



Moral Injury and Public Health: A Focus on Immunization

Noni MacDonald MD, MSc, FRCPC¹

Rosemary Riccardelli PhD²

Jeannette Comeau MD MSc FRCPC¹

1. Dalhousie University, IWK Health Centre , Halifax, Nova Scotia

2. Memorial University of Newfoundland, St. John's, Newfoundland

June 28, 2023

Public Health VS Medicine

Public Health

- Primary focus on populations and preventing illness



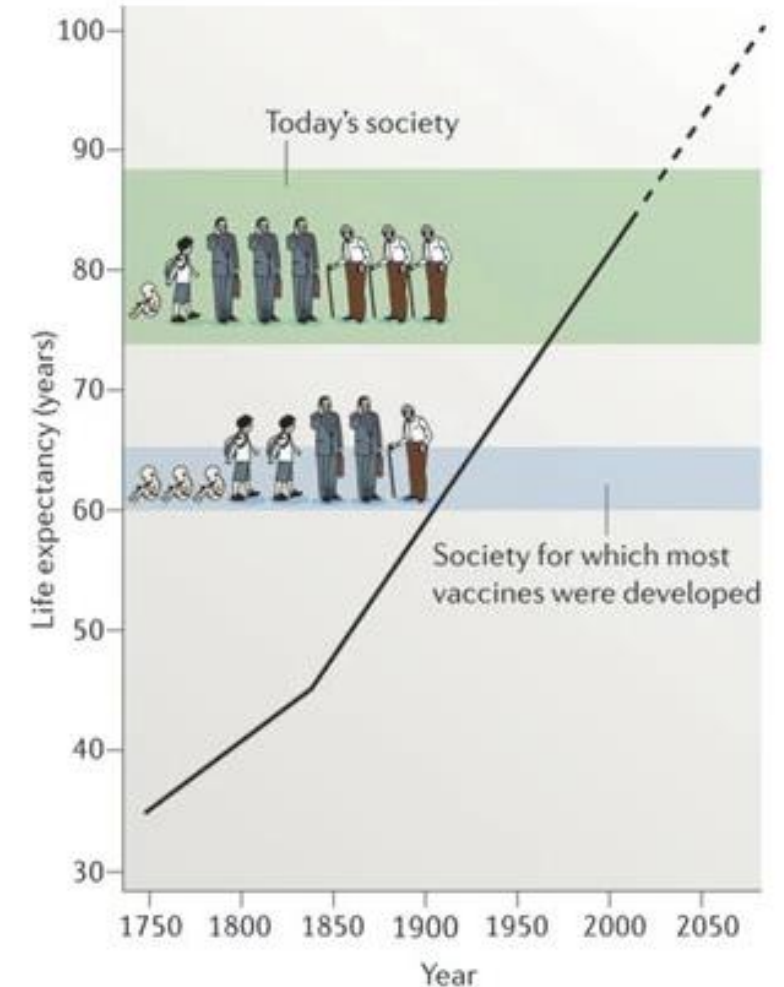
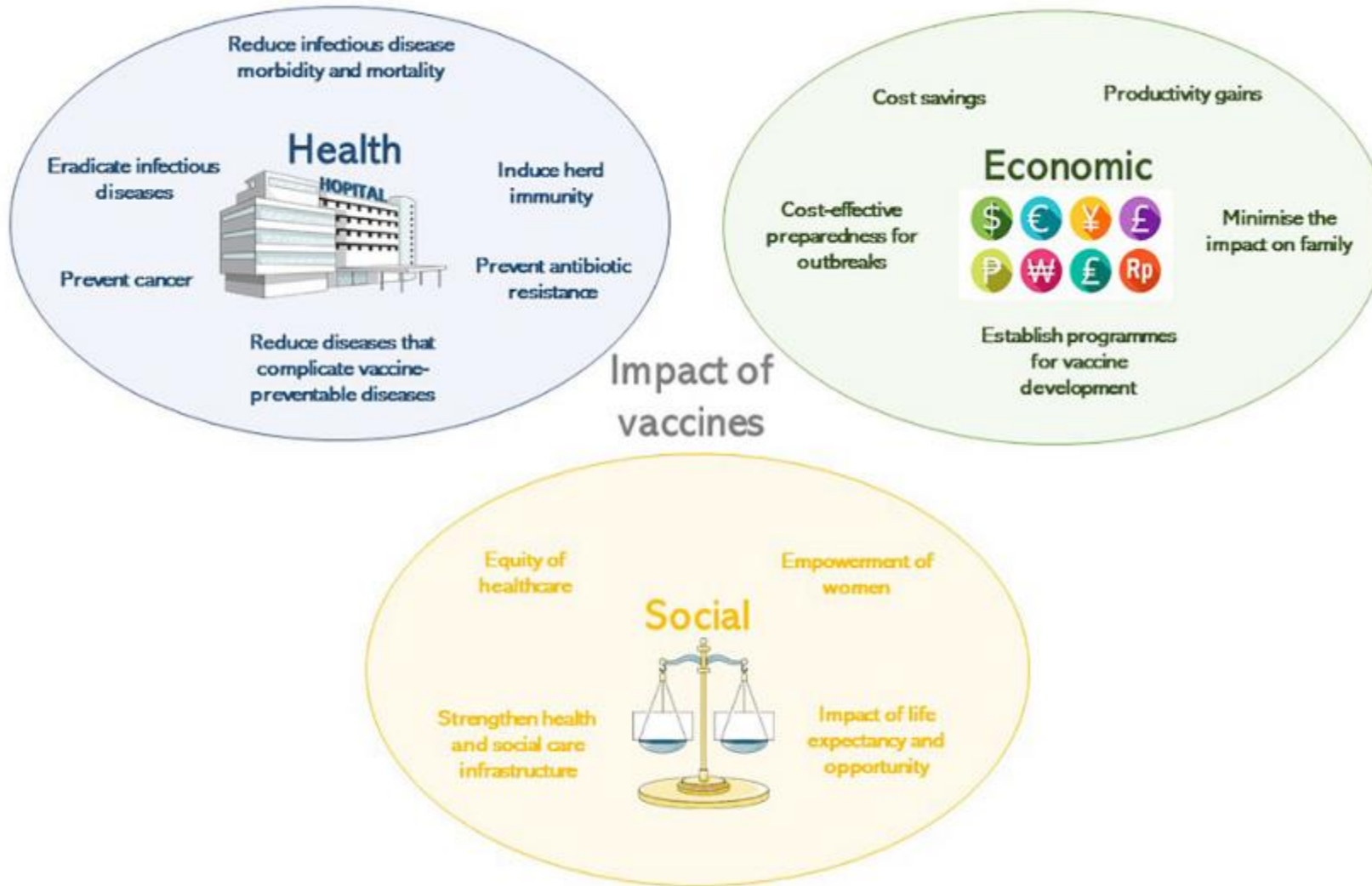
Medicine

