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EDITORIAL

Beyond resilience: Addressing moral injury in modern health care

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SUMMARY

Moral injury, once a military term, now describes clinician distress when healthcare systems force actions against ethical values. Systemic pressures and the COVID 19 pandemic have intensified this harm, leading to burnout. The editorial calls for systemic reforms—education, workload, and culture—rather than relying on individual resilience. It promotes organizational advocacy, recognition of inequity, and small daily acts of moral restoration. True healing requires aligning healthcare structures and personal practice with medicine's core moral commitments.

Key Words: Moral injury; Burnout; Healthcare personnel; Ethics; Healthcare reform

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The concept of moral injury, once confined to military psychology, has become an increasingly relevant lens through which to view clinician distress and burnout in modern healthcare systems. Physicians face moral injury when systemic pressures force them to act against their ethical commitments—to ration care, rush consultations, or navigate bureaucratic failures that compromise patient outcomes. The COVID-19 pandemic magnified these pressures, leaving many clinicians psychologically depleted. This editorial argues for systemic redesign over individual resilience, including reforms in medical education, workload structures, and workplace culture. It advocates for professional organization, acknowledgement of social inequities, and "micro-divestments" as daily acts of moral realignment. Healing moral injury requires both systemic and personal transformation—aligning care systems with the values that originally drew clinicians to medicine.

When doing the right thing hurts

The term moral injury describes the psychic pain that occurs when one's actions, under systemic constraint, violate one's inner moral compass.[1] For today's doctors, this concept resonates deeply. Too often, clinicians must battle bureaucratic inefficiency or cost-containment policies simply to secure basic care for their patients. On The Health Design podcast, a general practitioner shared how an urgent inflammatory bowel disease referral was downgraded to "routine," prompting days of advocacy to correct the error.[2]

This is the moral cost of medicine: expending emotional and physical energy not to heal, but to navigate institutional barriers that should not exist. In essence, doctors are fighting systems that should be fighting for their patients.

The systemic roots of moral distress

Even before COVID-19, the healthcare system's failure to adapt to the rising burden of complex, multimorbid patients was evident. Primary care became a locus of moral distress: clinicians rationing time,

empathy, and energy within chronically underfunded structures.[3]

The pandemic deepened these fractures. As systems faltered, clinicians absorbed the trauma—witnessing suffering they could neither fully treat nor prevent. The result is a profession carrying a silent, collective wound that demands more than rest or mindfulness to heal.

Redefining medicine's cultural contract

Moral injury cannot be repaired through self-care alone. Meditation and nervous system regulation can ground individuals, but they do not redesign systems.[4] Medicine must abandon its mythology of martyrdom. Sustainable practice requires humane limits and honest conversations about trade-offs—between access and quality, income and balance, endurance and empathy.

Educational reform offers a long-term path forward. Debt relief, free medical education in exchange for community service, and restructured residency training could make medicine viable without sacrificing well-being. Likewise, older clinicians—too often excluded through ageist assumptions—should be welcomed back into flexible, advisory, or part-time roles that sustain institutional wisdom. Essentially, resilience is not the cure for moral injury—redesign is.

From individual survival to collective action

Neither market-driven nor publicly funded systems have yet achieved the right equilibrium between efficiency and ethics. Clinicians must organize and collectively demand conditions that allow for safe, ethical practice. Unionization and policy engagement are acts of preservation, not rebellion.

The same call for integrity extends beyond healthcare delivery. Social inequities—especially racism—reflect and reinforce institutional harm.[5] The rollback of diversity, equity, and inclusion initiatives in the United States exemplifies a moral retreat that undermines both staff well-being and patient trust.

Living our values in a weary world

Healing begins wherever integrity is chosen. "Micro-divestments"—supporting privacy-respecting digital platforms, boycotting exploitative corporations, aligning spending with ethics—remind us that moral agency is still within reach.

Ultimately, health care's renewal depends on re-anchoring systems to human values. Physicians should not need to harm themselves to help others. When care and compassion are supported by design rather than extracted through sacrifice, medicine can once again live up to its promise—to heal without harming the healer.

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