

Editorial

Editorial: Moral distress and its variations

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Over the years, I've followed (and created) experimental evidence in the hopes of not taking advantage of the people who seek help from me or providing them false hope. In essence, my enjoyment of medicine and surgery depends on managing the moral distress that can be associated with offering tests and treatments with more potential for harm than benefit. I take a broad view of harm, including financial, psychological, and other types of harm, in addition to the inherent harms of surgery and the harms associated with potential adverse events.

And over the years, I've noticed a contention with other thoughtful surgeons who are equally passionate about approaches that seem to me a bit more credulous and interventional. I believe I've come to understand that my col-

leagues are also reacting to moral distress. Where I feel the moral distress of potential exploitation, they feel more deeply a moral distress from inaction, or perceived inaction. We are more alike than might at first seem apparent.¹

In my view, the history of medicine is full of unhelpful actions and missteps. One saying I appreciate in medicine is "Don't just do something, stand there." This saying reminds us that compassion and accompaniment are not "nothing." And sometimes, the most helpful thing to do is avoid the test or treatment. We can help people by listening to their concerns and legitimizing them. And action might take the form of emotional support or gentle reorientation of common misconceptions. And time itself is a useful diagnostic and therapeutic intervention.²

The scientific method is based on curiosity and humility. Humans invented science because they learned they could not trust their minds. The shortcuts we use to our advantage for pressing decisions can lead us astray. To be sure we provide the most healthful diagnoses, tests, treatments, and conceptualizations of illness, I think it's important that the moral distress we feel in our role of "healer" be directed by experimental evidence to account for emotion/stress contagion and our own deep compassion and altruism, keeping these in check so that we work every day on self-awareness and communication strategies. These skills can help us provide our patients with agency for health and help them avoid false hope and harm through over-diagnosis and over-treatment.

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