- Primary focus on individuals and caring for those who are ill



Creative commons

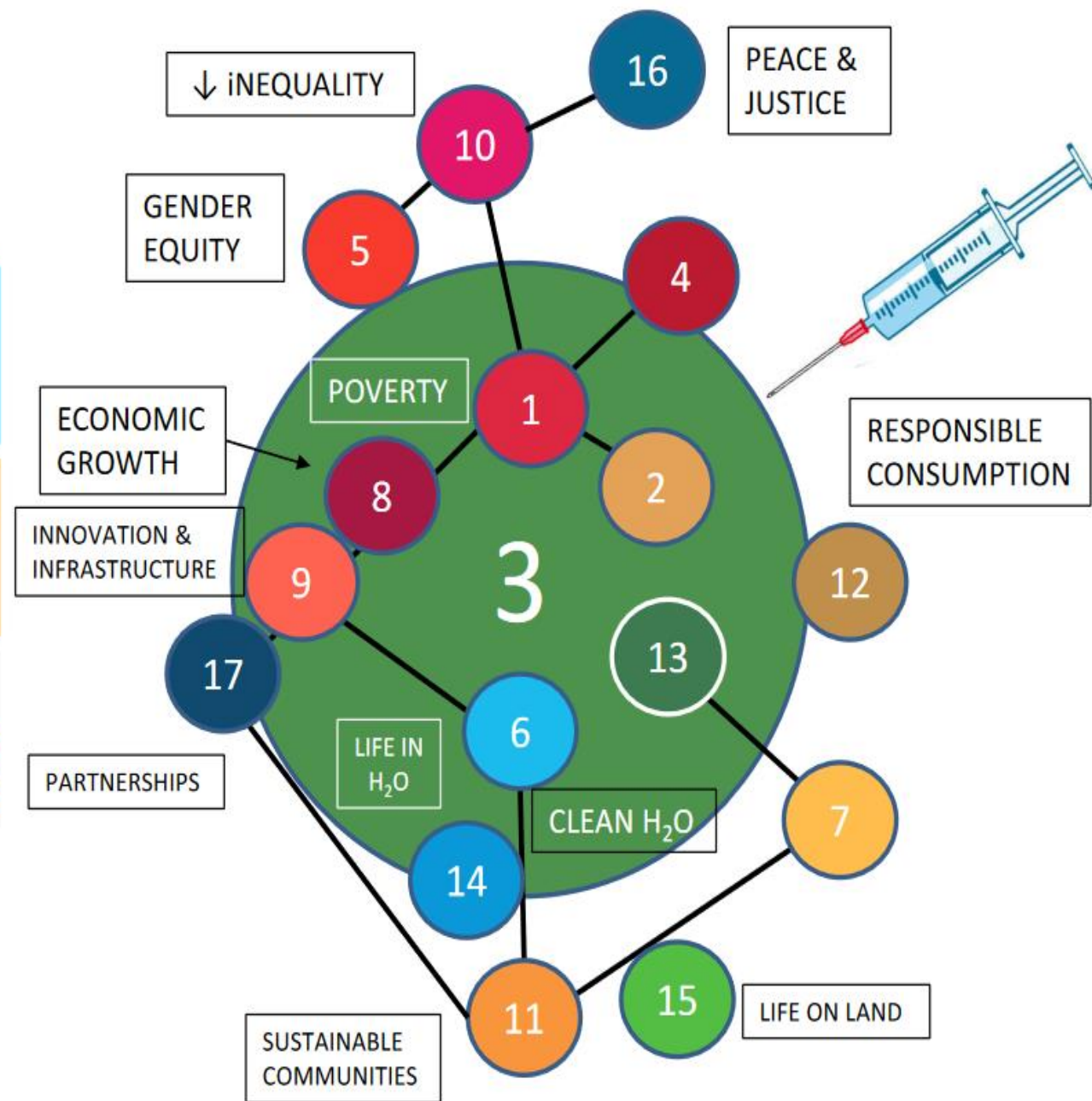
Impacts of Immunization: Health, Economics, Society, and Life Expectancy



SUSTAINABLE DEVELOPMENT GOALS



Courtesy of Prof. David Salisbury





Global news.ca



macleans.ca



cambscommunityservices.nhs.uk



Thank You! Obrigado! Salamat! Merci!

Vielen Dank! Gamsahabnida! ¡Gracias!

धन्यवाद! Arigatōgozaimashita! Спасибо!

Mahalo! Grazie! Xièxiè! Shukraan jzyla!

**MESSAGES OF SUPPORT TO OUR
FRONTLINE WORKERS!**



cchealth.org



BBC



The Independent



Al Jazeera



The Guardian UK



NY Times

Martin & Vanderslott
 “Any idea how fast ‘It’s just a mask!’ can turn into ‘It’s just a vaccine!’”:
 From mask mandates to vaccine mandates during the COVID-19 pandemic.

Vaccine. 2022 Dec 5;40(51):7488-7499

Politicians also jumped in

- some with very strong opinions!



“We can't just be bloody-minded about this when a policy lever that we pulled is no longer useful....” -
Alberta Premier Jason Kenney Mar 2022

