

SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

Moral distress: the canary in the coalmine

Dear *SaskEthics* Readers,



I recently found myself flipping through past issues of *SaskEthics*, and discovered something shocking. Despite the fact that

moral distress is the topic that I speak about most often, I have never written about it in a newsletter. Until now.

The phrase ‘moral distress’ was first coined by Andrew Jameton in 1983. Jameton was exploring causes of burnout in nurses when he started to notice a pattern. Many nurses who were struggling to stay engaged in their careers described feelings of powerlessness, anxiety and anger that had arisen in situations where they felt like they knew the right thing to do, but institutional constraints prevented them from doing it. These could include things like a lack of resources or the hierarchical nature of healthcare. For example, moral distress is often reported by nurses when they are not included in conversations on consent and have concerns that a patient was not fully informed of the risks of a treatment.

Over the years many researchers have expanded on Jameton’s work and have created definitions of moral distress that go beyond institutional constraints to include personal constraints, such as fear of reprisal, financial need, and lack of confidence in one’s own judgement. For example, moral distress may occur when a nurse is concerned about the performance of her team member, but there is no way to report the team member that will not damage their relationship.

Given the intense feelings that often arise with moral distress, it can be tempting to believe that moral distress is a bad thing. However, from my perspective as an ethicist, I believe that moral distress is actually a good thing. Moral distress is like a canary in a coalmine that alerts us to the fact that something is wrong and needs to be tended to. Without it, we would lose an important driver of change.

Moral distress is typically pushing us in one of two directions: either there is something wrong with the situation and we need to fix it, or there is something wrong with how we are understanding the situation and we need to adjust our perspective. For example, imagine that a patient has chosen to leave the hospital

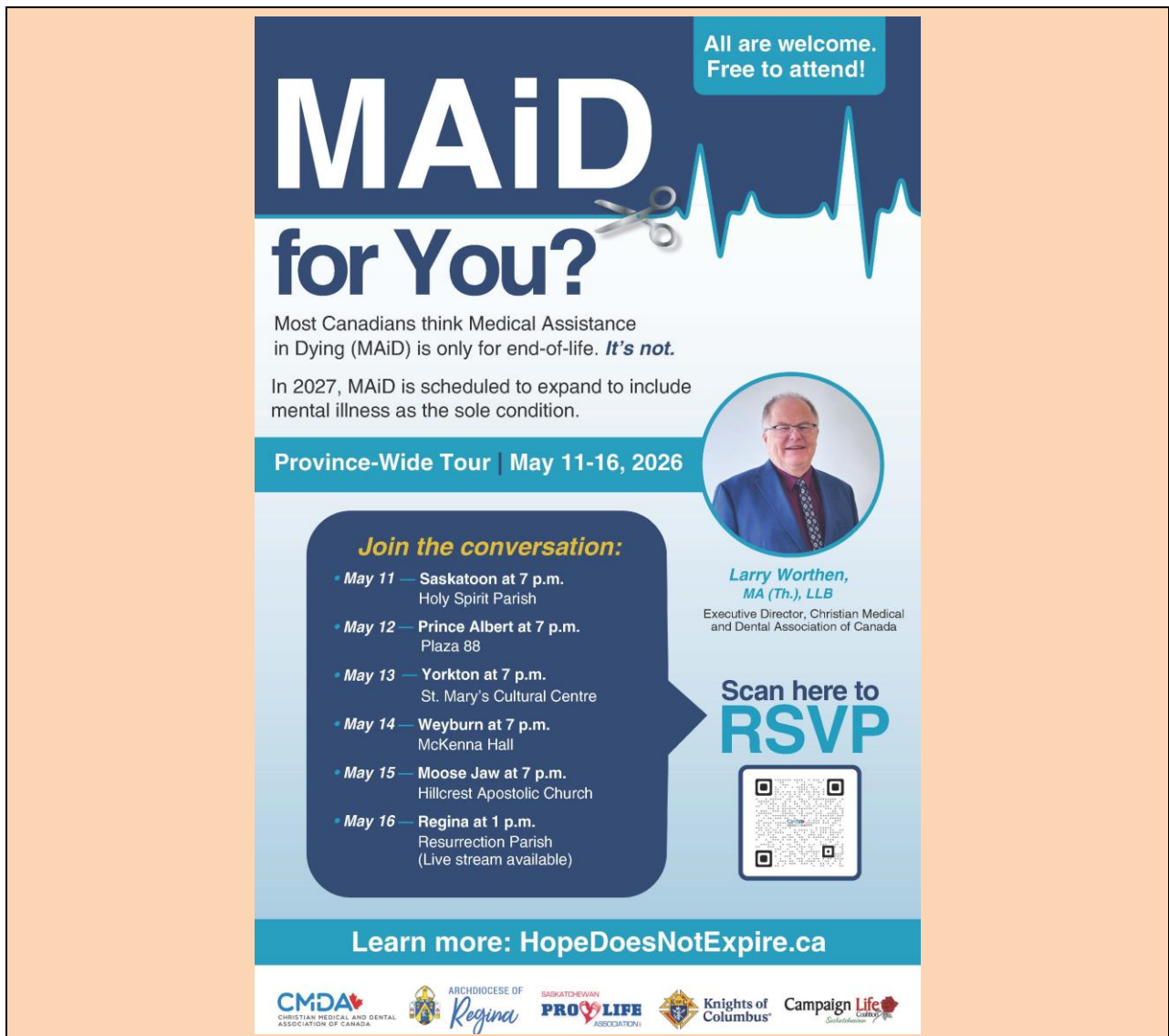
against medical advice. This can understandably cause moral distress for our team members. However, it may be difficult to know whether this moral distress is calling us to stop the patient from leaving, or if it is calling us to better understand the patient's situation.

One of the best ways to resolve moral distress is by connecting with the people around us. Knowing that a teammate is also troubled by a situation can be the first step towards change, whether that is

changing the situation or changing our own perspective.

How does your team make space to discuss moral distress? Are there people you rely on to help you process your moral distress? Have you been in situations where your moral distress could not be resolved?

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All are welcome.
Free to attend!

MAiD for You?


Most Canadians think Medical Assistance in Dying (MAiD) is only for end-of-life. **It's not.**

In 2027, MAiD is scheduled to expand to include mental illness as the sole condition.

Province-Wide Tour | May 11-16, 2026


Join the conversation:

- May 11 — Saskatoon at 7 p.m.
Holy Spirit Parish
- May 12 — Prince Albert at 7 p.m.
Plaza 88
- May 13 — Yorkton at 7 p.m.
St. Mary's Cultural Centre
- May 14 — Weyburn at 7 p.m.
McKenna Hall
- May 15 — Moose Jaw at 7 p.m.
Hillcrest Apostolic Church
- May 16 — Regina at 1 p.m.
Resurrection Parish
(Live stream available)



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