

## Clinical Ethics Support – Quality and Research

An international webinar

**23rd February 2023**

**17.00 – 18.30 CET**

*In collaboration with the European  
Clinical Ethics Network (ECEN)*

## TOPIC

Moral distress and the (im)possible  
impact of CES: methodological,  
empirical and normative  
considerations

Moral distress has been an important concept in health care. It has even become more central in health care due to COVID. Yet, there are various definitions of the concept and various opinions exist whether moral distress is something we should fight at all costs. Recently, some interesting empirical research has been done on both the concept, the measurement and the experienced presence of moral distress. In this Webinar, experienced researchers will present their research, results and viewpoints on moral distress. In particular, they will focus on the (im)possible contribution of clinical ethics support in dealing with moral distress. We warmly welcome you to listen AND contribute to this Webinar, which is prepared, together with the hosts, by the European Clinical Ethics Network ([www.ecenetwork.org](http://www.ecenetwork.org)).

### Program:

17.00 CET	Introduction   Rouven PORZ Cecilia BARTHOLDSON moderator from ECEN
17.05 CET	Giulia LAMIANI <b><i>Moral distress definitions and measurements: open issues</i></b>
17.25 CET	Pernilla PERGERT <b><i>Empirical research on moral distress: (im)possible clinical utility and implications</i></b>
17.45 CET	Georgina MORLEY <b><i>A normative conceptual presentation of moral distress</i></b>
18.05 CET	Dialogue and Wrap-Up (all together)
18.25 CET	Closure   Marie-Eve BOUTHILLIER

### Summary of presentations on page 2

#### Registration:

- Please register beforehand with a short email to [rouven.porz@insel.ch](mailto:rouven.porz@insel.ch)

#### Link:

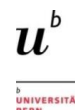
- [Click here to join the Webinar](#)  
Meeting-ID: 856 1641 2025, Code: 712274

#### Next Webinar:

**22 Jun 2023**  
17.00-18.30 CET

The Documentation of Clinical Ethics Consultations as a Marker of Quality?

#### Organization:



**Marie-Eve Bouthillier**, Bureau de l'éthique clinique, Faculty of Medicine, University of Montreal (Canada);  
**Rouven Porz**, Medical Ethics, 'Inselspital', University Hospital of Bern (Switzerland) and  
**Jan Schildmann**, Institute for History and Ethics of Medicine, MLU Halle-Wittenberg (Germany)

## Summary of presentations:

### Dr. Cecilia Bartholdson | Moderator

Karolinska Institute in Stockholm, nurse/ethicist and researcher in ethics support and pediatric oncology

**Giulia Lamiani**, PhD, Associate Professor of Clinical Psychology, University of Milan, Italy

#### ***Moral distress definitions and measurements: open issues***

Based on the literature on moral distress developed in the last decade, this presentation will briefly review the most common definitions of moral distress and the most widely used measurement tools to highlight some critical issues in the conceptualization and in the assessment of moral distress. For instance, what are the core features of moral distress? Is moral distress limited to the experience of “constraint” or does it describe a generic distress linked to moral constraints, dilemmas or conflict? Are the most common moral distress scales adequate to capture moral distress that may arise from very diverse and unpredictable situations, like those that emerged during COVID? Or should we develop a situation-free scale assessing the core features of the moral distress experience?

**Pernilla Pergert**, PhD, Associate Professor, Karolinska Institutet, Sweden

#### ***Empirical research on moral distress: (im)possible clinical utility and implications***

Based on results from empirical research in paediatric cancer care, this presentation will briefly focus on difficulties in interpreting and using the results to improve practice and evaluate CES. For example, is moral distress always negative or it is rather part of everyday healthcare and a sign of moral awareness/sensitivity? Moreover, some morally distressing situations almost never occur (low frequency) but when these situations do happen the effect can be devastating because of the high level of disturbance (high intensity), and one single occasion can result in serious consequences such as sick leave. How should these results be interpreted and what are the clinical implications of frequency and intensity of moral distress?

**Georgina Morley**, PhD, MSc, RN, HEC-C Nurse Ethicist, Cleveland Clinic, USA

#### ***A normative conceptual presentation of moral distress***

Dr. Morley will provide a historical review of the evolution of the concept of moral distress and argue that there are good reasons to move from a ‘narrow’ understanding of moral distress to a broader definition which include specific sub-categories of moral distress. Georgina will briefly describe the findings from a recent study that captured the sub-categories of moral distress in a US context. Drawing upon her experiences as a clinical ethics consultation, Georgina will describe possible avenues for responding to moral distress during the course of consultation, and potential pitfalls.