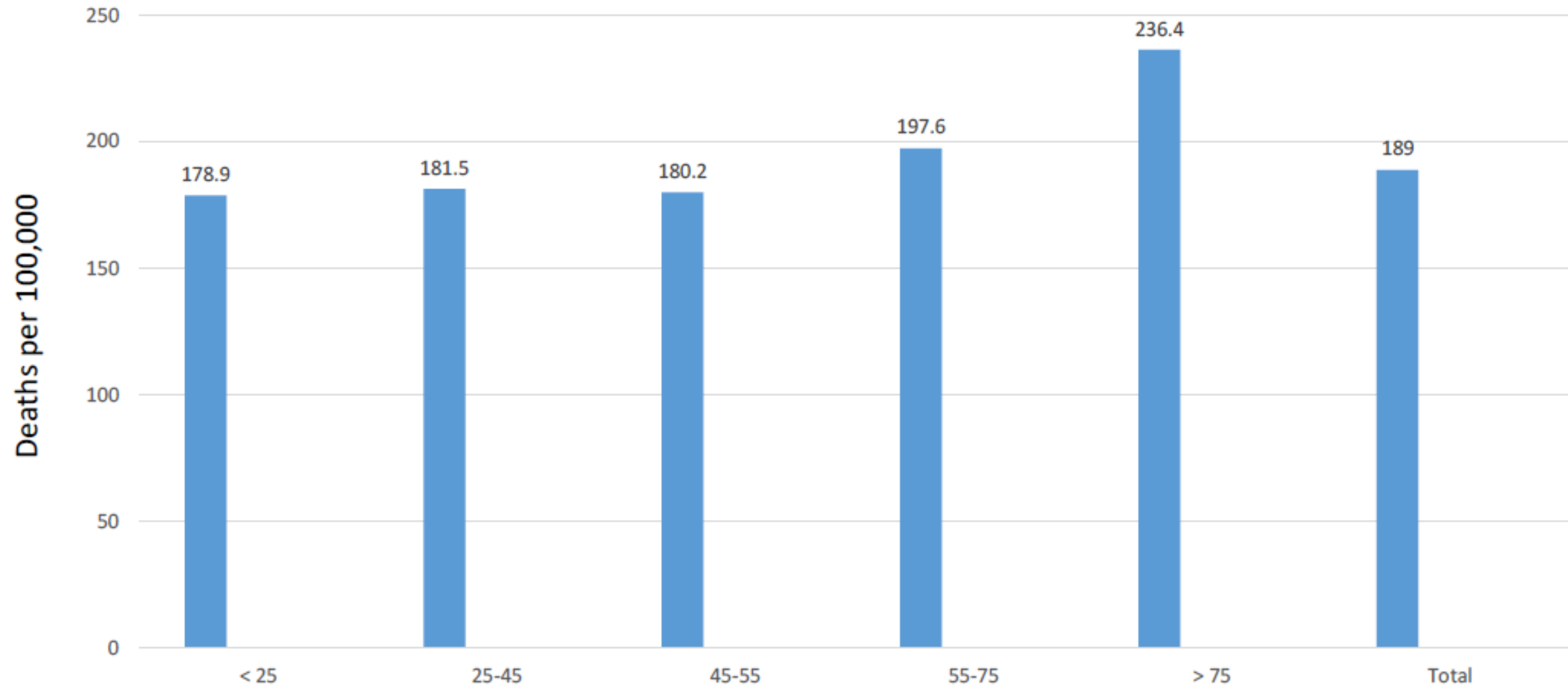


Time



The Telegraph

USA: COVID deaths per 100,000 residents by percent voting for Trump



Albrecht (2022). *BMC Public Health* 22:96
<https://doi.org/10.1186/s12889-021-12432-x>

MacDonald, Ricciardelli, Comeau 2023

**Some Immunizers who
were targeted and
vilified
– saw themselves as
failures
-not felt supported by
system**

<https://www.reuters.com/world/europe/austria-mourns-suicide-doctor-targeted-by-anti-vaccine-campaigners-2022-07-30/>

MacDonald, Ricciardelli, Comeau 2023



The outcome.....
moral distress and moral injury,
without recourse

Moral Distress

BMA

- Not yet included in the DSM
- Psychological unease generated where professionals identify an ethically and morally correct action but are constrained in their ability to support that action.
- Feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles.

Moral distress and moral injury
Recognising and tackling it for
UK doctors

<https://www.bma.org.uk/media/4209/bma-moral-distress-injury-survey-report-june-2021.pdf>

Moral Injury

- Damage to an individual's soul.
- Involves a deep emotional wound and is unique to those who bear witness to intense human suffering and cruelty.
- Can arise when one feels undervalued and underappreciated in their occupational endeavors by the very people their interventions intend to help.
- War veterans, military personnel, first responders, rape victims, refugees, amongst ones usually listed – but also in health care providers.

