



Centre de bioéthique

Champlain Centre for Health Care Ethics

Hosted by
Hébergé par



The Ottawa
Hospital

L'Hôpital
d'Ottawa

Professional Boundaries & 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 professionalism and boundaries from an ethics-informed lens.
4. Position boundaries as a means of sustaining compassionate care
5. Analyze complex case scenarios.
6. 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?

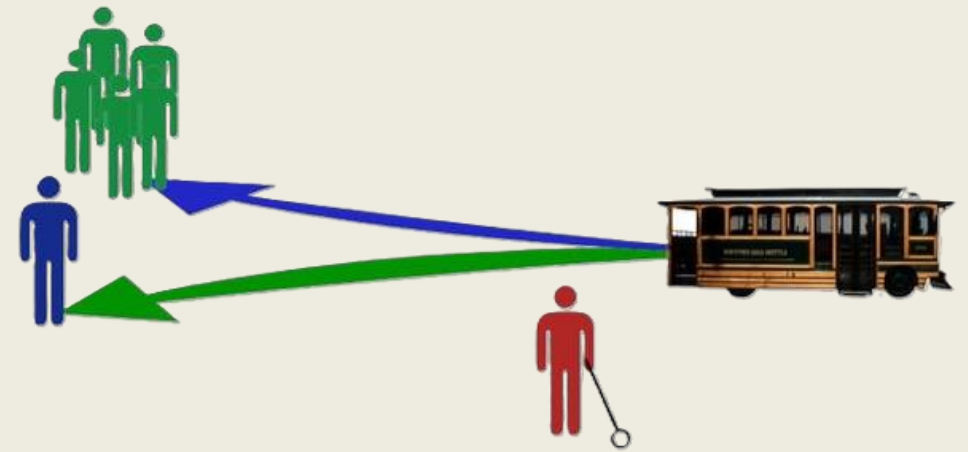
- ethics@toh.ca
- 613-722-7000
- Champlainethics.ca

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

What Is Ethics?

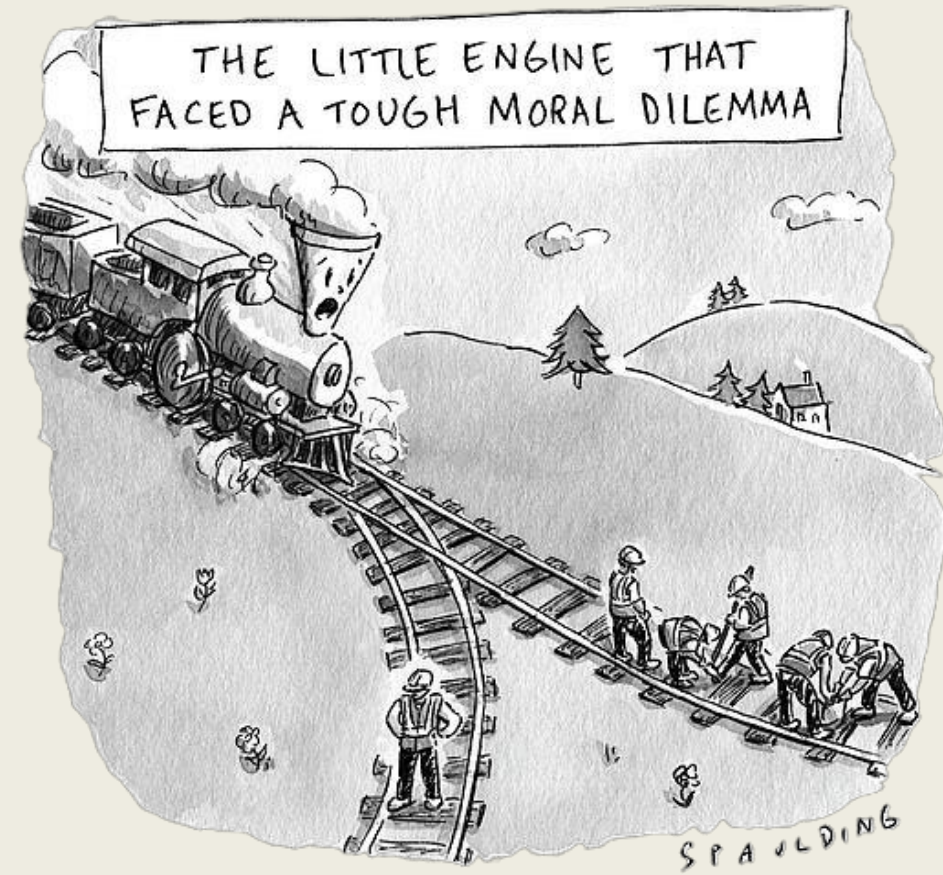
- First thought: Whether an action is right or wrong.
 - But it isn't that straightforward!
- What the relevant considerations are in a moral dilemma.
- What our responsibilities are when faced with a dilemma.



