

Study investigates moral distress of physicians who care for older adults

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A study by Regenstrief Institute, Indiana University School of Medicine and Indiana University Health researchers investigates moral distress of physicians who care for older adults. The study found that about four of 10 doctors caring for older adult patients who require a surrogate decision-maker experienced moral distress. Credit: Regenstrief Institute

In a new study, researchers from Regenstrief Institute, Indiana University School of Medicine and Indiana University Health provide insight into physician moral distress, a condition correlated with burnout and depression. The researchers report that about four of 10 doctors caring for older adult patients who require a surrogate decision-maker experienced moral distress.

As defined in the study, [moral distress](#) is an [emotional experience](#) in which an individual feels constrained from acting on deeply held beliefs, resulting in the sense of compromising one's professional integrity. Moral distress has been correlated with traumatic stress, burnout, depression and even intent to leave a position or profession.

When hospitalized older adults have impaired cognition, [family members](#) or other surrogates communicate with clinicians to provide information about the patient and to make [medical decisions](#) for them. When working with these surrogate [decision](#) makers, physicians often encounter ethical challenges—such as whether to continue [life support](#) or not—that may cause them to experience moral distress with its potential negative consequences.

"Making decisions for patients who can't participate in the decision-making process is hard for everyone and has a significant likelihood of causing physicians to experience moral distress," said study senior author Alexia Torke, M.D., associate professor of medicine at IU School of Medicine and Regenstrief Institute research scientist. "About half of [older adults](#) rely upon surrogate decision makers, so our findings that 42 percent of these doctors experience moral distress is a large and concerning number which, unless we address the issue, will likely grow as our population ages."

The study reported that physician moral distress occurred more frequently when (1) the physician was male; (2) the physician was an

intern or other junior level doctor; (3) the patient was older; or (4) decisions were required about life-sustaining treatments.

The authors found that physicians were less likely to experience moral distress when (1) caring for patients residing in a nursing home; (2) the physician or family members had discussed care preferences with the patient before that individual became unable to make his or her own decisions; (3) the surrogate decision maker felt emotionally supported by the physician and other clinicians, and (4) whether or not the physician and surrogate decision maker agreed on the course of treatment.

"We learned that communication is clearly key to diminishing physician moral distress," said study corresponding author Lucia Wocial, Ph.D., R.N. a nurse ethicist. "Physician moral distress was lower when the patient had expressed his or her preferences through an advance medical directive or even orally to someone—a clinician, the surrogate or other family member or friend—before the patient was cognitively impaired and these preferences were made known to the treating physician." Dr. Wocial co-chairs the IU Health Ethics Consultation Service and is a faculty member of the Charles Warren Fairbanks Center for Medical Ethics at IU Health.

Dr. Torke added, "Since physician moral distress diminished when the patient's surrogate decision maker felt supported, efforts to forestall or decrease physician moral distress can focus on working with surrogates as well as the physicians themselves."

A total of 362 [surrogate decision makers](#) of older adult patients who lacked decisional capacity and 152 physicians carrying for these patients were surveyed for the study. The researchers found that a significant cause of physician moral [distress](#) was related to the feeling that the care plan included more life-sustaining treatment for the patient than the [physician](#) believed was appropriate.

Provided by Regenstrief Institute

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