Purpose/Objectives: To explore the topic of moral distress in nurses related to witnessing futile care.

Data Sources: Literature related to moral distress and futility; analysis of narratives written by 108 nurses attending one of two national continuing education courses on end-of-life care regarding their experiences in the area.

Data Synthesis: Nurses were invited to share a clinical situation in which they experienced moral distress related to a patient receiving care that they considered futile. Nurses described clinical situations across care settings, with the most common conflict being that aggressive care denies palliative care. Conflicts regarding code status, life support, and nutrition also were common. Patients with cancer were involved quite often, second only to geriatric patients and patients with dementia. The instances created strong emotional responses from nurses, including the need for patient advocacy and that futile care was violent and cruel. Important spiritual and religious factors were cited as influencing the clinical experiences.

Conclusions: Instances of futile care evoke strong emotional responses from nurses, and nurses require support in dealing with their distress.

Implications for Nursing: The ethical dilemma of futile care is complex. Additional research and support are needed for patients, families, and nurses.

Key Points . . .

➤ Issues of medical futility have arisen as healthcare technology has made life-prolonging treatments possible.
➤ Nurses experience moral distress when they witness care that they consider futile.
➤ Nurses require emotional and spiritual support in instances of moral distress arising from futile care.

Understanding the Moral Distress of Nurses Witnessing Medically Futile Care

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Medical futility, defined as life-sustaining care that is highly unlikely to result in meaningful survival, has become a topic of increased attention (Brody, Campbell, Faber-Langendeno, & Ogle, 1997; Callahan, 2003). Prominent cases depicted in the media combined

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