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

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?

What is an ethical issue?

Am I trying to determine the right course of action?

Am I asking a "should" question?

Are values and beliefs involved?

Am I feeling uncomfortable?

If you answered yes to any of these questions, you may be encountering an 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.

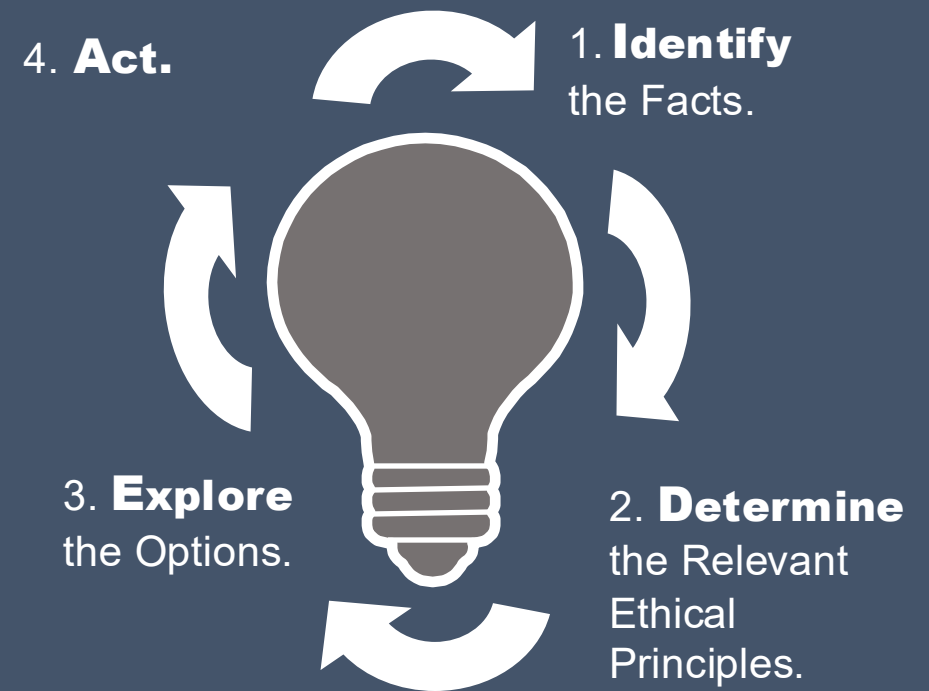
- Nature & Scope
- Relative Weights

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”?



Professional Boundaries

Justice

Treat all individuals with:

- Fairness
- Equality
- Impartiality

‘Like cases should be treated alike’



Justice as an Ethical Principle

Distributive

Concerned with the "fair share" of benefits and resources allocated among members of a society.

Procedural

Involves fair processes and unbiased decision-making criteria, and applying rules consistently.

Retributive

Focuses on punishment for wrongdoing.

Restorative

Focuses on healing victims and repairing the harm to relationships and the community.

Professionalism

Ethics and standards of practice for a particular profession that are typically agreed upon and maintained through widely recognized professional associations.



Professional Boundaries

The limits that healthcare workers establish with their clients.

- Creates an appropriate “therapeutic distance” between caregivers and clients.
- Set clear roles and expectations about care.
- Promotes respect, trust, and a helpful alliance.



Examples of Professional Boundaries

The client's spouse frequently requests that he take part in activities that are not included in the day programming.

A client offers the provider a gift out of appreciation for their services.

A provider "friends" or follows a client on social media.



What is your experience with professional boundaries?

Ex: "Setting strict boundaries feels uncompassionate."



Case Scenario 1

The case of Mr. P

Mr. P is a 71-year-old client with moderate dementia who has been receiving home care services for the past two years. He uses a wheelchair and relies on support workers for assistance with personal care and other tasks outlined in his care plan.

In recent months, Mr. P has occasionally asked care providers to help with tasks outside the care plan, such as walking his dog, cleaning his refrigerator, washing dishes, or preparing extra meals. Several support workers have accommodated these requests from time to time, viewing them as small acts of kindness that helped Mr. P remain comfortable at home. While these additional tasks were generally well-intentioned, they often extended visit times and occasionally affected staff schedules. As a result, Mr. P has come to expect a degree of flexibility from his care providers.

On a particularly cold winter day, after completing all required personal care services, Mr. P asks his attendant to take his dog for a walk. He explains that he would normally do so himself but does not feel safe on the icy sidewalks in his wheelchair. The dog has not been outside for several hours, and he emphasizes how much he would appreciate the help.

