

Moral Distress in Medical Students

Issue:

Moral distress is the psychological discomfort experienced by physicians and trainees when they know the right action to take but are prevented from doing so by constraints, leading to feelings of powerlessness, anger, and frustration. While the issue of moral distress has been studied in nurses and physicians, its extent and implications are not as well understood in medical students. There is some research that suggests medical students do experience such distress, particularly during clerkships when they are interacting with patients. Identification and implementation of solutions to address this challenge are ongoing.

Background:

Medical students participate in structured learning to become physicians. Beginning in the third year of medical school, many students start core clerkships, transitioning their learning from classroom-based education to clinical rotations. Although timing can vary depending on how their medical school education is structured, these clerkships involve interactions with health care systems and patients. The complexities of caring for humans become real, including possible distress at witnessing problems that impact patient care. The ideal care presented in the classroom can be misaligned with the reality of complex systems which can include over-worked clinicians, poor communication between members of the health care teams, turf wars among clinical disciplines, lapses of professionalism in faculty members or staff, and health care inequities. These inequities may include disparities in insurance coverage, longer wait times for critical procedures and lack of access to recommended preventive services and treatments. In 1984, Andrew Jameton first described “moral distress” as the “experience of knowing the right thing to do while being in a situation in which it is nearly impossible to do it.” In the context of medical students, Lomis et al. explain moral distress as occurring when a trainee perceives a situation or behavior as undesirable but refrains from addressing the problem due to their position within the hierarchy of authority. Reasons for refraining may include fear of the impact on their future career or perceived lack of knowledge and experience. The term “moral injury” has also been used in the literature. This refers to the persistence of the distress.

Such moral and ethical concerns exist throughout the learning continuum and continue during professional practice. The AMA Code of Medical Ethics acknowledges this significance. [Opinion 1.1.7, Physician Exercise of Conscience](#), states that physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination. Physicians are not defined solely by their profession. They are *moral* agents in their own right and, like their patients, are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. For some physicians, their professional calling is imbued with their foundational beliefs. The expectation that physicians will put patients’ needs and preferences first may be in tension with the need to sustain *moral* integrity and continuity across both personal and professional life. It is important for physicians to have the ability to act or choose not to act according to their personal conscience. This helps maintain both the integrity of the medical profession and the trustworthiness of individual physicians, which patients and the public depend on. When following conscience, physicians should thoughtfully consider whether and how significantly an action (or a decision not to act) will undermine their personal integrity, cause emotional or moral distress, or compromise their ability to provide care for the individual patient and others.

Medical students are at a very early and vulnerable point in their physician journey making moral distress related to patient care complex and intense experiences that may impact their professional development. While tools have been developed to measure moral distress in trainees, additional work is warranted to address and diminish this form of stress among medical students.

Potential Strategies:

Morally distressing scenarios can serve as transformative learning experiences for medical students when identified and thoughtfully addressed. Medical students may become better equipped to manage or reduce moral distress as they progress toward becoming physicians by examining the nature of moral distress, reflecting on their responses to these challenges, and evaluating how their perceptions shape their professional development. A structure that fosters transparency, such as a faculty-facilitated forum in which students can share challenging situations and discuss them together, provides guidance for this type of reflection. Such efforts can create lasting impressions and build essential skills. Additional strategies to consider include:

- Encouraging robust medical ethics education for students that demonstrates both academic and clinical value
- Incorporating training for students and faculty on effective communication with colleagues and superiors
- Supporting faculty development to promote positive role modelling and mentoring of medical students
- Encouraging medical schools to continue to create and provide a nurturing, psychologically safe environment that fosters open dialogue, anonymous reporting, and constructive feedback
- Supporting further research into moral distress in medical students and identifying effective resources to address it

Moving Forward:

AMA policy supports medical students and their well-being. Existing policies include:

- [1.1.7 Physician Exercise of Conscience](#)
- [Medical Staff Committees to Assist Impaired or Distressed Physicians H-235.977](#)
- [Redefining the Definition of Harm D-315.972](#)
- [Programs on Managing Physician Stress and Burnout H-405.957](#)
- [Factors Causing Burnout H-405.948](#)

AMA Resources:

The AMA has developed resources to assist physicians and trainees as they navigate issues related to burnout in order to support their own well-being.

- [AMA resources for medical students](#)
- [AMA Medical Student Section](#)
- [ChangeMedEd®](#)
- [AMA EdHub™](#)
- [AMA Policy Finder](#)
- [AMA Council Report Finder](#)