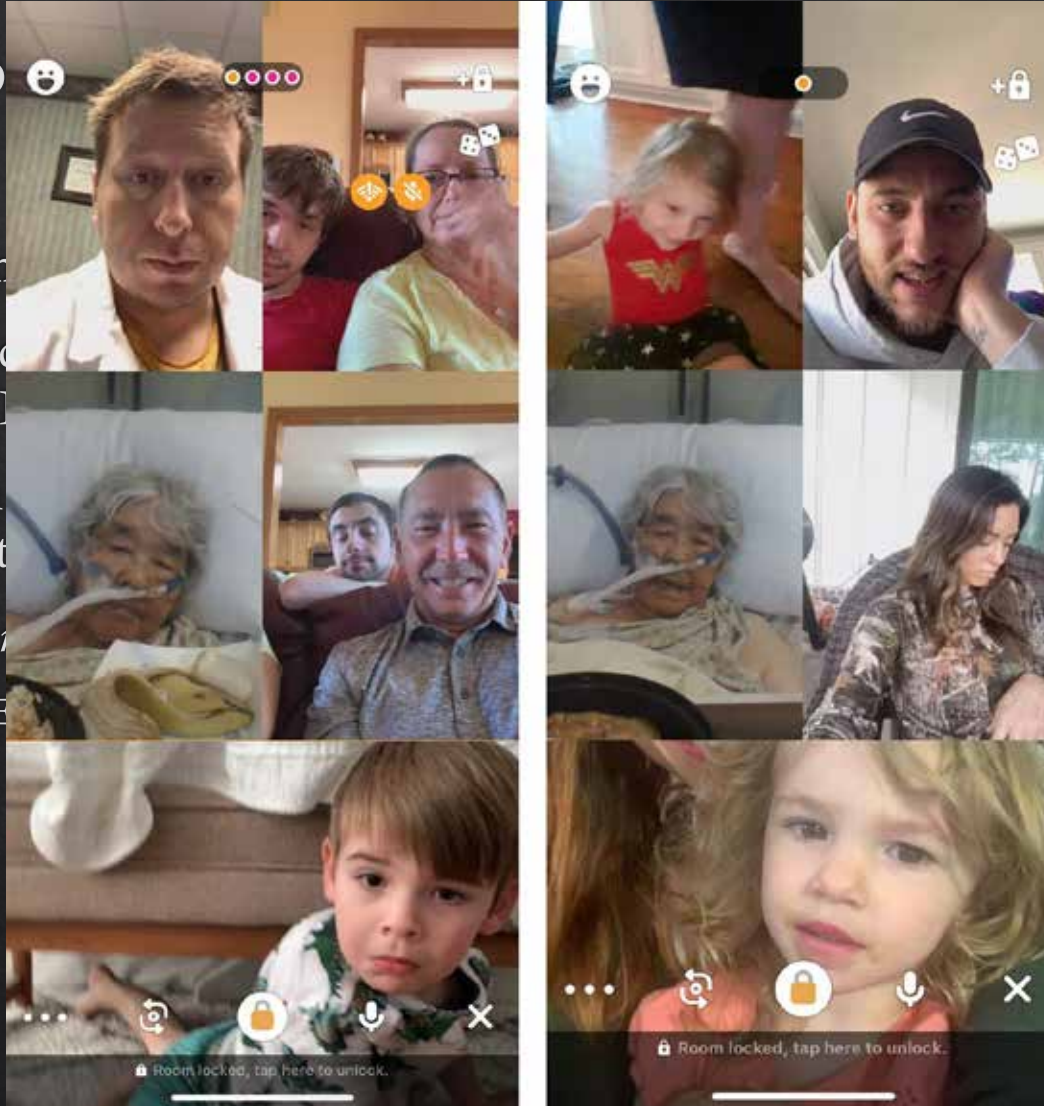


Resilience – common features

1. Staunch acceptance of reality
2. A deep belief, supported by strongly held values, that Life is meaningful
3. **Uncanny ability to improvise.**

3. IMP

- ◇ Make do with
- ◇ ... “nobody”
- ◇ The team
- ◇ - “under pressure”
- ◇ K E



unity

because

show

ponding”

Members of Keiko Neutz's family connected with her in the hospital via the Houseparty app.
Photo: Neutz family . The Wall Street Journal, April 10, 2020 12:02 pm ET

Navy Seals / resilience training

Goal Setting

- ◇ “... set goals for the day in extremely short chunks. For instance, making it to lunch, then dinner.”

