



Centre de bioéthique

Champlain Centre for Health Care Ethics

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The Ottawa
Hospital

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Living at Risk & Moral Distress

Community Care Ethics Program

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Ethics Fellow

The Champlain Centre for Health Care Ethics & The Ottawa Hospital



Respectful Learning Environment

Protect Privacy & Confidentiality

- What's shared in this space stays in this space.
- When speaking from experience, avoid sharing identifiable details about patients, clients, colleagues, or organizations.

Engage with respect

- Contribute to a learning environment that is inclusive, supportive, and free from judgment.
- Share experiences and opinions to the extent that you are comfortable.
- Ask questions, seek clarification, and participate actively in discussions.

Agenda

1. Provide an overview of the CCHCE and its services.
2. Introduce foundational ethical concepts, principles, and frameworks.
3. Explore ethical considerations in cases involving individuals who live at risk.
4. Analyze complex case scenarios.
5. Define moral distress and discuss strategies for addressing its impacts.

Champlain Centre for Health Care Ethics

With funding from Ontario's provincial government we promote a regional-wide approach to ethics. We offer an integrated ethics program which includes organizational support, education, and consultation services.

Our mission: to engage community stakeholders, build bridges between them, and pool resources to allow for a fair and integrated approach to ethics capable of meeting regional needs.



Ethics Services

What services are offered?

- Ethics Consultations (clinical and organizational)
- Education & Capacity Building
 - Unit-specific
 - Organization-wide
 - Regional Ethics Rounds
 - Annual Ethics Symposium
- Policy review & Accreditation support

How to request an ethics consult?

- **Anyone** can request a consult (staff, patients, families, volunteers, etc.,)
- Any time*
 - Monday-Friday, 8-5
 - Can respond to urgent requests
 - in-person, by phone or through virtual consultations

Where can I get more information?

- Visit our website champlainethics.ca
- Contact an ethicist!

Themes of Common Ethical Issues

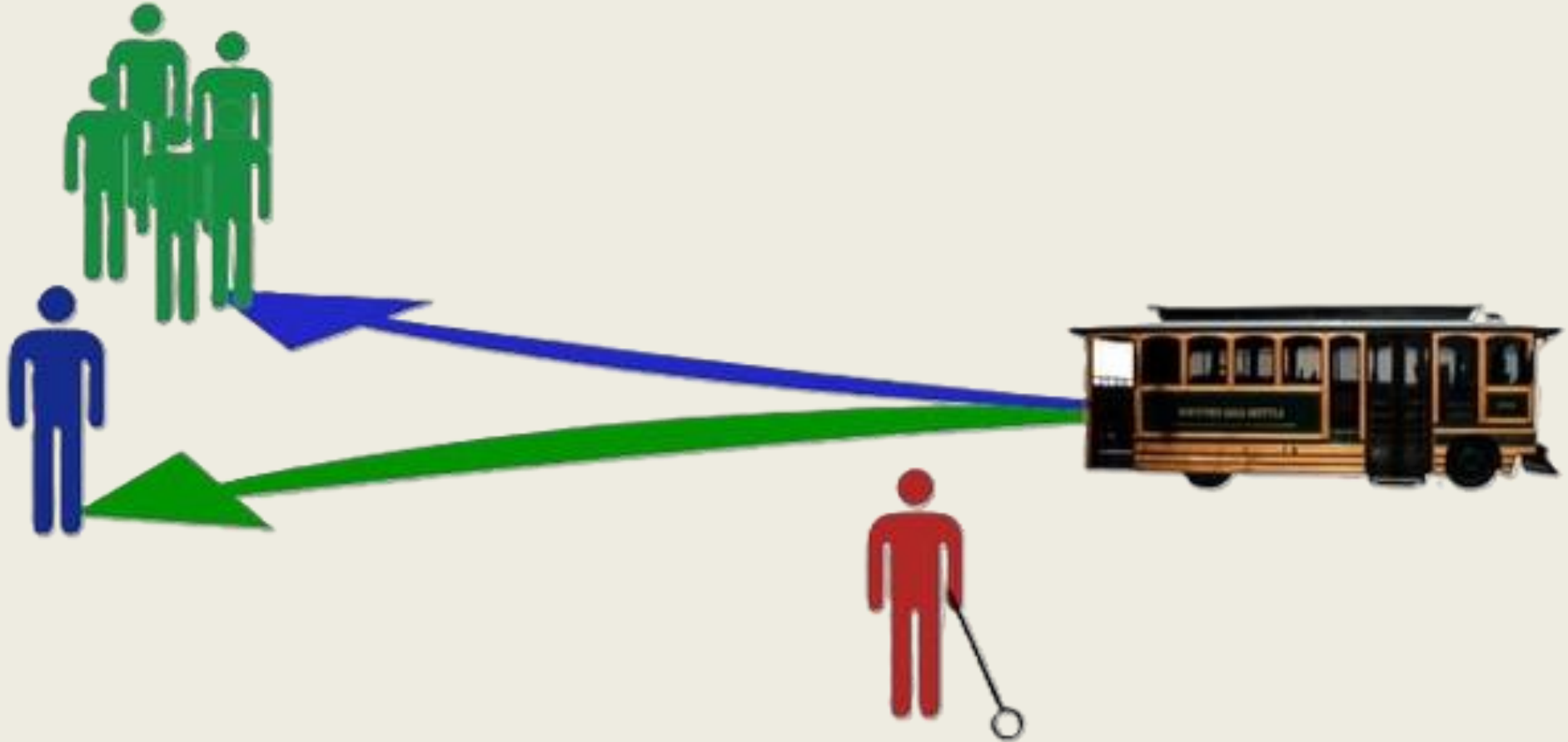
Clinical	Organizational
<ul style="list-style-type: none">• Consent and Capacity• Substitute Decision Making• Moral Distress• Living at Risk• Goals of Care/Disagreements about Care Planning• Advance Care Planning• Difficult Discharge• Withholding/Withdrawing Treatment• Category Status• Staff and Patient Safety• End-Of-Life• Use of Restraints (Including Medical Holds)	<ul style="list-style-type: none">• Uninsured Patients• Complex Discharge Planning• Resource Allocation• Equity, Diversity, Fairness• Privacy and Confidentiality• Professional Boundaries• Strategic Planning• Contracts and Procurement• Governance• Security• Social Media• Innovation

How Do You Define Ethics?

