PRoF Award abstract – Call 2018

Deadline for submission: Thursday March 1st 2018 (12 o'clock noon)
Please send to: PRoF-Award@uzgent.be.

First Aid in case of Moral Distress (FAMD)

1. Research Outline

Acronym	FAMD
Project name in English	First Aid in case of Moral Distress
Pitch (1 sentence)	A practical tool to facilitate multidisciplinary ethics consultations in health care organizations
Executive summary (max. 10 lines)	

Moral distress is a complex but a fundamental subject in health care. There can be a direct negative influence on health care providers, and indirectly on patient care.

Various factors are contributing to moral distress (individual, clinical and external), such as the ethical climate of the health care organization.

General hospital AZ Nikolaas is strongly working on their ethical climate.

FAMD (First Aid in case of Moral Distress) for example, is an accessible, intuitive, easy to use and professional three-step plan. It's a practical tool to organize multidisciplinary ethics consultations among health care providers, to discuss ethical problems, moral dilemmas and to deal with moral distress. The tool is adapted to the work context and the complexity of a health care organization.

2. Cause and context of the research

2.1 AZ Nikolaas medical ethics committee

The medical ethics committee of AZ Nikolaas (i.e. the Nikolaas General Hospital) celebrated its 25th anniversary in 2017 with a symposium on 25/11/2017.

Launched in 1992, the committee had three objectives: manage research protocols, provide advice on ethical questions in the professional field, and provide ad hoc advice on difficult practical cases, all in a confidential manner. Throughout the last 25 years, a great many recommendations have been drawn up that can be consulted on the hospital website (www.aznikolaas.be). This exhaustive ethical work has been commended by receiving the NIAZ QMENTUM 3.0 accreditation: ‘ Exhaustive ethical thinking when providing health care and in decision-making. The FAMD pilot project instrument (First Aid in case of Moral Distress) and an institution that is exemplified by its history and its attention within diverse layers of the organisation to exhaustive ethical thinking.’

2.2 Making ethics consultations accessible and attainable everywhere. That is our goal for the FAMD (First Aid in case of Moral Distress).

Every staff member in each echelon or within the multidisciplinary team will sooner or later experience ethical distress. It is therefore internationally recognised as a fundamental and significant (1) phenomenon within the health care field. From this point forward, we will alternate the terms ethical distress and moral distress in this document. Both terms refer to the same phenomenon.

Attempts to define this concept have been made since the 1980s. Jameton postulated that moral distress is created when the care provider’s moral judgement cannot be followed up on with the suitable fitting action. (3,4,8,9) Kälvemark and colleagues (4) reviewed the definition proposed by Jameton and laid the emphasis on negative stress symptoms that arise in situations with an ethical component. Different values are important for different parties (the political climate, the organisation, the care provider, the patient, etc.) and these can clash. Research also demonstrates that ethical distress can definitely have a direct negative impact on care providers. Doctors may experience anger of fear. For nurses, there is the risk of burnout and possibly a career change. Other consequences are: emotionally withdrawing

from patients and colleagues, different negative feelings (depression, anger, guilt, etc.) and physical symptoms. (1.5) Furthermore, there is a consensus that ethical distress can definitely have a negative impact on patient care. (1.6)

At AZ Nikolaas, we want to tackle ethical distress and make it open to discussion. We believe it is extremely important that we collaborate to provide the best care possible and that our staff continues to feel fully valued when providing care. This is why, jointly with the committee, we have developed a practical and low-threshold discussion tool. The purpose of the tool is to facilitate professional and efficient ethics consultations: FAMD (First Aid in case of Moral Distress)

3. Innovation results achieved

3.1 FAMD pilot project

All too often, care providers have learned complicated models where the nature of the models hinders or prevents discussion. This is because it takes too long or is found to be too difficult. Nonetheless, at AZ Nikolaas, we want to engage in fully-valued collaboration within the care scenarios where work pressure is extremely high. This tool endeavours to respond to this.

This is why FAMD consists of three simple steps (fact analysis, values analysis, and conclusion) that are based on typical logical reasoning. The steps are simple to remember and feel intuitive. This makes ethics consultations accessible for the different departments and disciplines within the care organisation, each of their own nature and specific ethical problems.

FAMD is not intended to result in definitive answers. The focus is on the dynamics and the process. The goal is to become more closely bonded as a multidisciplinary team so that we can take into account the needs and welfare of the patient.(7–9) The FAMD can also be used across all departments within the hospital. It is broader than the team that the patient encounters in their care path, e.g. the family, family doctor, or home care.

In AZ Nikolaas, we started using the FAMD in two departments, the oncology hospitalisation unit and the palliative unit. This was implemented by using a training programme supplemented with practical work materials. It is our goal to generalise this tool and

implement it throughout the entire hospital as a resource to use when an ethical stress situation occurs.

3.2 Follow-up steps

The goal here is to optimise the training programme and related work materials. In so doing, we can also look at how we can offer FAMD throughout the hospital, outside the hospital, and in the health care sector. Following the symposium on 25/11/2017, we have seen a demand for the FAMD coming from different parties (instructors, residential care homes, other hospitals, family doctors, etc.). The Award will be used to succeed in this implementation both in terms of training materials and instructors. In addition, it is also necessary to further research the effect of the FAMD on the quality of the care provided.

