Slide 1

Moral Residue, Moral Distress
and the Hope of Moral Dialogue:
Navigating Competing Demands in Public Health

Laura Shanner, Ph.D.

School of Public Health and
John Dossetor Health Ethics Centre
University of Alberta
March 18, 2011

Slide 2

Informed Consent Disclosure

- ❖ I ask a lot of hard, unusual questions that can't be answered easily. Then time is up and I leave.
- ❖ Some questions may challenge your beliefs or expectations.
- ❖ Doing ethics work can give you a headache. (Sorry!)
- ❖ I find it challenging, too -- but the view gets more spectacular the further you go.

Think of me as your Sherpa on this journey…

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Slide 3

Goals for Today

- ❖ Moral Residue: Dilemmas and things we can't change
  - – Health needs, vulnerabilities, economics
- ❖ Moral Distress: What we should change
  - – Bureaucracy, incompetence, politics, personalities, poor planning
- ❖ Moral Dialogue: Aiming higher
  - – Open moral space, deliberative dialogue
  - – Challenging unrealistic assumptions
  - – Getting PH higher on the agenda

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Slide 4

Moral Residue v. *Moral Distress*

Moral Residue	Moral Distress
❖ Impossible choice: Ethical Dilemma	❖ Possible remedy: Systemic or individual blockers
❖ Can't do it all	❖ Can't do core job
❖ Heaviness: grief, sorrow > depression	❖ Jangled: anger, frustration > exhaustion
❖ Doubt: *Did I make the right choice?*	❖ Feel like failure: *Why am I here?*
❖ Affects all levels	❖ Worse @ lower levels

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Slide 5

Do as I say, not as I do…

Lord, Grant me the serenity to accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.

The Prayer of St. Francis

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Slide 6

Moral Residue

Things we can't change

Dilemmas vs. Disagreements

- ❖ Ethical Dilemma
  - – Important moral reasons in favor of incompatible options
  - – Every option sacrifices important moral consideration
  - – "Damned if you do, damned if you don't"
- ❖ Disagreement
  - – More info might resolve
  - – Definitions or assumptions differ
  - – Preferences

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Values in Health Care, Research & Policy

- · Outcomes (harms and benefits)
- · Respect for Persons
- · Justice
- · Relationships
- · Community
- · Honesty
- · Trust
- · Profound meanings of birth, death, embodiment, hope, loss, etc.

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Source of Dilemma: HC demands are INFINITE

- ❖ We are mortal
  - – Every time we are saved, something else will threaten us
- ❖ If not terminal, we seek improved QOL
  - – Pain, impairment, life preferences
- ❖ If not struggling, seek improvement
  - – Cosmetic, performance enhancement
- ❖ Prevention of "not-yet-problems"

The laws of supply and demand do not apply to health services - supply can never meet demand
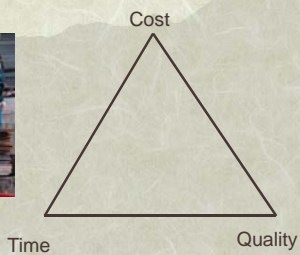
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3 Health Program Models

- ❖ Equal access
  - – Appeals to innate sense of fairness
  - – May waste resources where not needed
- ❖ Greatest need
  - – Appeals to compassion
  - – May waste resources in cases "too far gone"
- ❖ Utility: greatest good
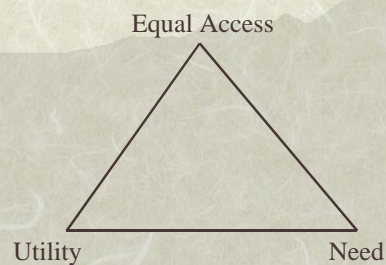 - – Least waste of resources
  - – May abandon some in need

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Renovation Dilemmas: You can have 1 or 2, but not all 3

Cost

Time   Quality

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The Vicious Triangle
A bigger budget won't help!

Equal Access

Utility   Need

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"Harsh Reality of Humanitarian Aid" – *Dispatches MSF Canada Newsletter 9(2) 2007*

"In the mid-1990's in Sudan, there was yet another outbreak of the deadly disease kala azar….

Our MSF team struggled to respond, hampered by the war and a worldwide shortage of the drug needed….

We had to decide which populations would receive life saving drugs and which would not. We had to decide who would live and who would die."

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MSF Justification: Utility

"The security of our project locations and our capacity to deliver quality care guided our thinking. We decided to treat patients in locations where we were most assured of successfully finishing the treatment and saving the lives of the sick."

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MSF: Moral residue

"As logical as this seemed, it meant cutting off a group of people in one of the most devastated areas…People already on treatment were given the possibility of completing it. But we were forced to abandon others…"

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MSF 2: Moving on

"How could we think of leaving when people like Nyanut needed care?… The question weighed heavily on us…

[In this village] there is a 2nd hospital 20 km away, a Sudanese doctor on location, and at least 3 other NGOs providing health services in the area…But only about 25% of people in southern Sudan have access to even the most basic level of health care…

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MSF Justification: Need

"We believe it is our responsibility to plan an exit strategy and reallocate our limited resources to situations where other organisations can't or won't work…

The impossible choices we make ultimately take us beyond the small pockets where some level of health care is available, to places where other young girls like Nyanut have no access to care at all."