The attendant feels conflicted. They worry that refusing the request may strain their care relationship with Mr. P, particularly because he has received similar assistance from other workers in the past. However, the attendant is increasingly uncomfortable agreeing to tasks outside the care plan. They are concerned about slipping on the ice while walking the dog and are already running behind schedule, meaning additional time spent on the request could affect care for other clients.

Case 1: Discussion Questions

1. What are the relevant considerations the attendant should take into account when deciding how to approach this situation (e.g. consistency of care)?

2. How might this situation impact Mr. P's independence?

3. How does the fact that other support workers have previously accommodated similar requests affect the attendant's obligations in this situation?

4. Where should boundaries be drawn in this situation, and who is responsible for setting them?

Requests & Boundaries

Adhering to requests is not always appropriate.

- Short-term fulfillment of request vs. long-term agency and dignity.

Repeatedly bending boundaries may:



Undermine client autonomy.



Create reliance on individual staff rather than systems.

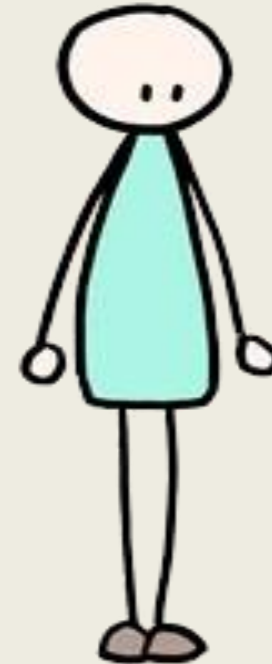
Compassion ≠ Following Requests

From an ethics perspective, compassion includes:

- Attending to long-term well-being, not just immediate relief.
- Avoiding actions that increase:
 - Dependency
 - Helplessness
 - False expectations
- Being honest about what support can and cannot be guaranteed.

Promoting Independence

- Promotes autonomy
- Prevents learned helplessness
- Fosters self-esteem and dignity
- Prevents isolation
- Promotes sustainable care



Health Equity

Concerned with ensuring individuals have a fair chance to attain their full potential for health.

Requires **distributive** and **restorative** justice.

Focuses on removing barriers to health.

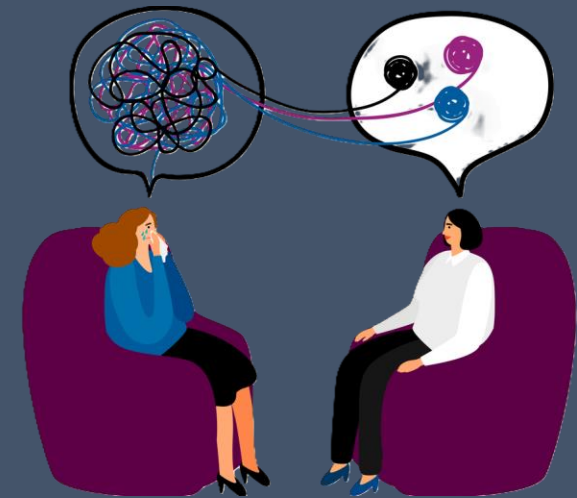
Promotes care that is responsive to individuals' circumstances and unique needs.



Therapeutic Relationship

There is an inherent power imbalance in the care relationship.

- Clients are dependent on the caregivers' knowledge and skill.
- The client is seeking assistance and is in a vulnerable position.
- Caregivers have access to patient's health information.



Professionalism & Social Media

Different professional colleges will articulate specific guidance for remaining in good standing as part of a regulated health profession

If you have questions or concerns about how social media interacts with your area of practice and professional boundaries, they are the best place to start in answering your question.



Boundary Transgressions

1. Boundary crossings: usually benign and non-exploitative.
Ex: accepting baked goods from a patient to share with office staff
2. Boundary violations: harmful or exploitative; result from a failure to establish or maintain appropriate limits in the care relationship.
Ex: entering a financial relationship with a client.



Slippery Slope

Boundary crossings do not always cause immediate or obvious harm to the patient. However, repeated crossings or progressively bolder minor ones may become a "slippery slope" resulting in a more serious boundary violation.



Compassionate Boundaries

Without boundaries, care can unintentionally:

Foster	dependence on specific workers.
Create	supports that disappear with staff turnover.
Leave	clients worse off when boundaries are eventually enforced.