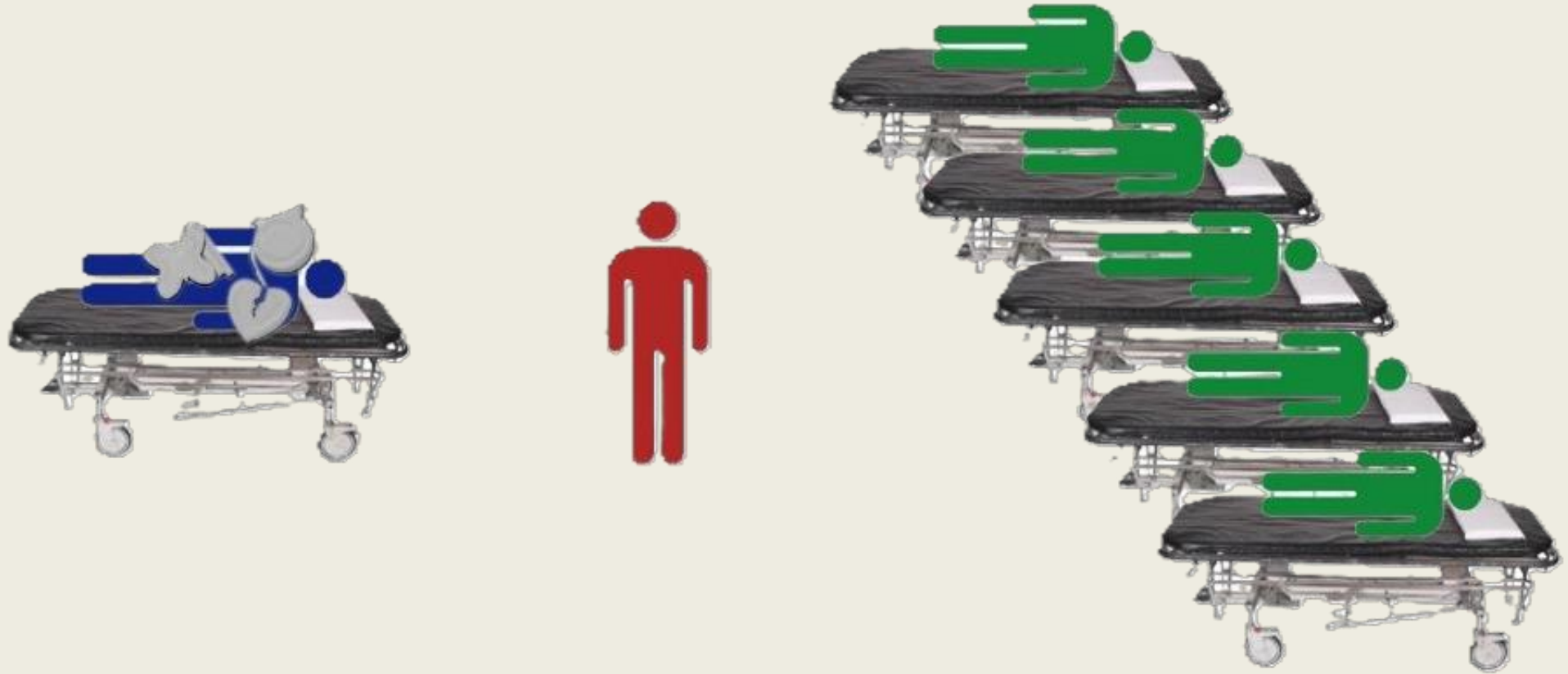
- What comes to mind when you hear the word *ethics*?
- What does ethics mean to you?
- What situations do you find ethics most relevant to?



What Would You Do?



What Would You Do?



What Is Ethics?

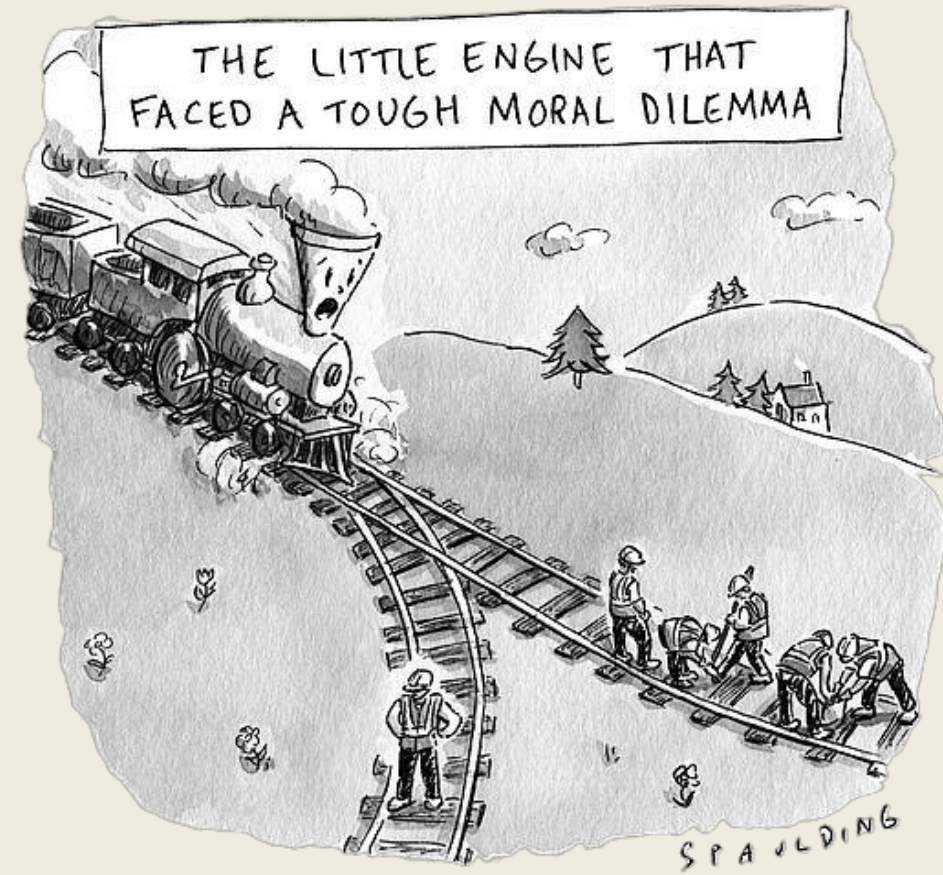
- First thought: Whether an action is right or wrong.
 - But it isn't that straightforward!
- What the relevant considerations are in a moral dilemma.
- What our responsibilities are when faced with a dilemma.



What Is An 'Ethical Issue'?

Any situation where individuals must choose between conflicting:

- Values
- Principles
- Rights
- Duties/Obligations



What Ethics Isn't

- Although related, ethics and law are not the same thing.
- Ethics is not just compliance.
- Ethics is not the same as morality.
- In healthcare, ethics usually cannot offer a perfect solution.



What Can Ethics Do?

Moral Beliefs (“may be”)	Ethical Analysis (“should be”)
<ul style="list-style-type: none">• Personal• Organic• Fluid• Subjective• Innate	<ul style="list-style-type: none">• Public• Systemic• Logical• Objective• Defined

Ethics in Health Care

Ethics helps us appreciate the choices that others make, and the justifications they provide for their actions.

Your professional colleges may have additional policies and practice standards by which to abide.

Ethics requires us to be open-minded, and to take a variety of perspectives into consideration.

We are not here to give you the “right” answer.



