海外招請講演

# [IL(E)6]海外招請講演6

座長:中川 聡(国立研究開発法人国立成育医療研究センター集中治療科)
Fri. Mar 1, 2019 11:00 AM - 11:50 AM 第5会場 (国立京都国際会館1F Room D)

## [IL(E)6]Moral distress: I know what to do but I can’ t !!!

Daniel Garros (University of Alberta Stollery Children’ s Hospital, Canada)
【 同時通訳付き】

Daniel Garros, MD, is a Canadian-Brazilian PICU attending/staff physician at the Stollery Children's Hospital in Edmonton, Alberta, Canada.
He is also a Clinical Professor, Department of Pediatrics and John Dossetor Health Ethics Centre, F of Medicine, University of Alberta.

He co-lead of the PICU Quality&Safety committee as well as the PICU Bereavement &Compassion Committee and is a member of the same committee at the hospital level.
He sits at the Stollery Child Health Quality Assurance, Improvement &Patient Safety Collaborative QAC. He is also responsible for the PICU database system.
Dr Garros has published on moral distress in the PICU, end of life care in pediatrics, supporting staff in the PICU, end-of-life decision-making, quality and safety, ECMO and Renal replacement therapy.

He was the co-PI on a large multicenter study on Moral Distress in PICU, supported by a CHIR(Canadian Institute for Health and Research) grant. He was the technical director and co-producer of a Movie on Moral Distress for health care Professionals, titled "Just Keep Breathing", as the result of this project. His research interests include end-of-life care, bereavement, medical ethics, professional well being, and quality and safety in health care delivery.
Father of 3 teenager kids and still a soccer player on his spared time!"
He has been to Japan twice, the first time was in 1989 as a young PICU fellow presenting for the first time ever outside Brazil 2 papers at the World Conference in Critical Care in Kyoto!

Introduction: Moral distress is the term increasingly used by healthcare professionals to name the angst they experience when they feel unable to practice as they should.
It has been described as the pain or anguish affecting the mind, body, or relationships in response to a situation in which the person is aware of a moral problem, acknowledges moral responsibility, and makes a moral judgment about the correct action; yet, as a result of real or perceived constraints, participates in perceived moral wrongdoing.
Perception, however, is key to understanding this experience. In the exact same circumstance, one professional may believe that one course of action, such as extending life-sustaining treatment (LST) as far as possible, is the right thing to do, while another professional may find it unethical. Either professional may experience Moral Distress depending on the course chosen and the degree to which the professional feels s/he has been complicit in “ doing the wrong thing”.

Methods: Using personal narratives, a research was conducted in 6 pediatric Intensive Care units in Canada collecting stories, which were analyzed, changed and then a typology was created. A movie was made with some of the stories, depicting the ethical issues and how an ICU team deals with conflict and the stressful environment where they work.

Presentation: After elaborating on the concept described above, we will ascertain measures to resolve moral distress, from “reframing the suffering” to building moral resilience and moral courage within ICU health care teams. The presentation will also discuss Burn Out and how this universal phenomenon is close intricate with Moral Distress in the ICU.
Conclusion: Moral Distress is here to stay; it is a sign of moral sensitivity and being humans. Resolving this condition is crucial to maintain good team work and keep the health care professionals engaged and motivated, to provide the best care they can to the patients.