Importance of Professional Boundaries

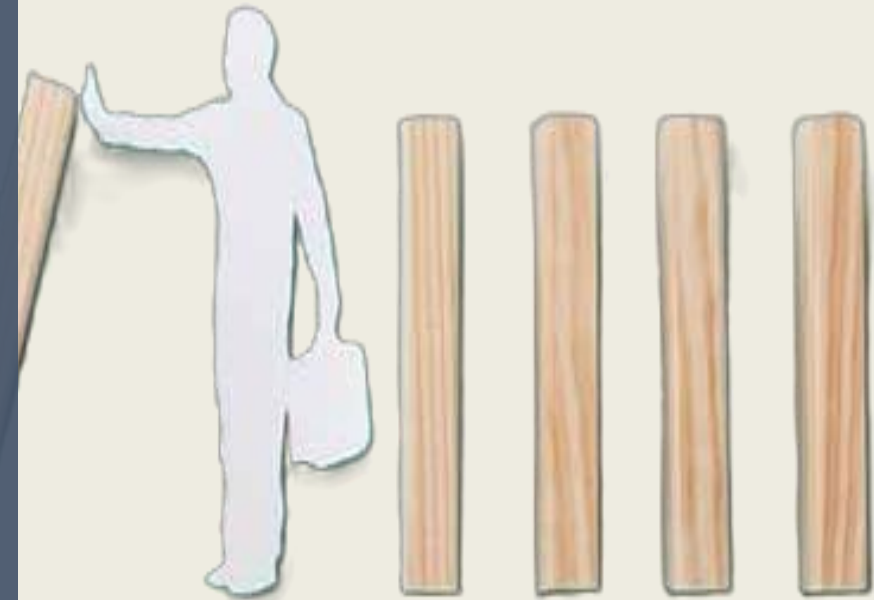
1. Promotes quality care and client safety.
2. Improves client care and service outcomes.
3. Encourages effective communication
4. Builds client confidence in the service(s).
5. Improves teamwork
6. Imparts a sense of duty and commitment
7. Builds a positive reputation



Upholding Boundaries

Caregivers can manage the boundaries of the therapeutic relationship through:

- establishing and following a comprehensive plan of care;
- achieving a clear understanding with the patient about the duration and scope of the care relationship;
- being sensitive to the context in which care is provided (for example, in a client's home);
- self-reflection.



Communicating Boundaries

- Communicate boundaries early.
- Once set, care expectations are difficult to retract.
- When faced with requests or situations that don't align with your role, it's essential to decline politely and clearly.
- Seek support from Colleagues or Supervisors.



The Newspaper Test

“If this action and the reasons for it were published in the paper tomorrow, would I be able to adequately defend the decision and the process?”



Case Scenario 2

The case of Ms. L

Mrs. T is a 79-year-old client with moderate dementia who attends your organization's day program three times a week. Over time, she has developed a close relationship with one staff member, Sarah. Mrs. T often seeks Sarah out during the program and becomes noticeably anxious and withdrawn when Sarah is not working or is with other clients.

Recently, Mrs. T has begun asking Sarah for support beyond the program setting. She frequently asks Sarah to call her in the evenings because she feels lonely and confused, and has once asked if Sarah could "stop by for a quick visit" on the weekend. Out of a desire to be compassionate, Sarah has occasionally stayed late after the program ends to sit with Mrs. T and has considered whether calling her at home might help reduce her distress. In Sarah's cultural and spiritual tradition, caring for elders is highly valued, and compassion is often expressed by going above and beyond what is expected. As a result, she finds it difficult to decline Mrs. T's requests and worries that enforcing professional boundaries may come across as cold, transactional, or uncaring.

Other staff members have noticed this dynamic and are concerned that Mrs. T is becoming overly dependent on Sarah. They worry this may affect her ability to engage with others at the program and could blur professional boundaries. Sarah feels torn, as she believes she is helping Mrs. T feel safe and supported, but is unsure where to draw the line.

Case 2: Discussion Question

1. What are the potential harms of Sarah's approach to supporting Mrs. T?

2. How might this situation impact Mrs. T's independence?

3. Where should boundaries be drawn in this situation, and who is responsible for setting them?



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.