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How to live with Moral Residue

- ❖ Mutual support for decision-making and aftermath
- ❖ Accept that life is complicated
  - – perfect answers (or people) are rare
  - – "ethics as tragedy"
- ❖ Thoughtful justification led to choice
  - – What have we learned? How can we improve?
- ❖ Core values promoted
  - – compassion, health, fairness, respect, etc.
- ❖ You can't do more than your best

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Moral Distress

Things have GOT to change!

Moral Distress

- ❖ We all know what needs to be done, but barriers prevent doing it
  - – No fundamental dilemma
  - – Core duties neglected, values sacrificed
- ❖ Decisions at higher levels of authority typically involved
  - – Helplessness, pressure to perform anyway
- ❖ *None* of "vicious triangle" maximized

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Causes of Moral Distress

- ❖ Poor planning
  - – "Penny wise, pound foolish"
  - – Constant change
  - – Lack of vision, imagination
- ❖ Incompetence: Peter Principle
- ❖ Bureaucracy
- ❖ Politics v. Governance, leadership
- ❖ Unethical behavior by other(s)

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Moral Dialogue

Working toward change
Imagine the possibilities!

An Open Moral Space *(M.U. Walker)*

- ❖ Reflective atmosphere
  - – Time needed
  - – Narratives, negotiation, exploration
- ❖ Non-judgmental, exploring
  - – Process more than content
- ❖ Social situating: context, problems, participants
- ❖ 'Systematic' = rational, justified, not spurious
  - – Not engineering, rule-book
- ❖ Ethicist as facilitator, mediator, architect
  - – Not moral virtuoso, dictator, expert

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Deliberative Dialogue

- ❖ Identify, reflect on one's own assumptions
- ❖ Ask, explore whether assumptions are shared
- ❖ Really listen, engage others
- ❖ Consider pros of other views, limitations of own
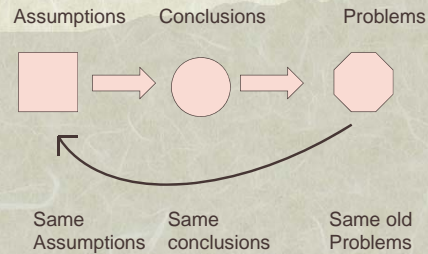- ❖ Work toward shared understandings
- ❖ Not a debate: no attempt to 'win'

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Handling Bullies: Navigating Fear

- Recognize, validate and demonstrate compassion for the fear under the ideology, behavior
- Ideal: Create safe environment to confront realities, vulnerabilities, assumptions
- Explore what they need, seek options
- When all else fails: Speak their language, sidestep the fear

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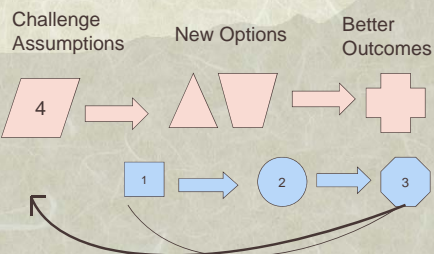
1st Order Thinking

Assumptions   Conclusions   Problems

Same Assumptions   Same conclusions   Same old Problems

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2nd Order Thinking

Challenge Assumptions   New Options   Better Outcomes

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Assumptions to Challenge

- More $ will fix it
- Immortality possible
- Bad things don't happen to good people
- Fate determines what happens
  - "No such thing as an 'accident'"
- Technology = Progress
  - 'Progress' = We know where we want to go and this development brings us closer
  - Change: Might be better, worse, or just different

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Logical Hurdles for PH

- Prevention isn't visible
  - Rescue of victim is dramatic
- Can't prove a counter-factual
- Compassion needs a subject
  - "public" isn't a face like individual

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What do we really WANT & NEED?

- Primary v. Secondary Goods (Rawls)
  - Primary: needed to do all else
    - Nutrition, health, education, shelter
  - Secondary: life plans
    - Work, family, activities, experiences
- Quality of Life
  - What kind of life do you want to live?
  - What kind of community do you want to live in?
  - What do you want to leave for future generations?
- Crisis
  - I do want rescue, but prefer no crisis at all
  - Support to get through hard situations

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A different vision…

- ❖ We are Temporarily Able-Bodied
  - Vulnerable physically, cognitively, emotionally, socially, etc.
- ❖ We are mortal
- ❖ We hate these facts
  - Most people fear one more than other: either being dead or what they would suffer along the way

How can we help each other navigate our shared fears and vulnerabilities?

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Thanks for your great work, and Enjoy your day!

Charlie, the Bioethics Mascot

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