Principlism

Appeals to four principles:

1. Autonomy
2. Beneficence
3. Non-maleficence
4. Justice



Autonomy

Respecting an individual's freedom to make their own decisions



Beneficence

Acting in the best interest of the individual; providing benefit



Non-maleficence

Avoiding and doing no harm to the individual



Justice

Treating all individuals with fairness, equality, and impartiality

Key Features of Principlism

Pluralism

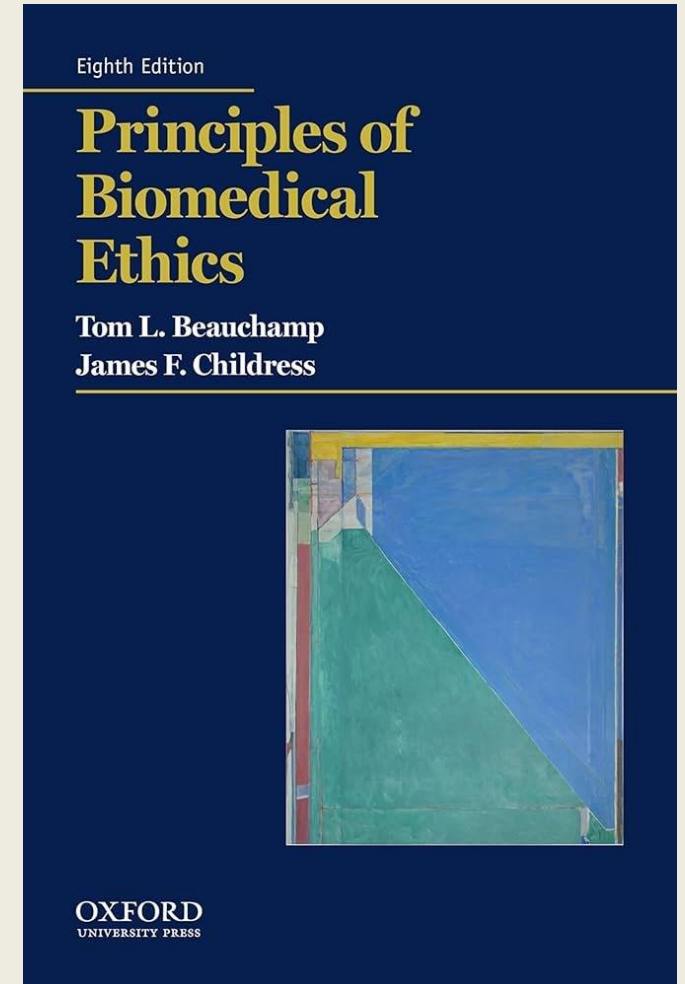
It incorporates several different, sometimes contradictory, principles.

Prima facie

None of the principles are absolute; they can be outweighed by other principles.

Context sensitive

Principles can be prioritized based on the context of a given dilemma.



IDEA Framework

4. **Act.**

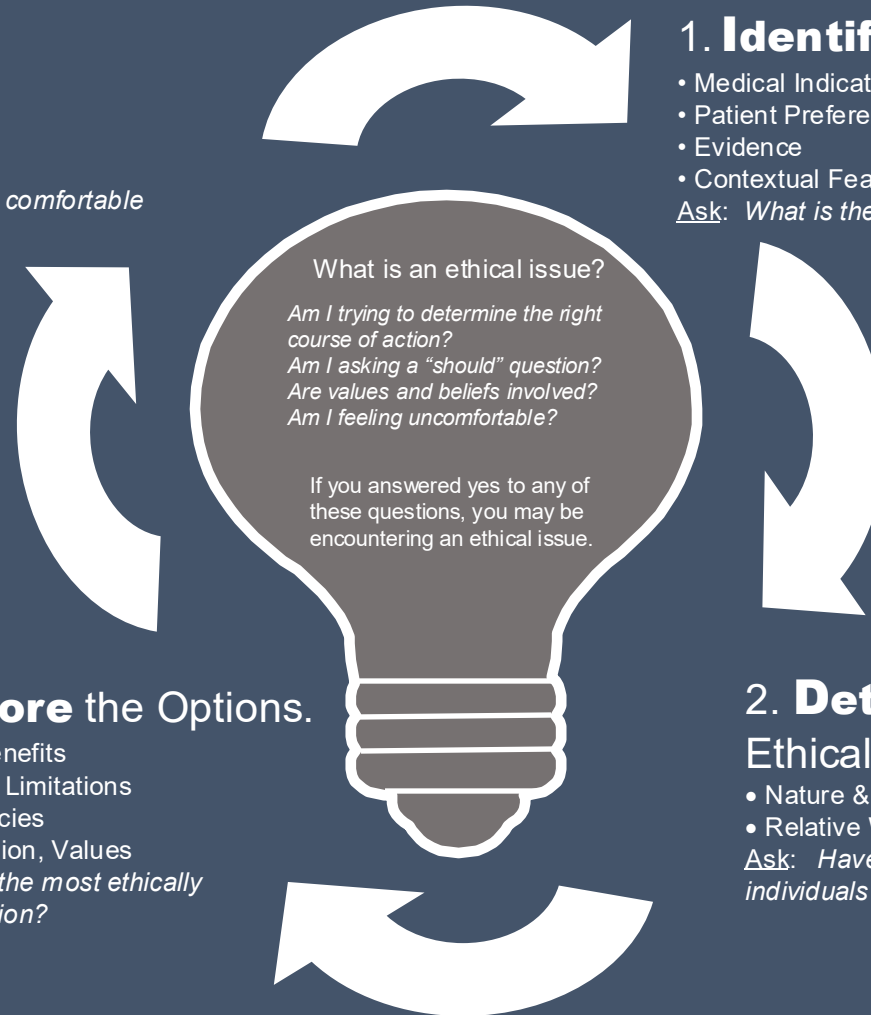
- Recommend
- Implement
- Evaluate

Ask: Are we (am I) comfortable with this decision?

1. **Identify** the Facts.

- Medical Indications
- Patient Preferences
- Evidence
- Contextual Features

Ask: What is the ethical issue?



3. **Explore** the Options.

- Harms & Benefits
- Strengths & Limitations
- Laws & Policies
- Mission, Vision, Values

Ask: What is the most ethically justifiable option?

2. **Determine** the Relevant Ethical Principles.

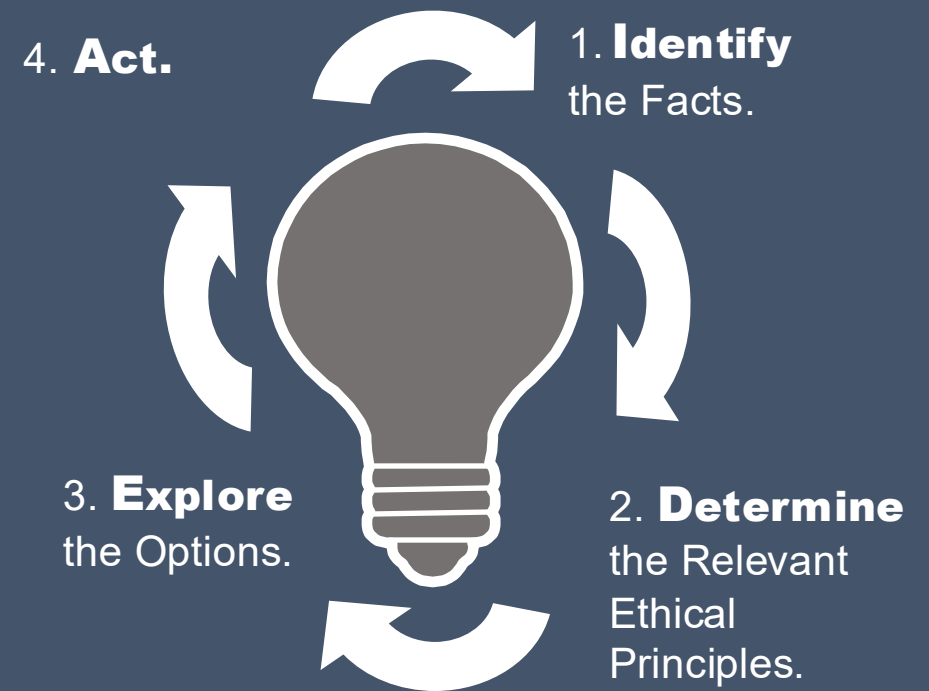
- Nature & Scope
- Relative Weights

Ask: Have perspectives of relevant individuals been sought?