Mental Rehearsal/Visualization

- ◇ “With mental rehearsal they were taught to visualize themselves succeeding in their activities and going through the motions. Reaherse INTUABION, don and doffing PPE, etc..”

Self Talk

- ◇ “By instructing the recruits to speak positively to themselves they could learn how to “override fears” resulting from the amygdala, a primal part of the brain that helps us deal with anxiety.”
Become aware of self-talk; stop the negative thoughts; replace with positive ones. Use key words such as: Ready. Focus. Persist. Overcome. Confident.

Arousal Control

- ◇ “And finally, with arousal control the recruits were taught how to breathe to help mitigate the crippling emotions and fears that some of their tasks encouraged.”



AROUSAL CONTROL

MINDFULNESS

The Rule of Four's":

Exhale;

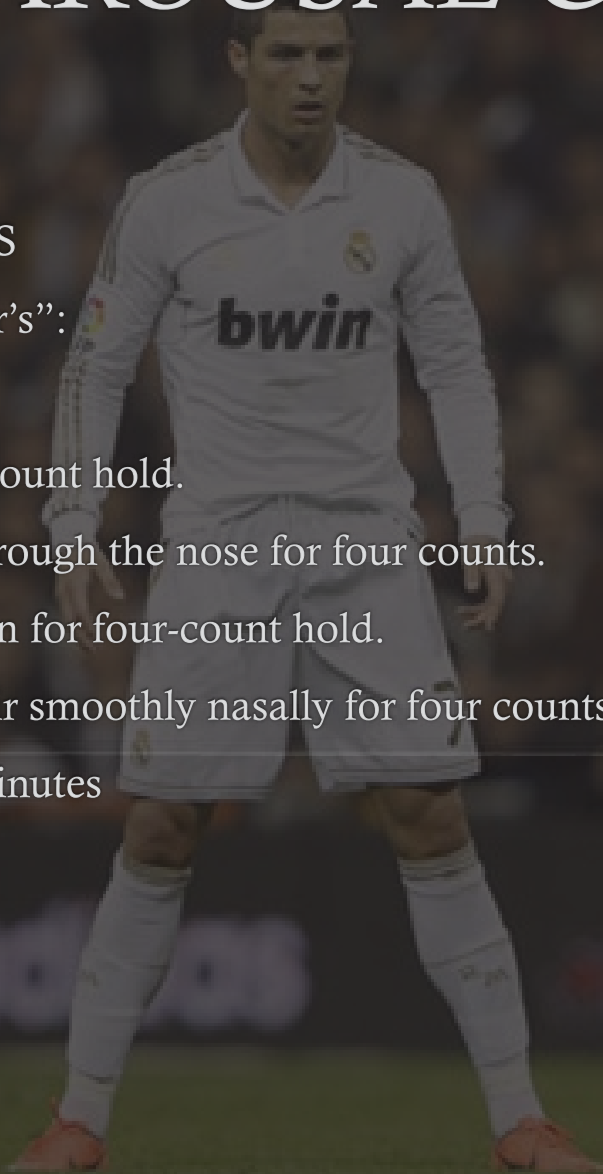
Hold it for four-count hold.

Then, inhaled through the nose for four counts.

Hold the air again for four-count hold.

RELEASE the air smoothly nasally for four counts.

Repeat it for 4 minutes



Evidence for mindfulness

- ◇ Improvements in anxiety and mood disturbances in medical and premedical students;

- ◇ LESS DEPRESSION and ANXIETY
- ◇ GREATER EMPATHY

J Behav Med. 1998;21(6):581-599

- ◇ Reductions in burnout among a selected group of family medicine residents.

◇ *Int J Emerg Ment Health.* 2003;5(1):29-32

- ◇ One randomized controlled study of a 8-week mindfulness-based stress reduction program may be effective for reducing stress and improving quality of life and self-compassion.

◇ *Int J Stress Manag.* 2005;12(2):164-176



4. INSTITUTIONAL ROLE IN STAFF WELLBEING

- ◇ Enhance communication to improve accuracy and consistency of information flow, using teamwork tools (e.g. Team STEPPS):
 - ◇ Rapid/ Clear Communications – reduce STRESS
 - ◇ Maunder R, Hunter J, Vincent L, et al.. CMAJ 2003;168:1245-51.
 - ◇ INF CONTROL/ Leaders Flexible and Transparent/ Honest
 - ◇ Acknowledge Uncertainty. Evidence-based plans
 - ◇ CMAJ 2020. doi: 10.1503/cmaj.200519; early-released April 15, 2020

Information Sharing

novel coronavirus (COVID-19)

عربى Nitsipowahssin 简体中文 繁體中文 Français ਪੰਜਾਬੀ Af-Soomaali Español ትግርኛ Tiếng Việt

⚠ Do you have COVID-19 Symptoms? Complete the Self-Assessment

Do you have [COVID-19 symptoms](#)? The [self-assessment](#) is a quick way to ensure you get the testing you may need.