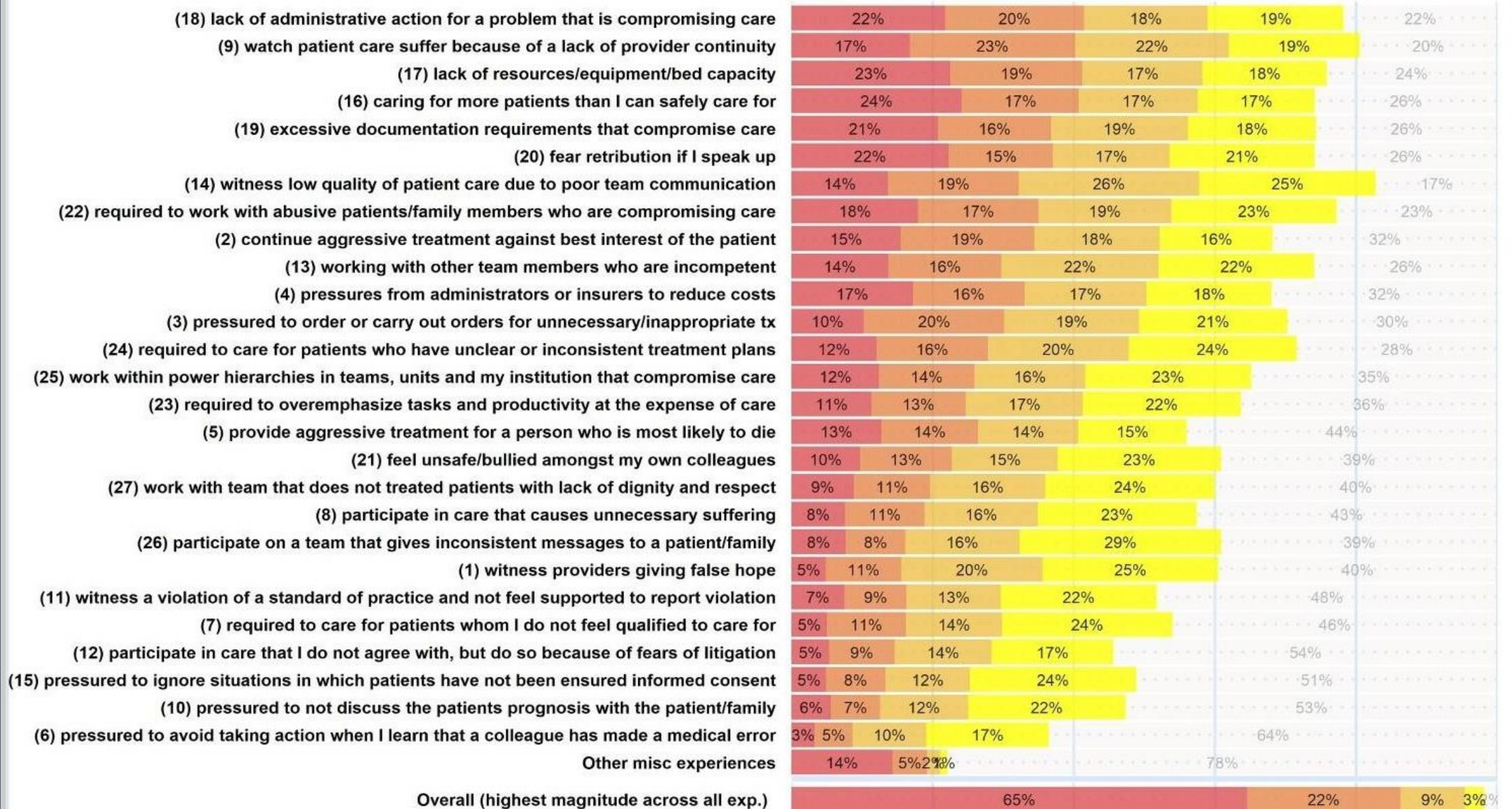
Examples of Moral Distress

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

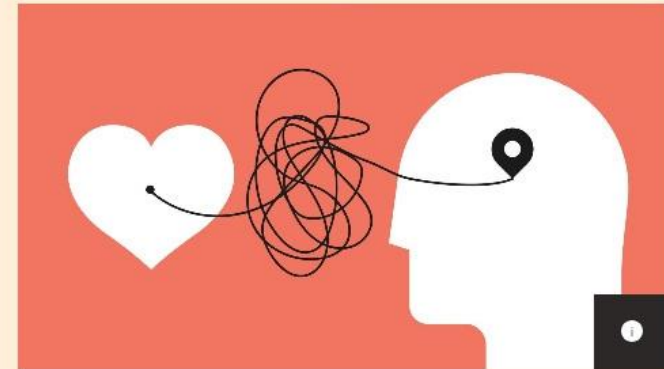


[Home](#) / [News](#) / 'Moral injury' officially recognized as mental health condition