How Can An Ethics Framework Help?

Using a framework can:

- Identify the relevant features of the case.
- Identify the relevant parties.
- Highlight the ethical principles.
- Help a team work together by introducing a
- shared systematic process.
- Create a shared language and common
- understanding of how to approach a dilemma



Take a minute to think about this...

A very wealthy member of the local community has offered to donate a substantial amount of money to the hospital but insists that her husband bypass the waiting list for a surgical procedure. Normally, patients would have to wait several months to see a surgeon for this procedure. The money being offered could benefit large numbers of patients through new facilities, programming or equipment.

Should the money be accepted on the condition that the husband go to the front of the waitlist, which would result in others getting “bumped”?



Living At Risk

Living At Risk

The term **Living at Risk** is used when individuals engage in activities and behaviours that put themselves at risk of harm.

Whether an activity or behaviour constitutes living at risk depends on:

- The probability of the risk materializing into harm.
- The severity of the potential harm.



Living At Risk: Examples

Some examples of behaviours that carry risks include:

- Eating when aspiration is possible.
- Living at home without adequate support.
- Going on unsupervised outings.
- Smoking around oxygen supplies.
- Refusing to use a walker needed to prevent falls.



How do you navigate
situations where
clients live at risk?

Autonomy

Respect for a person's right to self-governance.

- Emphasizes a patient's ability to control what is done for them in a health care setting.
- Underscores the importance of consent.
- Generates negative and positive obligations



Relational Autonomy

Relational autonomy: autonomous persons are socially situated and interdependent.

- The identity-defining values that individuals adopt are shaped by their relationships, environment, and societal position.



Autonomy Versus Duty of Care

The duty of care is the fundamental ethical and legal obligation of healthcare professionals to provide services meeting professional standards.

- It is a central feature of the provider-patient relationship.

How should we navigate situations where this duty conflict with autonomy?



Paternalism

Paternalism: a restriction on a person's conduct which is justified out of a concern for the best interests of that person.

- The care provider “knows best”
- Discounts patient autonomy



Group Discussion

Paternalism

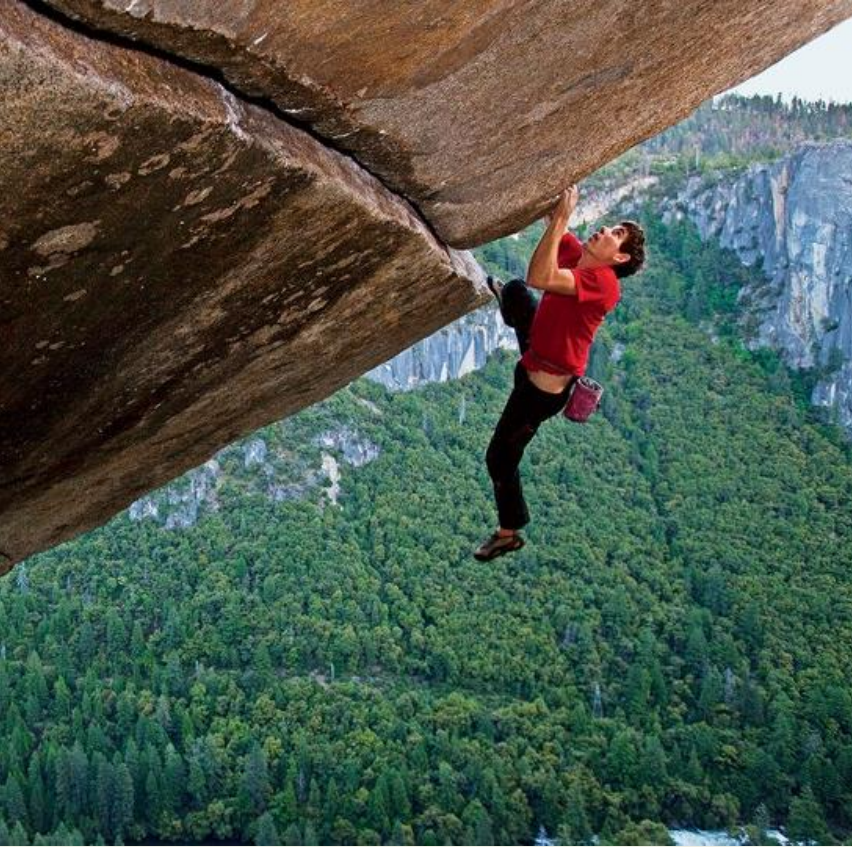
Dignity Of Risk

There is dignity in an individual's ability to tolerate risks in their own life.

- Persons cannot be treated as entities that are separate from risk.
- Sometimes, there are benefits to tolerating risk.

This view suggests that the overprotection of individuals from risk may undermine aspects of their dignity.





Evaluating Risk

When evaluating the risks of a particular action, it is important to recognize:

- A risky decision is not necessarily a bad decision.
- Risk does not always materialize.
- Risk is acceptable, regardless of an individual's age.
- Risk can never be eliminated!

- Instead, we should focus on navigating risk according to an individual's wishes and values



Framing Matters!

When navigating patients choosing to live at risk, the language that is used to frame the situation can shape how we act.

- Frame decisions in terms of patient choice, rather than solely in terms of risk.
- How we describe a patient's choice will have implications for how that choice is received:
 - Wishes versus refusals
 - Terms like unsafe, high-risk, etc. may be value-laden.



Autonomy and Outcomes

Respecting choice \neq endorsing outcomes.

In health care, respect for autonomy upholds an individual's ability to direct their own care.

Respect for autonomy focuses on freedom, not on assessing the values that underly an individual's choice, nor the outcomes produced.



Living with Risk

Living with Chosen Risk	Living with Imposed Risk
Rights of the individual to make choices which seem poor or illogical in the face of other options	Choices which are imposed on individuals who are unhoused, vulnerable, living with addiction or substance use disorders...we may feel the injustice acutely and personally
A client who chooses to live at unnecessary risk when resources are available to them (i.e. unwillingness to install rails or lifts in home, preference to live 'off-grid')	A client who would like to reduce their risk but cannot for a systemic or clinical reason (i.e. severe and/or persistent mental illness, lack of available housing that allows managed alcohol)
Example: a client with Alzheimer's living in disarray who declines visits from pre-arranged in-home services	Example: a client with Alzheimer's that lives in disarray who would accept <u>more</u> in-home services than they receive funding for

Internal dialogue when a client lives with risk...