Last updated April 16, 2020 3:45 p.m.

Important Updates

There are 2,158 cases, 60 deaths, and 914 recovered in Alberta

- [Cases in Alberta & Canada | Stats](#)
- [Frequently Asked Questions](#)
- [Test Results & Next Steps](#)
- [Daily Fit for Work Screening](#) (for Health Professionals)
- [PPE Taskforce Information & Supports](#) (for Health Professionals)
- [Prevention | Physical Distancing | Self-Isolation](#)
- [Updates from the Alberta's Chief Medical Officer](#)

See a [Public Health Order](#) violation? [Submit a Complaint](#)

COVID-19 Self-Assessment >

Info for Albertans >

Info for Health Professionals >

Translated Resources >

Physical distancing works - here's how ▶



Information For

- [Albertans](#)
- [AHS Staff & Health Professionals](#)
- [Parking Fees Suspended](#)
- [Translated Resources](#)

Feel Sick?

If you have symptoms including fever, cough, shortness of breath, difficulty breathing, sore throat or runny nose, you **MUST self-isolate** for 10 days after the onset of symptoms and

Info for Visiting Patients

Alberta Health Services has taken steps to restrict visitors to hospitals and congregate living sites (Long-term Care or Continuing Care Facilities), to protect patients and those



Institutional measures

- ◇ Steps to ascertain patient's goals of care determination
 - ◇ Involve palliative care teams.
- ◇ Re-program SHIFTS are
 - ◇ evenly distributed, not only based on hours, but also on workload.
 - ◇ Levin S, et al. Shifting Toward Balance: Measuring the Distribution of Workload Among Emergency Physician Teams. *AnEmergMed* 2007;50(4):419-23.
- ◇ Appropriate provision of supplies and equipment, particularly in the face of potential shortages.
 - ◇ Space allocation, PPE, M Vent



Care for Dying Children and Their Families in the PICU: Promoting Clinician Education, Support, and Resilience

Karen Dryden-Palmer, MSN, RN^{1,2}; Daniel Garros, MD^{3,4}; Elaine C. Meyer, PhD, RN⁵;
Catherine Farrell, MD, FRCPC⁶; Christopher S. Parshuram, MBChB, DPhil^{1,2}

Pediatr Crit Care Med 2018; 19:S79–S85

TABLE 1. Interventions for Proactive and Responsive Management of Clinician Distress

Activity	Goal(s)	Examples
Proactive interventions: awareness/self care		
Capacity building	Build emotional regulatory skills Focus attention	Mindfulness education and practice support (27) Reflective practice exercises
Work-life balance	Physical and emotional wellness	Scheduling practices/human resource policy Team building activities
Personal health	Physical/emotional wellness	Employee assistance programs Wellness education/programs (pet therapy programs)
Recognition	Facilitate engagement	Employee recognition programs Team engagement initiatives
Proactive interventions: preparedness and situational awareness		
Education structured	Enhance moral reasoning	Formal education programs (Mindful Ethical Practice and Resilience Academy) (28)
Simulation	Knowledge building	Facilitated interest groups/journal clubs
	Build therapeutic and relational skills Confidence building	EOL care simulation Disclosure workshops (Program to Enhance Relational and Communication Skills) (29) Event simulation
Facilitated experiential learning	Enhance moral sensitivity	Case review(Schwarz rounds) (30)
	Exercise moral reasoning	Situationally grounded rounds (Care and Reflective Ethical Dialogue) (31)
Proactive interventions: relational		
Point of care mindfulness	Facilitate focus and engagement in the moment of care	The "Pause" (32) Engagement with EOL proactive practices (three wishes project) (33)
Planned peer support networking	Context-specific structured peer connections	Facilitated dialogue—"town hall" (group level) Check out process (individual level)
Responsive interventions: situation focused		
Case review	Enhance moral reasoning	Prebrief
	Knowledge building	Case-specific ethics round
	Group awareness	
Defusing debriefing	Foster shared understanding	Postevent debriefings
	Enhance communication	Critical incident stress debriefing (34)
Informal interpersonal support	Event-specific peer support	Point of care peer-to-peer interactions Transparent and open communication culture
Expert consultation	Knowledge building	Bioethics consultation
	Perspective making	Employee assistance programs

EOL, end of life.