Mental Health

'Moral injury' officially recognized as mental health condition

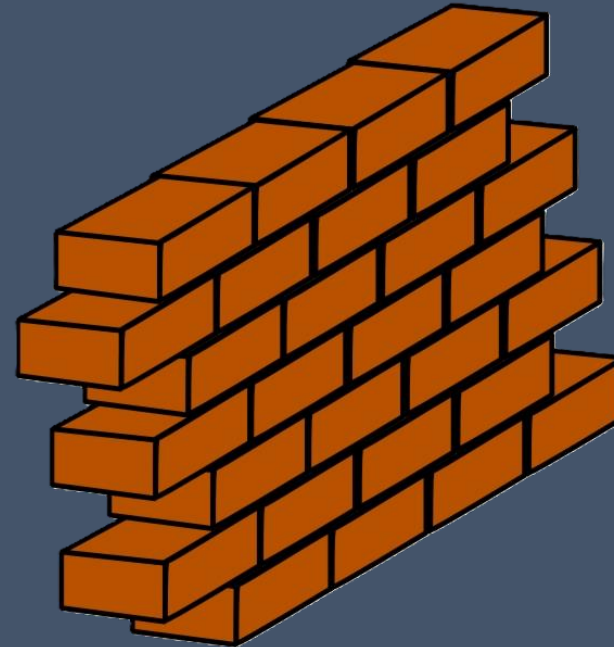
By Maya Brownstein · September 17, 2025



Barriers to Action

Obstacles to upholding moral values include:

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



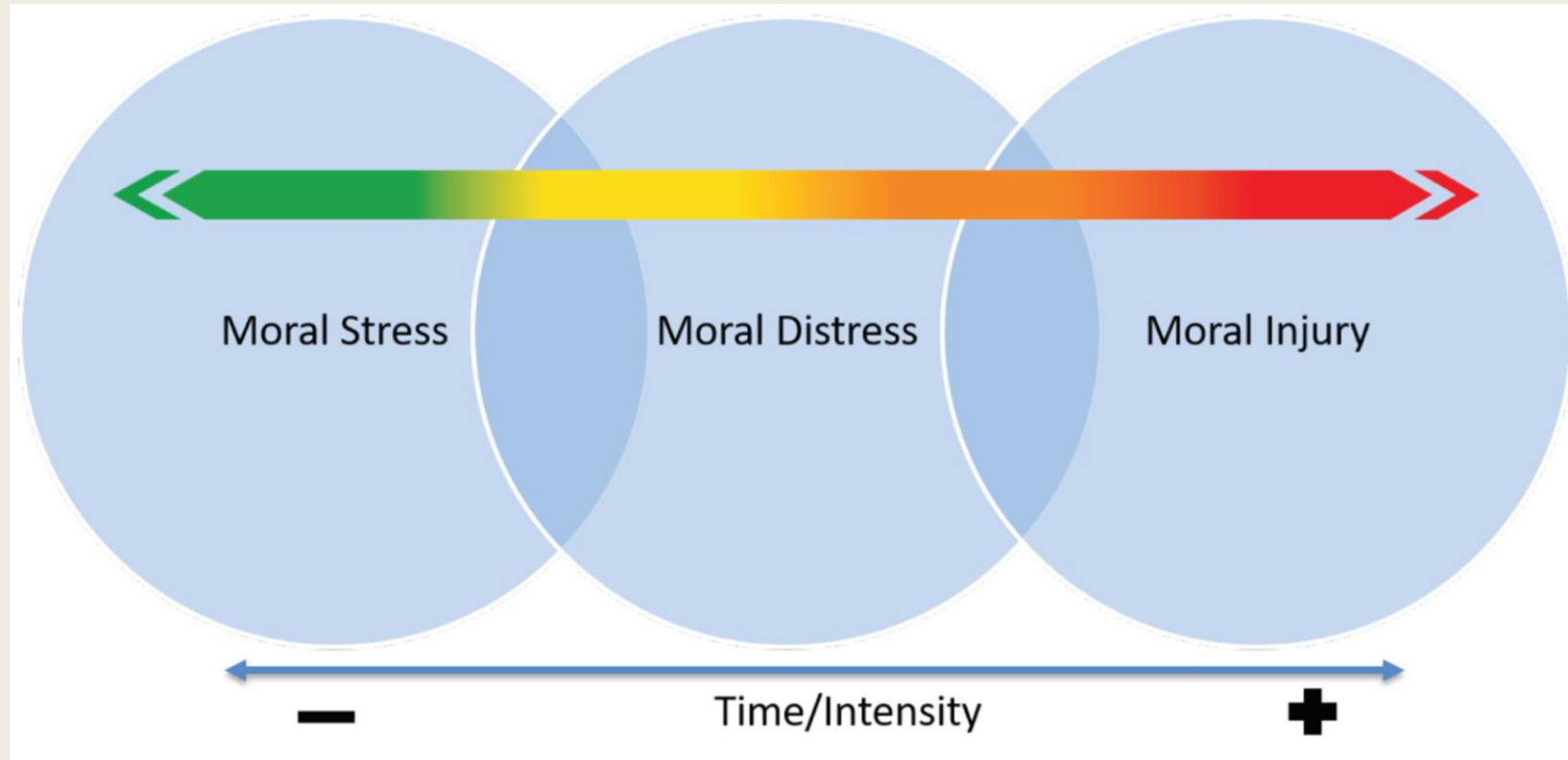
Impacts of Moral Distress

Common signs of moral distress include:

