

JOURNAL CLUB

Understanding the Moral Distress of Nurses Witnessing Medically Futile Care

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This article has been chosen as being particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. How often does this unit face a patient care situation we could label as morally distressing?
2. Focus on one case example (either a real-life example or a composite case study devised by the group leader).
 - a. What were the issues?
 - b. What strategies worked, and what made the situation worse?
 - c. What were the outcomes?
 - d. Are different points of view being expressed? Can the differences be resolved?
3. What strategies do we use as a unit to discuss troubling situations at work?
4. How might we improve on those strategies?
5. Identify workplace resources for assisting staff and patients when morally distressing situations arise.

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To explore the topic of moral distress in nurses related to witnessing futile care.

Data Sources: Literature related to moral distress and futility; analysis of narratives written by 108 nurses attending one of two national continuing education courses on end-of-life care regarding their experiences in the area.

Data Synthesis: Nurses were invited to share a clinical situation in which they experienced moral distress related to a patient receiving care that they considered futile. Nurses described clinical situations across care settings, with the most common conflict being that aggressive care denies palliative care. Conflicts regarding code status, life support, and nutrition also were common. Patients with cancer were involved quite often, second only to geriatric patients and patients with dementia. The instances created strong emotional responses from nurses, including feeling the need for patient advocacy and that futile care was violent and cruel. Important spiritual and religious factors were cited as influencing the clinical experiences.

Conclusions: Instances of futile care evoke strong emotional responses from nurses, and nurses require support in dealing with their distress.

Implications for Nursing: The ethical dilemma of futile care is complex. Additional research and support are needed for patients, families, and nurses.

Key Points . . .

- Issues of medical futility have arisen as healthcare technology has made life-prolonging treatments possible.
- Nurses experience moral distress when they witness care that they consider futile.
- Nurses require emotional and spiritual support in instances of moral distress arising from futile care.

with growing concern regarding healthcare resources have brought attention to the social, legal, and ethical issues surrounding medical futility. Much less attention has been focused on the human impact on nurses caring for patients for whom they believe treatment is futile. Discourse in the field of ethics has begun to recognize that participation in medically futile efforts undermines the core of nursing practice and creates moral distress that is destructive to individual nurses and to the profession (Daly, 1994). The purpose of this article is to explore more fully the impact on nurses

Medical futility, defined as life-sustaining care that is highly unlikely to result in meaningful survival, has become a topic of increased attention (Brody, Campbell, Faber-Langendoen, & Ogle, 1997; Callahan, 2003). Prominent cases depicted in the media combined

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