- Can lead to:



A “betrayal of ‘what’s right’ by someone who holds legitimate authority in a high stakes situation”

Moral Injury

Symptoms/ Feelings:

- Guilt
- Distrust
- Shame
- Loss of meaning and purpose
- Anger
- Negative self-talk
- Sense of betrayal
- Hurt

• Changes in Behaviour:

- Self-isolation
- Difficulties concentrating
- Hypervigilance
- Social problems
- Avoidance of certain people or locations
- Compulsive behaviors
- Drastic changes in worldview
- Demoralization
- Intrusive memories
- Self-harming behaviors



It's Not Burnout: it's Moral Injury



Competing Institutional Agendas

Financial Stress

Hyper-responsibility

Barriers to Patients

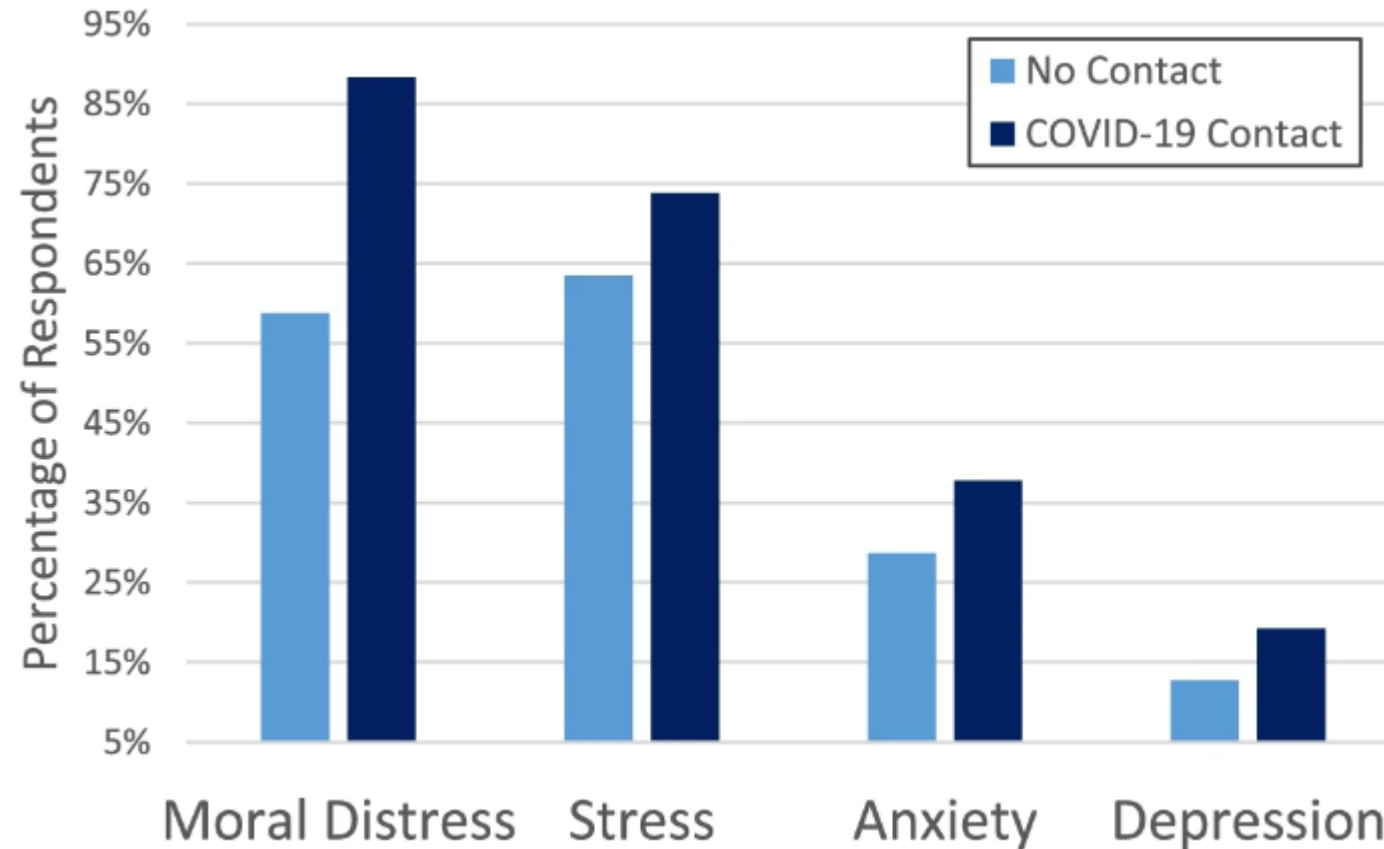


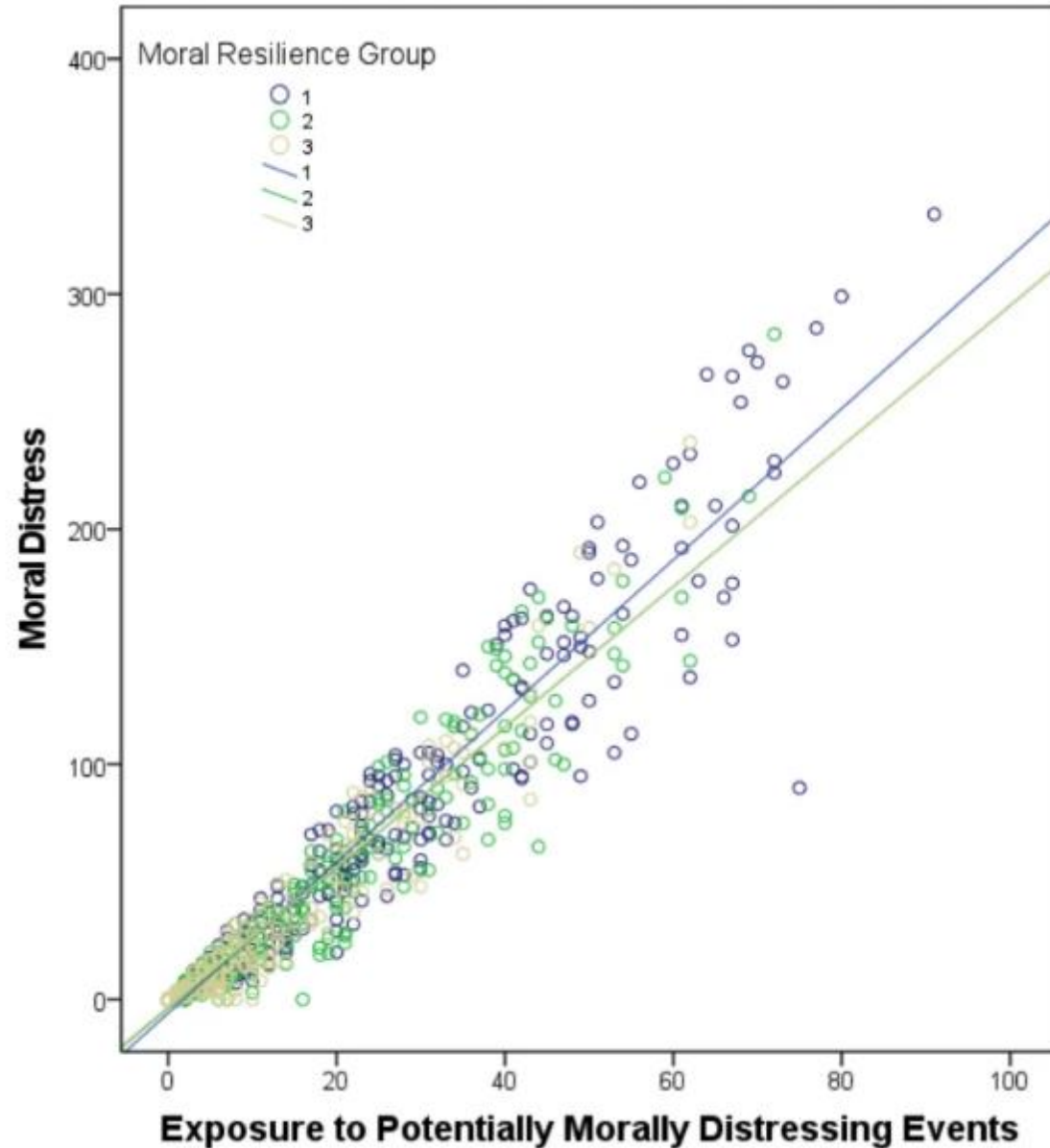
Moral Injury

moralinjury.healthcare

https://www.medscape.com/viewarticle/915097_2

Moral distress, stress, anxiety, depression amongst HCPs with and without contact of COVID patients