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



Moral Distress Over Time



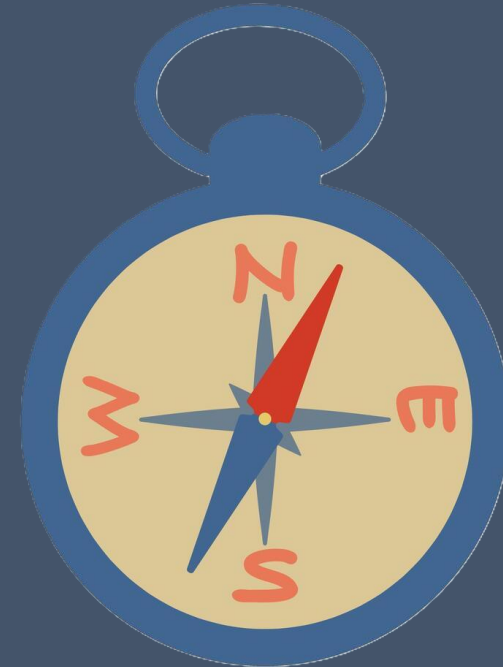
How has moral distress impacted you?

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



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.



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.

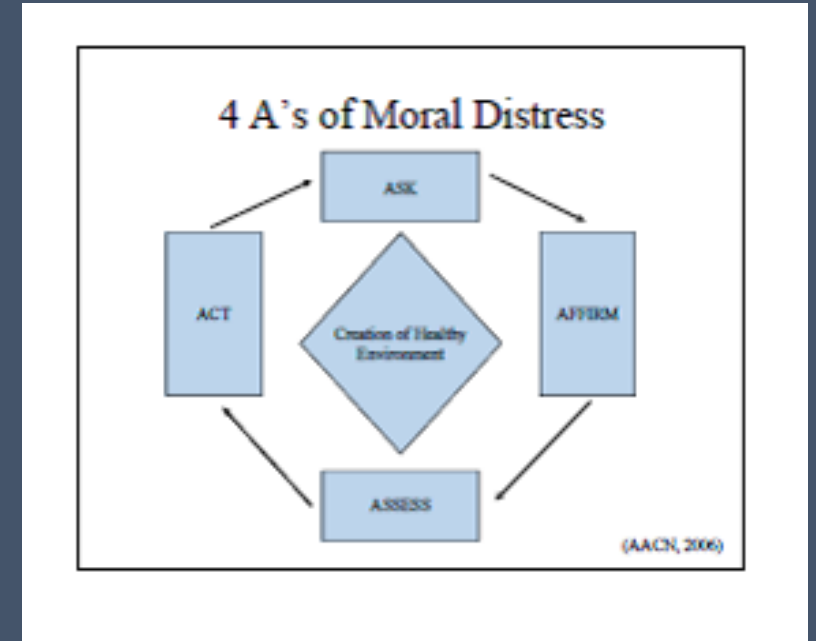
Moral Distress Strategy: The 4 A's

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.

