ResetEthics
THE MORAL HARM PROJECT

SCENARIO 1 - the Paediatric Intensive Care Unit Nurse

Content warning

Please be aware the following scenario depicts events that may cause upset or distress. This includes challenges of difference of opinion between professional and patients relating to post-operative care of a child, personal sense of responsibility for patient discomfort when administering procedures, and the emotional and moral harm this causes for staff.

Please take the steps necessary for your emotional safety when engaging with this

Context

The Paediatric Intensive Care Unit (PICU) nurse decided to take up a nursing career following their experiences of caring for family members. They particularly enjoyed caring for young children and chose to specialise in paediatric nursing. In this role, the PICU nurse quickly developed an interest in surgical procedures for the life-changing difference they can make, completely transforming children's quality of life through well-timed and planned surgical interventions. Enjoying learning the professional clinical skills needed to support children, they then trained as a Paediatric Intensive Care Unit (PICU) nurse. Part of the PICU nursing role is effective pain management, with a strong ethos towards keeping children as pain free as possible. This requires nurses to learn to pick up on cues that children are uncomfortable, even when they might be unable to express this verbally. With experience in this PICU role, the nurse is included in discussions around patient management, giving their perspective on how a child, and their family, are coping.

Since starting in this role, the PICU nurse has had very positive experiences with most children coming through planned surgery with successful outcomes. Spending 12–13-hour days on the ward with the children and families means the nurse develops close emotional attachments to their 'work-kids', becoming invested in each child's welfare and their best interests, sometimes thinking about them outside of work. This leads to a strong desire to offer the best possible care, as if a patient were their own child, and to the nurse feeling valued and appreciated for their role supporting parents and families through difficult times.

Scenario

A 2-year-old child is transferred from theatre post-cardiac surgery, which had been previously postponed several times due to a lack of PICU beds for post-operative care. The surgery was more complex than had been anticipated, there were difficulties restarting the child's heart for a second time following a bleed, and the child was now

on ECMO. Subsequent tests revealed significant brain damage caused by hypoxia, and that other organs had also been compromised. This news had shocked and devastated the parents.

Continuing to provide care is regarded by the clinical specialists as not in the child's best interests as they are unlikely ever to be weaned off ventilation. The clinical team have had discussions with the parents about withdrawing ventilation, and the parents strongly disagree, believing that life is precious. The parents want the team to provide all care necessary to save their child, they are confident they can make their child's life worth living. The Hospital is now preparing to take the case to court for a legal judgement about the withdrawal of ventilation. Despite this difference in opinions, there is no hostility between staff and the family, and the nurse continues to maintain a good relationship with the parents, really feeling for them in this awful situation.

Whilst they await the court judgement, normal care must continue. Part of the care of a ventilated patient is the removal of secretions that build up in the airways via suctioning, a procedure that needs to be carried out every few hours. Suctioning is an extremely painful procedure that has been described as like having a red-hot poker down the throat. There is no way to mitigate this pain. On each suction the child is showing obvious signs of distress despite their brain damage – elevated heart rate, pulling away, etc. The nurse is becoming increasingly distressed at having to administer suctioning, feeling that it is effectively torturing the child given that no long-term good is coming from it. They increasingly feel this procedure is extending the dying process, not prolonging the child's life. The parents leave the room when suctioning is going to happen because they cannot bear to witness their child's distress. However, they view it as a necessary procedure for the child to survive long-term.

For the nurse, pending the legal case being heard, things feel 'stuck' and hopeless for the child, their family, and for the team offering care. Whilst the good relationship with the parents continues, the PICU nurse feels they are blinding themselves to the reality by leaving the room for difficult procedures. The nurse is finding it increasingly difficult to disguise emotions when the parents return to the bedside, and this is something they feel guilty about because they don't want the parents to feel terrible either. This situation is making it difficult for the nurse to know how best to support the parents – what to say, how to comfort them – when they feel so conflicted about the decisions being made about the child's care. All of this is leading the nurse to be tearful about what is happening and what they are being asked to do. Everything feels so wrong, actions to 'care' for the child are futile, harmful, and unkind.

Feeling conflicted about their position and role in the child's ongoing care, but powerless to change anything, the nurse is dreading coming into work and each day hopes that the child will have miraculously died during their day off. They nurse is constantly worried about what 'care' they might be asked to perform next. These

worries have led to them calling in sick to avoid treating this child, and to asking themselves why they cannot cope in this situation?

The level of distress is causing confusion: why are they feeling like this? The PICU nurse recognises that children die and sometimes it is their role to try and save them even though they might fail. They also know that surgery isn't risk free, sometimes tragedy does happen, even when everyone expects surgery to enable a child to leave hospital fit and well. But this child's case doesn't feel like this. The nurse feels strongly that the medical team should not be making things worse than they already are.

The nurse perceives that other equally experienced staff are coping better with performing challenging procedures on patients, and is wondering why they are more 'hardened'? At the same time, the nurse is not sure they want to be that nurse anymore - this approach to 'care' doesn't fit with their self-perception of their PICU nurse role. This internal conflict and confusion are causing the nurse to withdraw from colleagues, not wanting to chat with them at the end of a shift, to just head home. They are feeling frustrated, disconnected from the team and unable to see the point of telling anyone how they are feeling because it might call their career choice into question. This is something the nurse has been wondering about – are they equipped for the job? But they also feel others must have felt and feel like this. The nurse recognises that they need support but doesn't want to be perceived as a 'snowflake' unable to handle the demands of the job.