

PhD Completion—Trisha Prentice

Moral Distress of Healthcare Professionals within Neonatal Intensive Care Units

Supervisors details:

Prof Lynn Gillam – Melbourne School of Population and Global Health, University of Melbourne, Children's Bioethics Centre, Royal Children's Hospital

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Assoc Prof Annie Janvier – Department of Pediatrics, University of Montreal



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9:00am to 10:00am



Room 2001/2002, Level 2 West,
Department of Paediatrics,
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Dr Trisha Prentice is a neonatologist at the Royal Children's Hospital and Royal Women's Hospital.

When healthcare professionals feel constrained from acting in what they perceive to be a patient's best interests, moral distress may ensue. Traditional accounts of moral distress have generally implied that the element of constraint reflects an abuse of power by those most senior in the health professional hierarchy, generally within the treating team. Yet, in the intensive care setting it is not uncommon for individuals with different values to disagree on a course of treatment; advancing technology brings with it both hope of cure and moral uncertainty. Shared decision making has further introduced the voice of the family to the dynamic. Yet to date, empirical evidence on moral distress presents the isolated voice of the clinician without reference to the baby or perspectives of other clinicians or the family. Furthermore, no longitudinal studies exist. I will describe a novel approach to investigating the relationship of moral distress to the clinical trajectory of babies born less than 28 weeks' gestation and question whether moral distress is an infallible marker that the current management for a patient is 'wrong'. Furthermore, I will examine the relationship of moral distress to predictions of death and disability, perceptions of best interests and inter-team disagreement.