MORAL DISTRESS AND MORAL INJURY OF HEALTHCARE PROVIDERS: CULTURAL IMPACTS OF "MEDICINE IS A BUSINESS"

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Background: Studies have documented erosion of trust in U.S. healthcare systems that has occurred among both patients and healthcare providers. This erosion has accompanied the re-structuring of many healthcare systems into business models that maximize revenue and reduce costs by treating patient care only as a business transaction. Such a transactional model is a cultural shift that contrasts with healing traditions and professional training that have prioritized trustworthy provider/patient relationships as necessary contexts for healing. Moral dilemmas are then created for healthcare providers whose personal commitments to humanistic care of patients conflict with the new corporate culture.

Methods/Proposition: Moral distress and moral injury can occur when a healthcare provider is required to act, or is preventing from acting, in accordance with one's personal, visceral sense of "doing the right thing." We will discuss how an organization's business culture can conflict with personal/professional values, creating moral dilemmas that progress to moral distress and injury. We will describe five different financial models of health care systems. For each, we will present a practice example to illustrate how its culture impacts social determinants of health in provision of healthcare. We then will lead audience participants in a Human Centered Design (HCD) exercise, which will encourage participants to share their experiences of "medicine is a business." Ideas from this exercise then will be used to design fresh approaches to patient care, healthcare infrastructure and financing, and health interventions, that can serve as antidotes against moral distress or injury.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
1. Discuss the difference between moral dilemma, moral distress, and moral injury, and how the business culture of a healthcare organization can produce moral dilemmas that risk progression to moral distress or injury among employed healthcare providers.
2. Utilize Human Centered Design as an empathy-based, narrative-based methodology for posing solutions for conflicts between the business culture of a health care system and providers' personal commitments to humanistic patient care.