Risk: refers to a potential harm or the potential of an action or event to cause harm.

Harm: Refers to a hurtful or adverse outcome of an action or event.

Safety: the absence of preventable harm to a client through reducing the risk of unnecessary harm associated with health care to an acceptable minimum.

Case Scenario 1

The case of Mr. R

Mr. R is a 76-year-old client with dementia who has attended your day program for the past few years. Recently, staff have noticed a decline in his functioning, including increased forgetfulness, reduced insight, and poor balance. He now requires frequent prompting and occasional hands-on support during activities.

Mr. R lives alone and tells staff that he still cooks for himself but has mentioned forgetting items on the stove. As a result, staff have concerns that he may not always recognize when something is burning. He has also reported that he has begun avoiding the stairs due to a fear of falling and now sleeps on the main floor, though he continues to go upstairs at times to access the bathroom.

His son is increasingly concerned and reports that Mr. R has recently left the stove on overnight and has had at least one recent fall at home while alone. The son is requesting that the team support a transition to home care or supportive living and has begun exploring options himself. Mr. R, however, remains strongly opposed, stating, "I've managed on my own this long. I'm not leaving my own house." While he can acknowledge some risks when directly asked, he tends to minimize their seriousness and quickly redirects the conversation to his desire to remain independent. Staff are unsure how to balance respect for his wishes with the growing concerns about his safety, particularly given the potential risks if a fire were to occur.

Case 1: Discussion Question

1. What signs in Mr. R's situation suggest his living environment may be becoming higher risk?
2. How should staff balance Mr. R's wishes to remain independent with the increasing risks to him in his home?
3. How should staff respond to the son's request for a transition to home care or supportive living when Mr. R does not agree?



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Moral Distress

Moral Distress

The feeling of distress caused by knowing the 'right' thing to do but not being able to do it because of external constraints.

- In these situations, individuals experience a compromise of their deeply held values.
- When we cannot act on our values, we feel guilt, shame, etc.
- We want to resolve these feelings, but with moral distress there often is no way to fix the situation.
- Leaves 'moral residue'.

Sources of Moral Distress

- A healthcare worker believes they are witnessing or causing harm.
- A healthcare worker feels they are unable to deliver the required level of care.
- A healthcare worker cannot access the resources required to meet a patient's needs.
- A healthcare worker is forced to make compromising trade-offs.



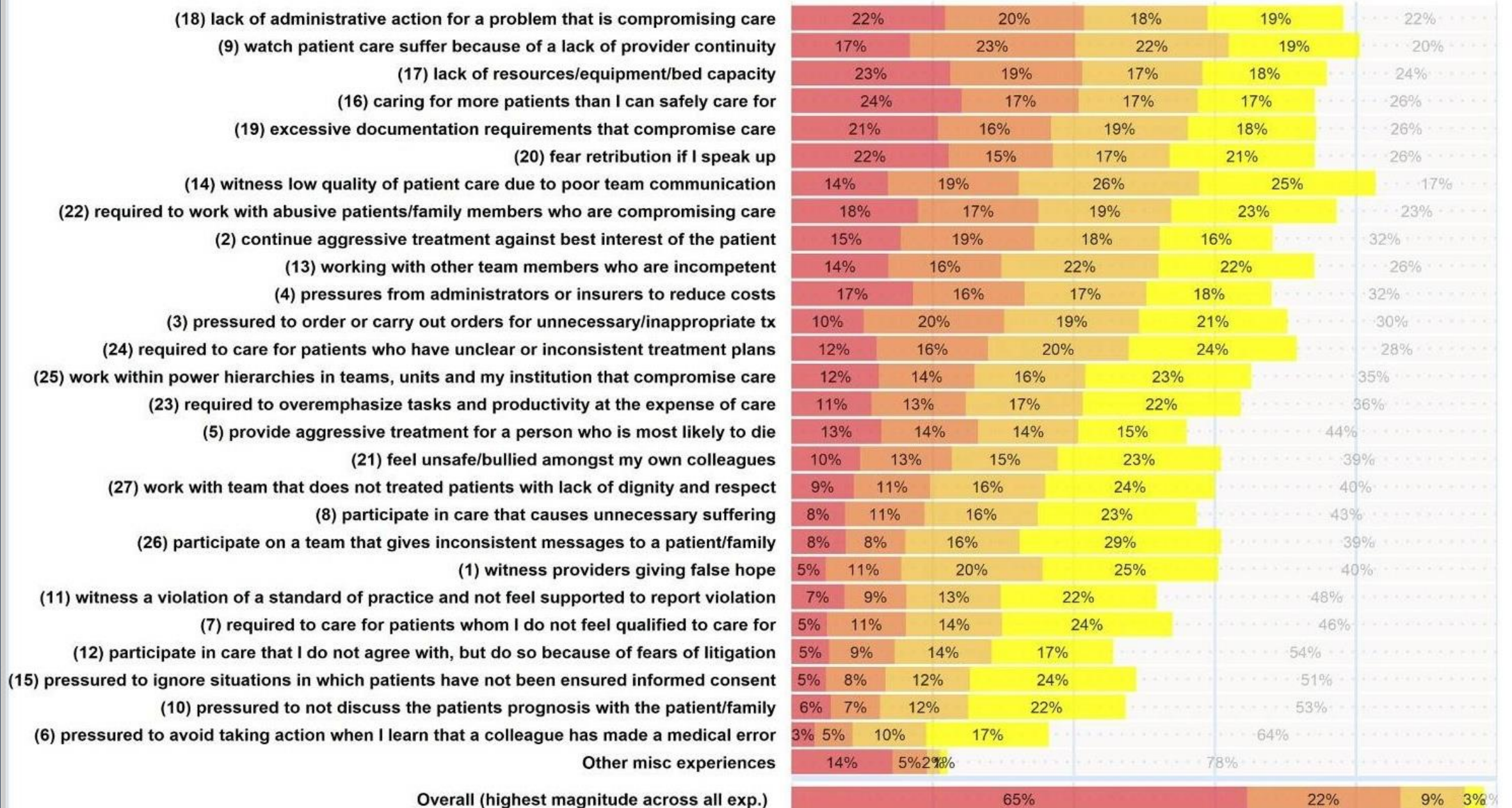
Examples of Moral Distress

Common examples of moral distress in health care include:

- Living at risk
- Disagreement about goals of care
- Patient/Family conflict
- SDM conflict
- Resource limitations
- Staffing shortages
- Unsafe living/care environments
- Aggressive behaviours



Frequency 4 - Very Frequently 3 2 1 0 - No Exposure / Never



Moral Injury Recognized in DSM



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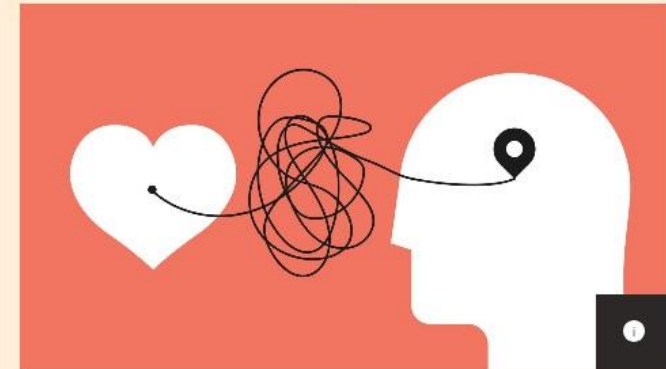


