



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

Name: Margot M. Eves

Title/Degree: Clinical Ethics Fellow/ JD, MA

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Primary contact: Margot Eves

Additional panelists, if any (up to three):

Name: Jason Gatliff

Title/Degree: Director of Ethics Consultation (MetroHealth) & Integrated Ethics Officer (VA)/
Ph.D.

Institution: MetroHealth Medical Center & Louis Stokes Cleveland VA Medical Center

Country: USA

Name: Barbara Chubak

Title/Degree: Fellow, Cleveland Fellowship in Advanced Bioethics/ M.D., MA

Institution: Cleveland Clinic

Country: USA

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: Moral Distress & Ethics Consultations: Exploring its Relationship, Abilities & Boundaries

Describe topic or case to be discussed up to 300 words:

The distress caused by knowing what the ethically appropriate actions are but not being able to take them due to some institutional or other obstacle is commonly referred to as moral distress. Discussions

of the causes, consequences and possible solutions of moral distress are prevalent in current literature. In many of these discussions there is a clear relationship drawn between institutional ethics recourses, including the ethics consult service, and moral distress. Long, for example, points out that the utilization of institutional ethics resources, including requesting the involvement of the ethics consultant, has been identified as a mechanism to reduce moral distress.

In this panel we have brought together a physician, philosopher and lawyer to discuss the scope and nature of the relationship between ethics consultation and moral distress. We will be examining the role moral distress plays in ethics consultations and role ethics consultants' play in addressing moral distress. The panel will examine the history of moral distress and the current literature relating to how ethics resources can be used to address it, discuss whether it is indeed a clinical ethics issue, and if so, whether a clinical ethicist can assist to relieve multiple parties' moral distress in any given situation.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

The panel will begin with a presentation by Barbara Chubak, MD, MA (Cleveland Clinic), a physician and medical historian. She will discuss the history of moral distress and the current literature regarding its prevalence in the health care setting and recommendations for addressing the issue.

Jason Gatliff, PhD (MetroHealth Medical Center & the Louis Stokes Cleveland V.A. Medical Center), will address whether moral distress is actually an ethics issue that should be addressed by a clinical ethicist in a consultation through a philosophical analysis of moral distress and a case example. Specifically, he will examine the following questions:

1) Is moral distress relative to individual values? Is it that the ethically right action is known or is it that one believes that they know the ethically right action? Can a racist experience moral distress based on racial views? If so, is it an ethics problem?

2) Is moral distress a patient-based phenomenon? Can an eco-friendly cafeteria worker experience moral distress over using Styrofoam products? If so, is it an ethics problem?

3) What is it about moral distress that brings into the domain of the ethics consult service? Is it that a person is experience an emotional crisis and we have the potential to provide aide and are therefore obligated to do so? Or is it because the moral distress acts as the smoke to lead us the ethics fires that we are charged with addressing?

The third panelist, Margot Eves, JD, MA (Memorial Medical Center), will then discuss the role of the clinical ethics consultant. The experience of moral distress is not limited to certain providers; it can affect all parties involved in a patient's care, including the patient's family. Assuming the premise that clinical ethicists are obligated to address moral distress in the health care setting, additional questions arise. These questions include, 1) what should be done when there are multiple stakeholders expressing moral distress? 2) How does a consultant effectively support more than one conflicting view in the same situation to minimize or eliminate moral distress? These issues will be discussed within the framework of a case discussion.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No