Factors Associated with Higher Moral Resilience

Male

Older age

Not having a reported mental health disorder

Being able to sleep more

Higher level of support from colleagues and from employer

Spilg et al. (2022). *BMC Psychiatry*, 22(1):1–12

Between HCP: Strategic Silences & Eroded Trust

Polarization on COVID vaccines, mandates etc. not just amongst public.

Belgian study of HCPs:

- Difficulties discussing Covid-19 vaccination with peers and patients.
- Unvaccinated HCPs feared talking to peers and colleagues.
- Vaccinated HCPs spoke amongst themselves.



- *“We discuss it a lot among colleagues because there is a particular form of suffering in treating the unvaccinated. A certain frustration, I would say, in treating or in losing — because people die—the unvaccinated, who could have avoided that for themselves and for us, had they been vaccinated.”*

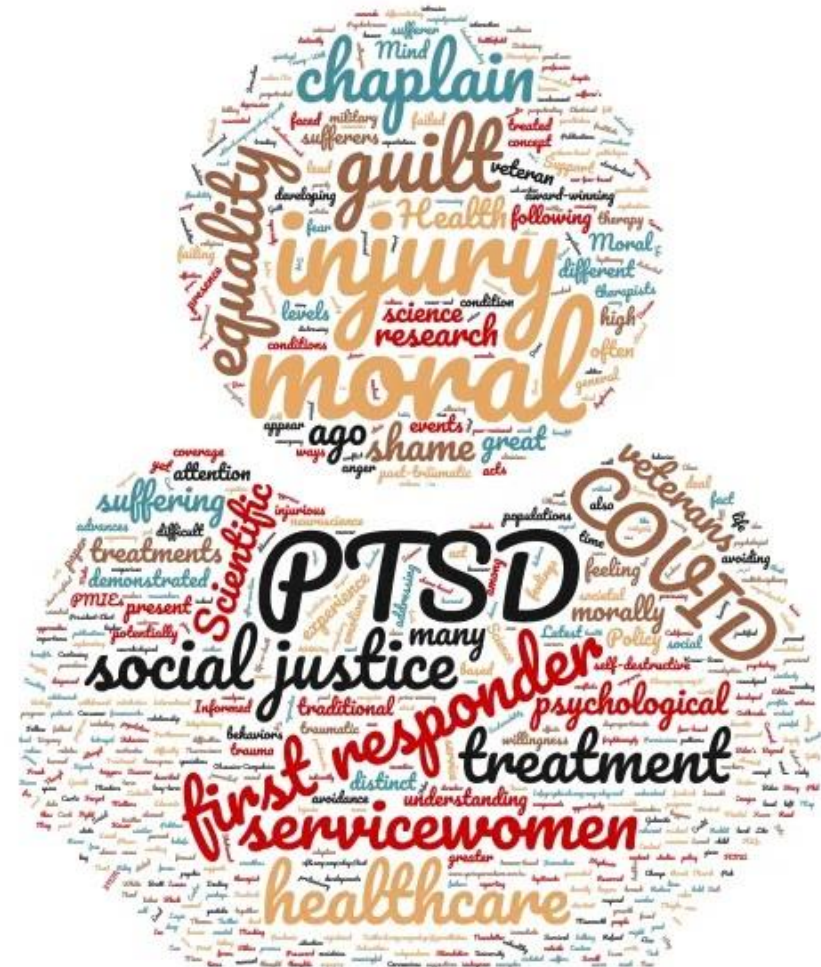
•Heyerdahl et al. (2022). *Vaccine*. 2023; 41(4):883-891 DOI: [10.1016/j.vaccine.2022.10.048](https://doi.org/10.1016/j.vaccine.2022.10.048)

Causes of Moral Distress and Injury in HCP

- Vary
 - Similar finding across countries
 - Repeated exposures increase risk
- *Lack of agency to make the best decisions for patients.*
 - *Insufficient resources or non-existent resources to provide care to suitable professional standards.*
 - *Witnessing poor standards of care.*
 - *Practical experience of medical care clashing with ethical standards taught at medical school and doctors' own personal ethical standards.*
 - *Complicity in wrongdoing.*
 - *End-of-life care decisions.*

Moral Injury and
Distress are
Versatile in Shape,
Form, Harm Caused
and Impact.....