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Mental Health

'Moral injury' officially recognized as mental health condition

By Maya Brownstein · September 17, 2025

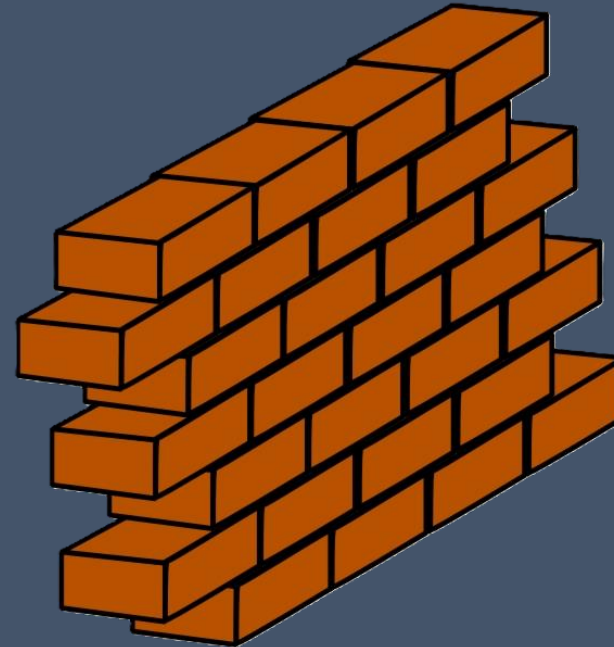


What professional experiences have you found morally distressing?

Barriers to Action

Obstacles to upholding moral values include:

- Institutional barriers
- Interpersonal dynamics
- Resource constraints
- Systemic limitations
- Professional constraints
- Legal constraints



Impacts of Moral Distress

Common signs of moral distress include:

- Irritability
- Fatigue
- Feelings of inadequacy
- Distancing oneself, including numbing
- Difficulties in upholding standard of care.

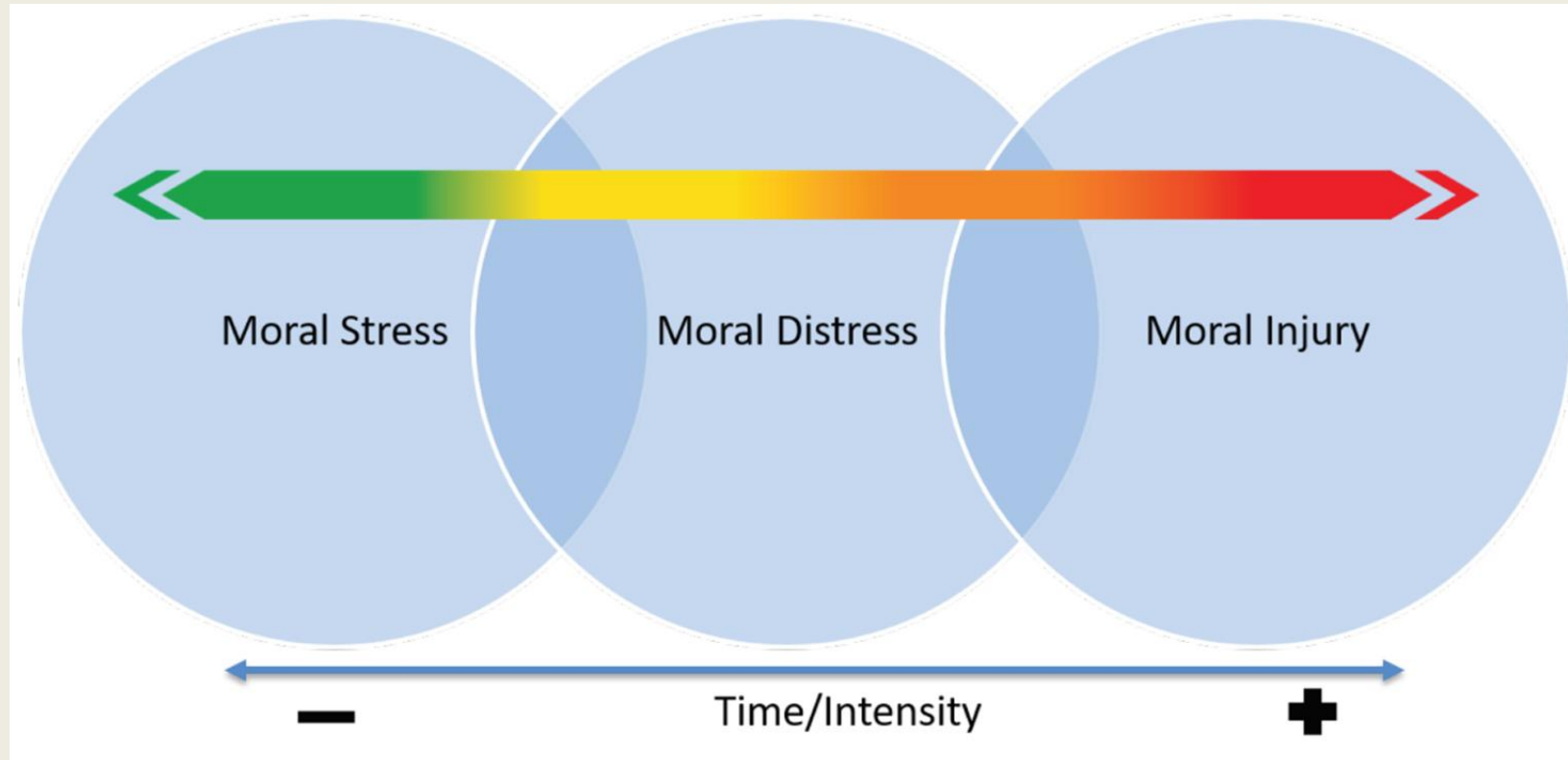


How has moral distress impacted you?

- What symptoms have accompanied moral distress in your experience?
- How did this affect you?
- Did it change how you provided care?

