■ Article

A Culture of Avoidance: Voices From Inside Ethically Difficult Clinical Situations

Carol Pavlish, PhD, RN, FAAN, Katherine Brown-Saltzman, MA, RN, Alyssa Fine, MS, RN, and Patricia Jakel, MN, RN, AOCN®

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Background: Healthcare providers experience many ethical challenges while caring for and making treatment decisions with patients and their families.

Objectives: The purpose of this ethnographic study was to examine the challenges and circumstances that surround ethically difficult situations in oncology practice.

Methods: The authors conducted six focus groups with 30 oncology nurses in the United States and interviewed 12 key informants, such as clinical ethicists, oncologists, and nurse administrators.

Findings: The authors found that many healthcare providers remain silent about ethical concerns until a precipitating crisis occurs and ethical questions can no longer be avoided. Patients, families, nurses, and physicians tended to delay or defer conversations about prognosis and end-of-life treatment options. Individual, interactional, and system-level factors perpetuated the culture of avoidance. These included the intellectual and emotional toll of addressing ethics, differences in moral perspectives, fear of harming relationships, lack of continuity in care, emphasis on efficiency, and lack of shared decision making. This information is critical for any proactive and system-level effort aimed at mitigating ethical conflicts and their frequent companions—moral distress and burnout.

Rapidly expanding treatment possibilities, complex health-management systems, and fiscal constraints add to the importance of ethical decision making. Healthcare providers report increasing pressure from administrators, colleagues, patients, and families to provide life-extending treatments (Hamric & Blackhall, 2007). A study by Teno et al. (2013) compared 2000, 2005, and 2009 Medicare reimbursement patterns and noted that more people are now dying at home; however, intensive care unit (ICU) stays during the final month of life are steadily rising. Healthcare providers are confronted with profoundly important considerations, such as treatment harms and benefits, resource allocation, and how decisions are made in conditions of prognostic uncertainty. These ethical challenges coincide with increasing moral distress reports among healthcare providers (Ulrich, Hamric, & Grady, 2010) and a relatively high percentage (46%) of 7,288 physicians reporting at least one burnout symptom (Shanafelt et al., 2012).

The purpose of the current study was to examine the challenges and circumstances that providers encounter when working together to manage ethically complex oncology situations. Research indicates that oncology nurses encounter ethically difficult situations more frequently and experience more moral distress than other specialists (Rice, Rady, Hamrick, Verheijde, & Pendergast, 2008; Shepard, 2010). The authors of the current article decided to explore the healthcare processes and practices that potentially contribute to these situations.

Background

Stakeholders, such as patients, families, and providers, must interact to make important treatment decisions in the context of expanding options and sometimes contrasting moral perspectives. Many challenges result. For example, nurses experience moral distress when witnessing unnecessary patient suffering (Gutierrez, 2005; Huffman & Rittenmeyer, 2012; Varco, Pauly,