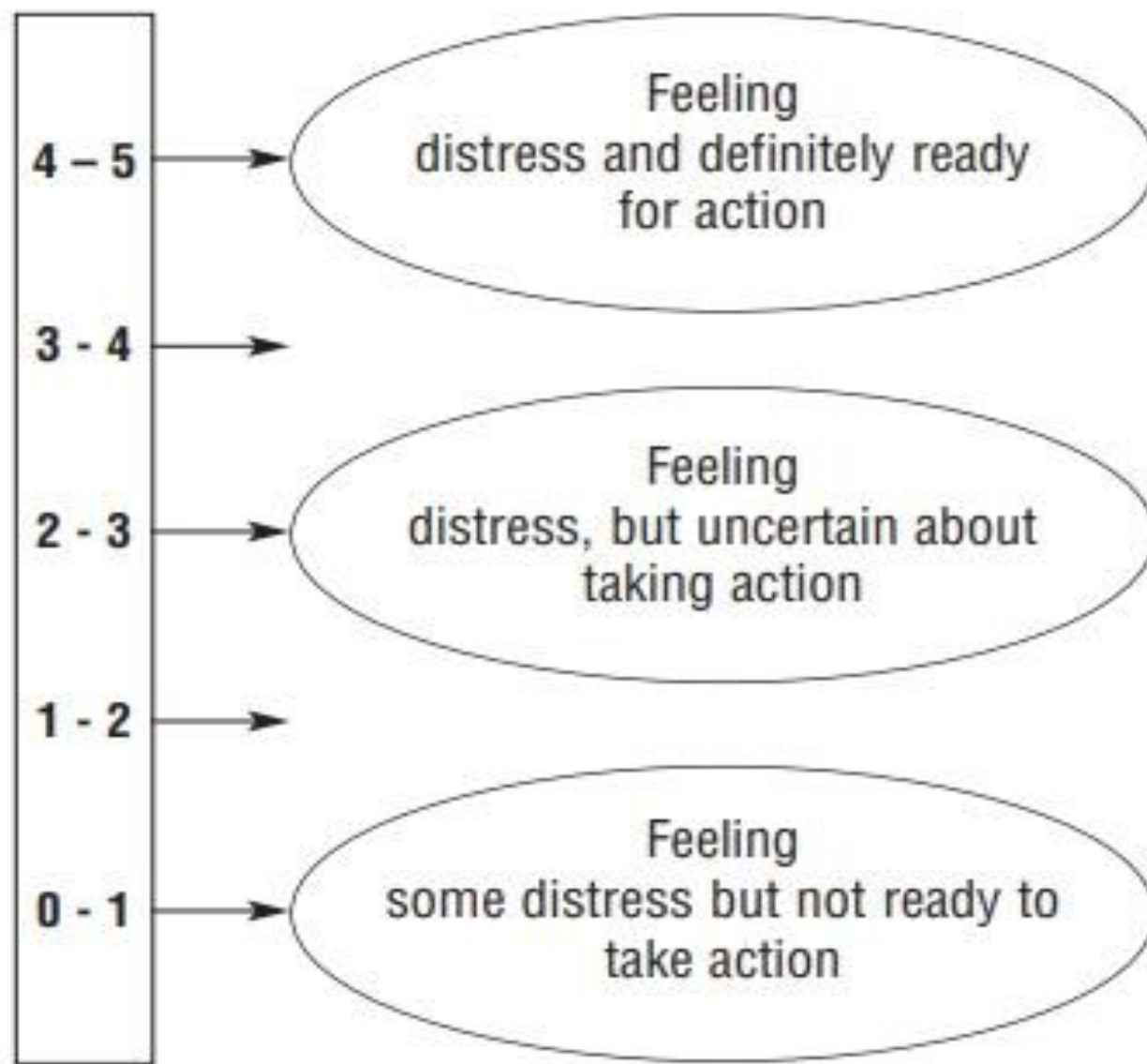
Assess: Evaluate the severity of the distress and explore potential solutions.

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		

Duty of Care

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

- Professional standards
- Legal standards
- Ethical standards

- Upholding principles: Beneficence, Non-Maleficence, Autonomy, Justice, etc.



Limits to Duty of Care

Personal Safety

Lack of Resources

Scope of Practice

Valid Refusal of Treatment

Conscientious Objection

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'. The page has a white background with a dark blue header. The Helium logo is in the top left, and navigation links 'Try it', 'Tools', 'Resources', 'About', and 'Contact' are in the top right. A black 'Check-in' button is also in the top right. The main heading is 'Moral distress' in a large, dark font. 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 of this definition is a paragraph: '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.' Below this is a list of four video thumbnails, each with a colored circle and a play button icon. The first is green and titled 'Moral stress: Daily/week moral stressors experienced when making decisions involving values and/or ethics'. The second is yellow and titled '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.' The third is orange and titled 'Moral residue: A buildup of several morally distressing events that have not been resolved.' The fourth is red and titled 'Moral injury: Psychological, social and/or spiritual impact of being forced or placed in a situation involving the betrayal of your values or ethics.' To the right of these thumbnails is a vertical list of three video thumbnails, each with a play button icon. The first is titled 'What is moral distress?' with the description 'The experience of doing something you think is wrong.' The second is titled 'Why is moral distress so distressing?' with the description 'We are wired to be upset and/or angry when can't behave in a way that is core to who we are.' The third is titled 'What is the impact of moral distress?' with the description 'The Pandemic has resulted in more frequent and prolonged exposure to moral distress.'

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. Professional boundaries are necessary for supporting compassionate, sustainable care.
2. Repeated boundary bending can unintentionally create dependency, inequity, and unrealistic expectations for clients and staff.
3. Maintaining boundaries helps ensure compassion is delivered through sustainable care.
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