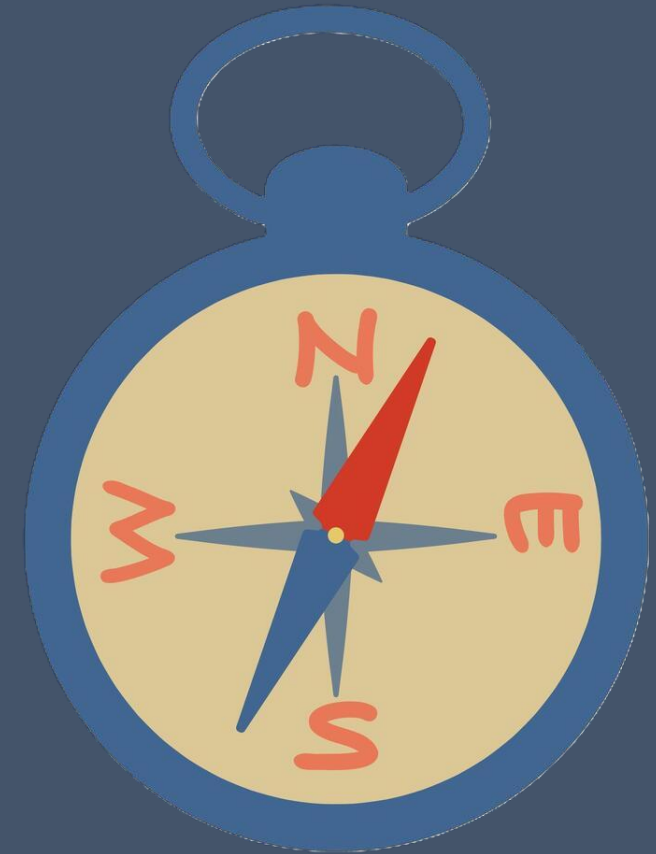


Moral Distress Over Time



Navigating Moral Distress

- Moral distress cannot be completely eliminated.
- Some situations do not permit a perfect 'solution'.
- Trying to resolve the source of distress can, in some situations, be inappropriate.
- So, it is important to understand how to navigate distress when it does arise.



Case Scenario 2

The case of Ms. L

Ms. L is a 68-year-old client with advanced COPD who receives home care services to support her with daily activities. Over the past several months, staff have observed a noticeable decline in her condition, including worsening shortness of breath, increased fatigue, and greater difficulty completing routine tasks such as meal preparation, personal care, and moving safely around her home.

Ms. L lives alone and frequently tells her caregivers that she needs more help to manage at home. She reports feeling overwhelmed by everyday activities and has become increasingly reliant on staff during visits. At the same time, she is clear that she does not want to go to the hospital and wishes to remain in her own home for as long as possible. When concerns about her safety are raised, she acknowledges that things have become more difficult but insists that staying at home is what matters most to her.

The care team is increasingly concerned that Ms. L's needs now exceed the supports currently available to her. However, she does not meet eligibility criteria for additional services, and the resources available to the team are fixed. Staff are required to work within strict time limits and defined roles, which often prevents them from addressing all of the concerns they observe during visits. Team members frequently leave feeling that Ms. L's needs have not been fully met.

Case 2: Discussion Question

1. What ethical responsibilities do healthcare providers have when a client's needs exceed the resources and services available to them?
2. How would you, as a member of the care team, manage the moral distress you may experience in this situation?

Moral Distress Strategy: The 4 R's

Recognize: The first step is to recognize the situation for what it is. To do so, be aware of the complexities related to the patient, the patient's family, and the care team, including what each party wants to happen and emotions that may affect their perspectives.

Release: Consider what you can change and what you can't. Let go of past experiences that aren't helpful in the current situation,

Reconsider: You may need to reframe an issue or view it in a new way. Be open to fresh approaches and ensure everyone understands each other's perspectives.

Restart: At this point, you may find you are asking new questions or have new ideas about how the situation can be moved forward in a positive way.

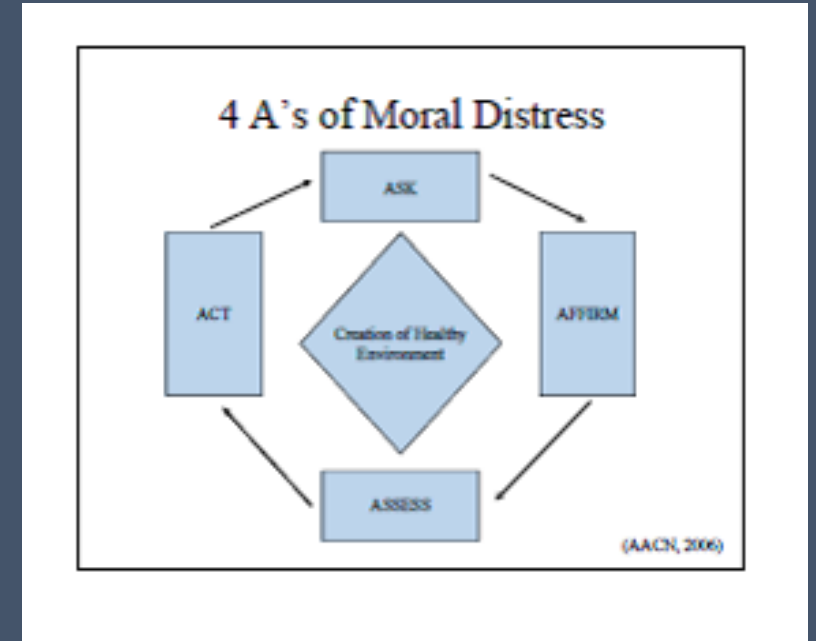
Moral Distress Strategy: The 4 A's

Ask: Identify the source of distress by asking specific questions about the situation.

Affirm: Acknowledge the distress and the validity of the individual's ethical concerns.

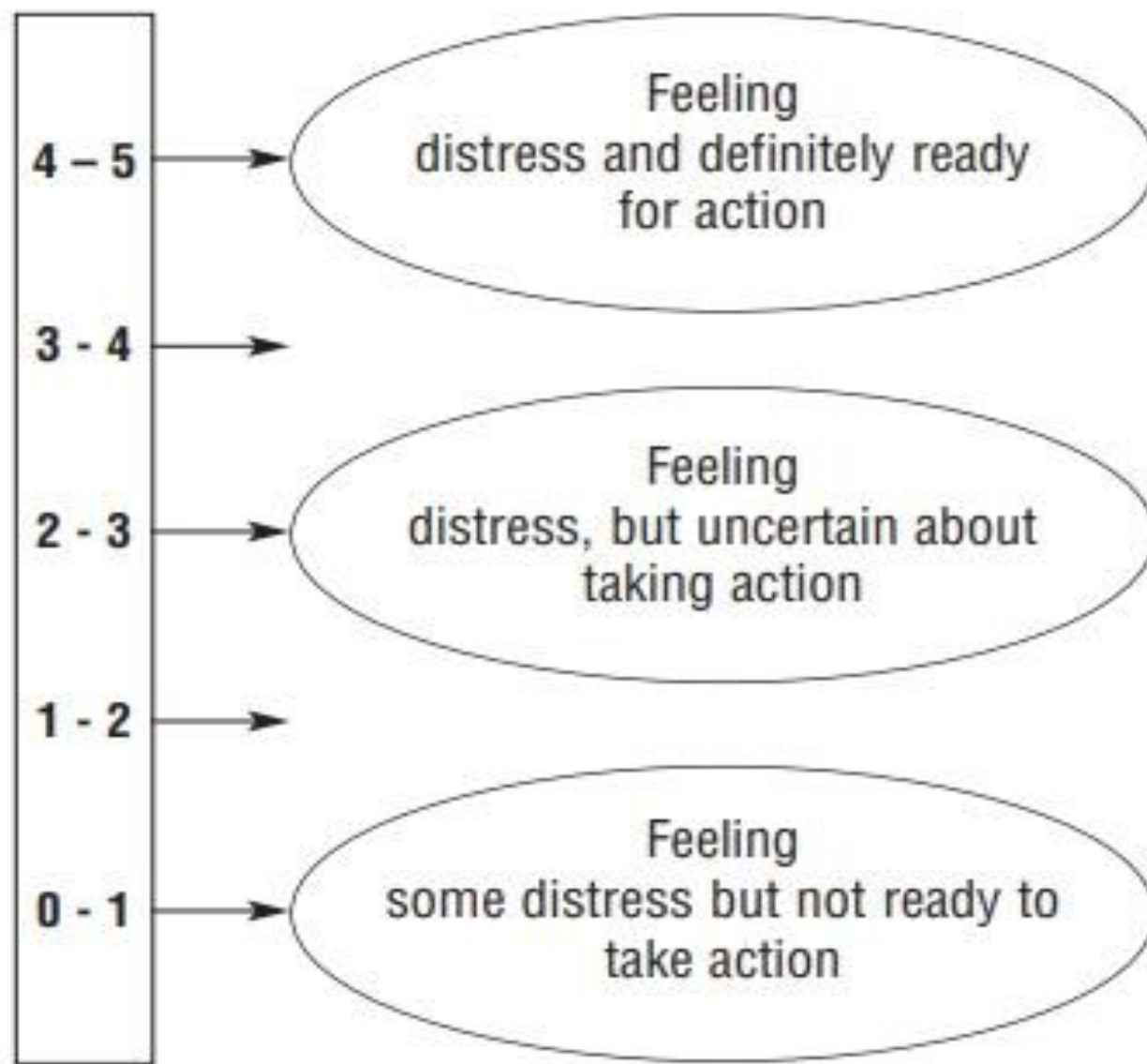
Assess: Evaluate the severity of the distress and explore potential solutions.

