

**Submission Id:** 4801

**Title**

*You're doing everything you possibly could do, and you know it's not enough":  
Family physician narratives of moral distress*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

Context: Family physicians working with patients experiencing inequities have witnessed their patients' health care needs proliferate during the pandemic. This increase in patient need, in addition to increased workload demands rooted in current remuneration structures, has led to proliferating reports of family physician burnout and possible experiences of moral distress. The moral distress of physicians who cannot provide adequate care due to systemic deficits is not foregrounded in contemporary discussions about health care access and quality.

Objective: The purpose of this study was to understand how family physicians describe their experiences of moral distress in providing care to patients affected by health needs related to social inequities.

Study Design and Analysis: This study was a critical narrative inquiry informed by the analytic lens of moral distress.

Setting: This research was conducted with family physicians working across Ontario, Canada.

Population Studied: Family physicians who identify as working with patients experiencing health needs related to social inequities.

Intervention/Instrument: Each participant was invited to participate in two unstructured narrative interviews.

Outcome Measures: Physician narratives of moral distress in providing care to patients affected by health needs related to social inequities.

Results: Twenty family physicians were recruited, and their stories of moral distress were linked to policies governing physician remuneration, scope of practice, and the availability of social welfare programs, as these structural elements rendered them unable to get patients the supports and resources they need.

Conclusions: Family physician stories of moral distress were in relation to structural and systemic factors such as racism, colonialism, and drug, mental health, and housing policy. This finding provides impetus for critically interrogating how health and social welfare systems must be reformed to both improve the health of patients, and to improve the professional quality of life for family physicians in an effort to increase retention and recruitment.