Public Health &
Immunizers



Validated Survey Tools for Moral Injury

- 9-item Moral Injury Events Scale (MIES) developed in diverse armed forces samples*



to 12- 20 -45 item questionnaires



MISS-M-SF (10 items)**



MISS-HP***



MISS-HP assesses 10 dimensions of moral injury:

- betrayal, guilt, shame, moral concerns, loss of trust, loss of meaning, difficulty forgiving, self-condemnation, religious struggle, and loss of religious/spiritual faith.

*Nash WP et al. (2013). *Mil Med.* 178:646–52

**Koenig et al. (2018). *Mil Med.* 11/12:e659

***Mantri et al. (2020). *J Relig & Health* 59:2323-2340

How *should* we respond to moral injury and distress?

- Employer responses?
- Public responses?
- Community responses?
- Legislative responses?
- Organizational/institutional responses?
- Patient responses?
- Friends and families of patients responses?
- Responses to those perpetuating the injury?
- Responses to colleagues?
- Responses to management/supervisors?
- Personal responses?



Not addressing moral injury is unethical



“Physicians *and HCP* are smart, tough, durable, resourceful people. If there was a way to MacGyver themselves out of this situation by working harder, smarter, or differently, they would have done it already.”

Talbot & Dean

<https://www.doctorlifeline.org/#:~:text=%22Physicians%20are%20smart%2C%20tough%2C,MD%20and%20Wendy%20Dean%20MD>

What can each of you do?

What can all of us do?

- How can you support your colleagues and loved ones?
- How can we prevent harm – hard to watch, hard to experience?
- How can you support yourself and reduce harm?
- Need proactive ways to manage the hurt, what does this look like?
- Protecting ourselves, colleagues, and loved ones as well as the profession ... where to start and to what objective?



Steps to Address Moral Injury in HCP Including in Public Health and Immunizers

Burnout treatments NOT the way forward unless also coexist.

For Moral Injury and Distress:

1. Start talking about it; include in curriculum & CME/CNE (CIC poster 2023)

- do not pretend it does not exist
- listen and share
- remember, no one is alone, which helps build resilience
- ensure institutional support/opportunities

2. Clear boundaries around roles

- not everyone can be saved with immunization
- cannot persuade everyone to be immunized
- provide institutional support
- requires sufficient resources to do job



3. Take Care of Immunization Program Speakers & Immunizers

Speakers: Personal Safety

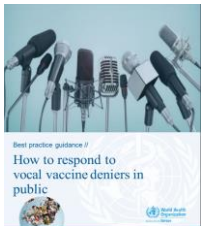
Never deliver your arguments alone; have colleague with you

Have an exit strategy

Never provide private information e.g. home address, etc.

Do not ignore threatening emails or letters - trolls

Trust instincts and see decision tree in the Best Practice Guidance



https://www.euro.who.int/__data/assets/pdf_file/0005/315761/Vocal-vaccine-deniers-guidance-document.pdf

Immunizers: Personal Safety

Personal Protective Equipment, etc.

Safety training

Assess safety in area

Consider need for protection

Never alone; exit strategy

Ensure ability to contact program/help

<https://www.who.int/news/item/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who>

4. Advocate for societal support and ensure boundaries are maintained

- picketing PH workers homes or vaccine clinics *is* not acceptable
- value of community speaking up in support
- may need intervention from authorities to prevent picketing

5. Anticipate need for psychological support

- support growth of moral resilience
- institutional opportunities & support to get help
- cognitive processing therapy, etc.
- talk about the harm caused, *“together we’re stronger”*



6. More research

- diagnosis, prevention, treatment (is DSM inclusion the way forward?)

**Immunization benefits us all....
For a strong and healthy immunization team.....
we must recognize and tackle moral injury....**