Act: Take appropriate actions to address the distress.



ASK	<p style="text-align: center;">Ask appropriate questions.</p> <p style="text-align: center;">“Am I feeling distressed” or showing signs of suffering? Is the source of my distress work related?</p>	<p style="text-align: center;">Goal: You become aware that moral distress is present.</p>
AFFIRM	<p style="text-align: center;">Affirm your distress and your commitment to take care of yourself.</p> <p style="text-align: center;">Validate feelings and perceptions with others. Affirm professional obligation to act.</p>	<p style="text-align: center;">Goal: You make a commitment to address moral distress</p>
ASSESS	<p style="text-align: center;">Identify sources of your distress.</p> <p style="text-align: center;">Recognize there is an issue but may be ambivalent about taking action to change it. Analyze risks and benefits.</p>	<p style="text-align: center;">Goal: You are ready to make an action plan</p>
ACT	<p style="text-align: center;">Take Action</p> <p style="text-align: center;">Implement strategies to initiate the changes you desire. Maintain Desired Change</p>	<p style="text-align: center;">Goal: You preserve your integrity and authenticity.</p>

Readiness to Act Barometer



Source of distress: Restrictive visiting hours cause family and patient dissatisfaction.

Desired change: Open visitation in the unit

Benefits	Strength	Risks	Strength
1. The action I am taking would be positive for patients and families.	5	1. Some colleagues do not support open visitation.	3
2. My manager supports the concept.	5	2. Doctors do not want visitors in the unit during rounds.	4
3. There is a research base to support the change.	5	3. The organizational culture is somewhat authoritarian and slow to change.	2
4. I have prior personal experience in effecting a change.	3	4. I lack the energy or time to take action.	1
5. My personal needs would be addressed.	4	5. There are insufficient resources to help me make the change.	3
6. Action would enhance awareness of the issue in the practice environment.	4	6. Risks are too great (worry about losing job and not being able to provide for one's family, personal or professional retribution, loss of status, emotional distress).	1
7. There is support from the American Nurses Association (ANA) Code of Ethics for Nurses' with interpretive statements and AACN position statements.	5		

Resources

Helium app

- Wellness tool
- Created by a group of TOH staff and physicians
- Additional videos on moral distress

<https://www.heliumapp.ca/moral-distress>

The screenshot shows the Helium website's page for 'Moral distress'. At the top left is the Helium logo, and at the top right are navigation links: 'Try it', 'Tools', 'Resources', 'About', 'Contact', and a 'Check-in' button. The main heading is 'Moral distress'. Below it is a definition: 'Moral Distress is caused by believing that you know the right thing to do, and not being able to do it, or having to do something that you believe is wrong.' A sub-heading asks 'What is moral distress?' followed by a definition: 'Is the experience of knowing or thinking you know what the right thing to do is, and not being able to do it.' To the right, a paragraph explains that moral distress is something being heard about more, with a video series featuring Mike Kekewich and Dr. Kerri Ritchie. Below this is a list of four video topics, each with a play button icon: 'What is moral distress?' (The experience of doing something you think is wrong), 'Why is moral distress so distressing?' (We are wired to be upset and/or angry when can't behave in a way that is core to who we are), and 'What is the impact of moral distress?' (The Pandemic has resulted in more frequent and prolonged exposure to moral distress). A central box contains four definitions with colored circular icons: 'Moral stress' (green), 'Moral distress' (yellow), 'Moral residue' (orange), and 'Moral injury' (red).

helium

Try it Tools Resources About Contact [Check-in](#)

Moral distress

Moral Distress is caused by believing that you know the right thing to do, and not being able to do it, or having to do something that you believe is wrong.

What is moral distress?

Is the experience of knowing or thinking you know what the right thing to do is, and not being able to do it.

Moral distress is something we are hearing about more. In this series of videos, Mike Kekewich, Director of Clinical and Organizational Ethics, & Dr. Kerri Ritchie, Psychologist, talk about moral distress and how to recognize it.

- Moral stress:** Daily/week moral stressors experienced when making decisions involving values and/or ethics
- Moral distress:** Caused by believing that you know the *right* thing to do, and not being able to do it, or having to do something that you believe is *wrong*.
- Moral residue:** A buildup of several morally distressing events that have not been resolved.
- Moral injury:** Psychological, social and/or spiritual impact of being forced or placed in a situation involving the betrayal of your values or ethics.

- What is moral distress?**
The experience of doing something you think is wrong.
- Why is moral distress so distressing?**
We are wired to be upset and/or angry when can't behave in a way that is core to who we are.
- What is the impact of moral distress?**
The Pandemic has resulted in more frequent and prolonged exposure to moral distress.

Ask An Ethicist



Ethicists can walk you through difficult situations and the use of the relevant framework.

- Clinical ethicists are specially trained in thinking about moral issues in healthcare. They are able to listen to problems in a non-judgmental way, and can help make complex problems easier to understand.
- There is never a wrong reason for reaching out to ethics.
- Ethics can help identify the relevant features & principles of a decision and support decision-making.

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Where can I get more information?

- ethics@toh.ca
- 613-722-7000
- Champlainethics.ca

Key Takeaways

1. Ethics principles and frameworks provide a structured approach that supports ethically defensible decision-making.
2. The goal is not to eliminate all risk, but to understand, assess, and navigate risk in a way that aligns with the person's values.
3. How we frame risk matters.
4. Recognizing moral distress prevents 'compounding'.
5. Ethics services are available to support staff navigating complex situations.




Questions?

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Scan Here to Book an Ethics Consultation



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