

Moral distress

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Moral distress Affiliation: Three months ago I was working in the palliative care unit and there was a very old woman who was on the last stages of ovarian cancer and was always in so much pain despite the amount of pain medication given to her. The best drugs reacted harshly with her body and she had to take the less effective pain medication and this worsened her pain. I wanted to end her suffering and we often talked to each other about it but the hospital would not agree and neither would the family and they even threatened suing myself and the hospital if euthanasia was attempted even though it was also her wish.

Solving the morally distressing situation would demand asking about it to the relevant people such as the close family members and the hospital administration. After asking, affirm about the method and what it would entail in detail which would lead to the third model of assessing the situation by the hospital administration and the family members as well. Assessment would also be carried out by the patient herself. If all the parties come up with a unanimous positive response, I would move to the last stage of acting where the action to end her suffering would commence (The Ethics Work Group, 2004).

The 4A's model enables assessment of the risks and benefits involved in a morally distressing situation as well as enabling assessment of the situation by the external barriers causing the distress. This leads to taking the appropriate and thought about action that would end the moral distress.

References

The Ethics Work Group. (2004). The 4A's to Rise above Moral Distress. The

American Association of Critical-Care Nurses. Retrieved from http://www.aacn.org/WD/Practice/Docs/4As_to_Rise_Above_Moral_Distress.pdf