Re: Vanyo et al PTSD in Emergency Medicine Residence

We read with interest this perspective piece on PTSD in EM residents in the US. The addition of the new exposure criteria to the DSM V[1], those of witnessing events or being exposed to aversive details of these traumatic events would lead us to consider many emergency medicine and pre-hospital care practitioners to be potentially at risk of PTSD..

We ask the authors to consider another conceptualisation of the psychological harms which may be attendant on practicing emergency medicine, that of 'moral injury'. After the writings of Jonathan Shay[2] and Brett Litz[3] and colleagues we have been exploring the possibility that the moral injuries suffered by military personnel might also affect pre-hospital and emergency medicine practitioners. Shay writes about moral injury as the consequence of 'the betrayal of what's right', either by a person in authority (such as ones commanding officer) or by oneself in a high stakes situation. Litz further developed the concept to encompass the witnessing of those events which contravene deeply held beliefs as well as the effects of personal failure including feeling unable to have done enough to right these wrongs. In medicine, many practitioners have chosen the profession as a result of beliefs about the role they could have in improving the lives of others, combatting disease and pushing forward the boundaries of medicine for the common good. In pre-hospital and emergency medicine there are even greater parallels to be drawn with combat situations where EM practitioners repeatedly undertake personal risks to aid and rescue patients, and witness first hand acts of violence and terror. Despite the best attempts of these physicians, paramedics and nurses, lives are devastated, people cannot be protected from the harms visited on them by trauma, tragedy, terrorists and criminals. Medicine is not enough.

Just as Shay, Litz and others point out, standard conceptualisations of PTSD are not enough to encompass these experiences which usually have effects which outlast other PTSD symptoms and result in intractable guilt, shame and social withdrawal. To find one's moral code violated by the work one has undertaken, when that work brings one into proximity with traumatic events visited on those one has sworn to help, is only human. It is in no way disordered to be increasingly distressed by such things and we are now thinking about the value of not just talking an experience through but really processing the moral aspects of it. It may be that re-affirming personal and collective beliefs in the purpose of the work of medicine is useful. No amount of standard debrief or wellness intervention can take away the effect of witnessing some of the harms human beings visit on one another and when the effect on staff wellbeing is caused by a violation of their moral code, perhaps the treatment should focus on addressing this, versus simply building resilience.

References

1. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC 2013
2. Shay J. Moral Injury. *PsychoanalPsychol*2014;31,2:182-191
3. Litz B T, Stain N, Delaney E, et al. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy ClinPsycholRev2009;29:695-706