Defusing/ First Aid

TECHNIQUE

- ◇ Small groups (*2-20), Homogenous
- ◇ Meet within 8 hrs (ideally <3)
- ◇ 2 facilitators
- ◇ Duration: 20-45 min
- ◇ Neutral environment
- ◇ COMPONENTS:
 - ◇ Introduction
 - ◇ Exploration/ Normalization
 - ◇ Information/ Reaffirmation



No discussion about technicalities !!!!

Peer support

- ◇ Somebody to connect
- ◇ Listening ear
- ◇ Build support networks
 - ◇ Find colleagues who support you
 - ◇ Speak with one authoritative voice
- ◇ Clinicians who receive support from their colleagues or spouse are more successful in achieving wellness.
 - ◇ Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *The Lancet*. 2009;374(9702):1714-21.
 - ◇ Wilkinson T. Taking care of each other during COVID-19 – peer support for physician Vancouver, BC, Canada: The University of British Columbia; 2020 [Continuous professional development]. Available from: <http://thischangedmypractice.com/peer-support-for-physicians-during-covid-19/>.



Solidarity

- ◇ “You seem anxious, are you okay?”
- ◇ “How can I support you right now?”
- ◇ Validation of one another is helpful “I really appreciate you.”
- ◇ “Communities of Practice”
 - ◇ Delgado J, de Groot J, McCaffrey G, Dimitropoulos G, Sitter KC, Austin W. *Journal of Medical Ethics*. 2020:medethics-2019-105865





Change in perspective

MOVE FROM.... TO...

- ◇ Self focus -> ALTRUISM
- ◇ Victimization ->SELF EFFICACY/ AGENCY
- ◇ Helplessness -> COMPASSION ACTION
- ◇ Despair ->HOPEFULNESS
- ◇ Depletion ->RESILIENCE

◇ Cynda H Rushton, Johns Hopkins University School of Medicine



6. GRATITUDE

- ◇ *Remember that in any man's dark hour, a pat on the back and an earnest handclasp may work a small miracle.* -- Brigadier-General S.L.A Marshall, 1950

- ◇ Gratitude inspires us to identify some amount of goodness in our life, even in the midst of chaos;
- ◇ Help us to discover where goodness comes from
 - ◇ Externally - true gratitude involves a humble dependence
- ◇ Source of strength:
 - ◇ Success in establishing good relations between doctor and patient is often reflected in the patients' appreciation and gratitude...
 - ◇ Academic Medicine, 2013:88(3);384.



Yet nothing has made me feel the way I do about my “job” as this pandemic has—that knot-in-the-pit-of-your-stomach sensation while heading into work, comforted only by the empathetic faces of my colleagues who are going through the same. I am grateful for their presence, knowing they are both literally and figuratively with me, that they understand and accept so profoundly the risks we take each day.

I also hope that my friends and family forgive me for my lack of presence during this time—precisely when we need each other most—and that they realize that their words, their encouragement, and their small gestures that come my way daily are the fuel that gets me through each day. This is a story for all of us.

Dr. Akbarnia and Mr C.

This was posted in my ER docs group on FB and it brought tears to my eyes and we were given permission to share:
... See More

14.9K

38 Comments

Like Share

MY PRECIOUS!



I'M NO EXPERT ON COVID-19

**IN THESE TIMES OF CRISES,
LOOK OUT FOR YOUR ELDERS**





Conclusions

- ◇ Support
- ◇ Canadian Medical Association: Provincial Physician Health Program. Available: <https://www.cma.ca/provincial-physician-health-program>
- ◇ Canadian Psychological Association: Psychology works for COVID-19. Psychologists giving back to front line service providers. <https://cpa.ca/corona-virus/psychservices/>
- ◇ Canadian Medical Association: <https://www.cma.ca/cma-update-coronavirus?covid=#section-1>
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Conclusions



1. Moral Distress: Check your self, pick a strategy to resolve it

2. Be ready to listen, provide peer support, fight to ameliorate systemic issues, and seek personal help as necessary when moral distress surfaces;

3. Reframe : you are doing our best and create our own narrative that is meaningful.

4. Develop your technique to face EACH DAY.

5. Be thankfull