3.3 First Aid in case of Moral Distress – practical example

Step 1: Facts analysis

The facts analysis analyses the situation in an objective manner. Ethical cases are complex, which creates the risk of underestimating or overestimating particular factors. The facts analysis looks beyond the emotions, biases, and personal opinions of the care providers. In the facts analysis, the team discusses the actors involved, the practical problems, and the possible actions.

In the oncology department, a patient (81 years of age) is admitted with a brain and liver metastasised malignant melanoma. The woman is weak and confused. She has four daughters. Her husband died ten years ago. A multidisciplinary team is involved (physician, nurses, psychologist, palliative support team, social services, family doctor, and home care). The physician proposes a palliative approach, but the patient barely communicates. There is very little background on what the patient wants. However, her daughters are extremely hopeful and urge an action-oriented approach. Treatment alternatives are either to take a palliative approach or to continue with a curative approach.

Step 2: Values analysis

After listing all of the objective aspects, the next step is to analyse the values, i.e. what values play a role for who? (patient, care providers, family, etc.) In this step, it is important to (re-)

identify everyone's framework of values. The origin of these values is also important. Are these personal, physical, religious, mental, social, cultural, and so on?

For the nursing team and the physician, the quality of life and comfort of the patient are extremely important. It is very difficult to see the patient suffer during the daily care and not be able to do anything about it. In addition, it is important to engage in dialogue with the entire team.

The patient barely communicates. The team has the impression that she wants this to be respected. In addition, she non-verbally expresses that she has great difficulty with the pain and very occasionally she indicates that she wants this to stop. The family doctor and home care providers indicate that the woman has never been very communicative, but that she still feels that her pride and dignity are extremely important. She often indicated during discussions that: 'She was quite at ease receiving an injection when she experienced too much pain'.

The daughters are extremely hopeful and focused on action. They want to be heavily involved in the care provided to their mother and want to be consulted during the different steps in the illness process. This has occurred very quickly for them and it is difficult to process that their mother is so very ill.

Step 3: Conclusion

In Step 3, steps 1 and 2 converge. The intention is to communicate in a structured and process-oriented manner. All values are weighed up allowing for the statutory framework and, in particular, patient rights. What are the consequences or the possible actions? Is there a consensus? How do the involved parties feel? Have all involved parties explained their perspective?

The team enters into dialogue and consults with the daughters and acknowledges their values. The team decides to provide the daughters with the time to deal with the situation and provides expert psychological supervision. After a few days, in consultation with everyone, the care approach is switched to comfort care.

4. Link to the PRoF values

Minimal comfort	At AZ Nikolaas, we strive to provide integrated and patient-oriented care. We also apply a holistic perspective with respect to the patient. The somatic aspect may be important, but so too is the mental, social, relational, communal, moral, spiritual, and ideological. We strive to provide complete care to a patient with respect for their framework of values.
Privacy	We want to provide dignified care where we look at the patient in their totality and try to allow for all possible factors. In addition, it is important that the patient is sufficiently informed so that they can make well-thought-out decisions and protect their privacy.
Security	The feeling of safety is important during the ethical discussion: the different disciplines must be given the freedom to voice their own opinions without being judged.A consultation using FAMD also contributes to the patients safety whereby the multidisciplinary team provides expertise from their different fields.
Anti-loneliness	The goal of the ethics consultation is to take into account the needs and welfare of the patient in collaboration with the multidisciplinary team. What are the patient's values? Where do these come from? Why does the patient feel lonely? How is this received within the team and what can we do about it?
Non stigmatizing solutions	A FAMD consultation occurs with respect for the values that are important for all parties involved.

Intergenerational	A FAMD contributes to the intergenerational dialogue by voicing the different disciplines with equality and mutual respect independent of age.
Respect	One of the key conditions in using the FAMD is to observe the law on patient rights in Belgium. (https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/brochure_patientenrechten_eng_def.pdf) Other preconditions are: • Open dialogue • Mutual respect • Safe environment • Non-judgemental • Equality
Flexibility	FAMD is a flexible tool that can be used at different moments and times during the care process. FAMD can be used during the briefing, debriefing, peer review, multidisciplinary consultation, or as an independent consultation.

5. Applicable IPR rules

FAMD is a tool created by the medical ethics committee of AZ Nikolaas.

6. Information on the partners

General hospital Nikolaas (www.aznikolaas.be)

Universitair Ziekenhuis Gent

Addendum

1. FAMD

2. FAMD (English)

First Aid in case of Moral Distress (FAMD)

STEP 1 Facts / Analysis

- What actors are involved here?
- What are the possible actions?
- What are the practical problems and questions which arise?

STEP 2 Values / Analysis

- Which values play a role in this case?
- What are the patient's values?
- Which values are important to whom in the team?
- Where do these values originate from?
- (personal, physical, mental, social, religious, cultural, …)

STEP 3 Conclusion

- Assess the values of the patient and the team taking into account patient rights.
- Connection between treatment alternatives and values
- What are the consequences?
- Is there a consensus? Has everyone's perspective been considered?
- How do the involved parties feel about the choice that has been made?

3. References

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