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Abstract: Moral distress is classically defined as knowing the right course of action but being unable to act due to constraints. This topic has been widely studied in nursing and other healthcare professions yet remains underrecognized in anatomic pathology. This work explores the concept of moral distress as experienced by Pathologists' Assistants (PAs), expanding beyond traditional definitions to include moral conflict, uncertainty, and systemic pressures within laboratory practice. Through qualitative synthesis of professional experiences and ethical frameworks, we identify recurring contributors to moral distress among PAs, including hierarchical decision-making structures, productivity pressures, inconsistent institutional standards, understaffing, and compromised specimen integrity. These factors often create tension between professional responsibility to ensure diagnostic accuracy and accountability to institutional demands, resulting in psychological distress, burnout, and moral residue. We further outline common responses to moral distress: acquiescence, assertiveness, and withdrawal. Methodology and Background Rationale: This review examines moral distress in healthcare and its relevance to PAs. Bioethics literature was reviewed to define moral distress, identify its causes and consequences, and explore management strategies. Examples from practicing PAs and PA students were used to illustrate its impact in anatomic pathology. Discussion: Moral distress extends beyond institutional constraints and may arise from ethical conflict, uncertainty, hierarchy, and competing professional obligations. For Pathologists’ Assistants, common sources of moral distress include: •Pressure to prioritize productivity over quality •Understaffing and unsafe workloads •Inconsistent standards and expectations •Dismissal of professional expertise •Ethical boundary concerns •Lack of organizational support These experiences can contribute to burnout, reduced job satisfaction, and workforce attrition. Addressing moral distress requires both individual strategies and organizational commitment to ethical practice, psychological safety, and professional respect.	Theme	Core Issue	How Moral Distress Manifests	Representative Examples (Generalized)
	Patient Harm vs. Instructions	Conflict between ethical obligation to the patient and directives from others	Feeling forced to choose between following orders and protecting diagnostic integrity	Being told not to submit all appropriate tissue from a cancer specimen; pressure to alter or shortcut specimen handling that could affect diagnosis or staging; requests for tissue banking on small specimens that should be entirely submitted for diagnosis
	Compromised Specimen Integrity	Practices that knowingly degrade specimen quality	Distress from participating in or witnessing suboptimal handling	Delayed or inadequate fixation of breast specimens; fresh tissue degrading due to missed cutoffs by clinical team; inappropriate decalcification shortcuts; inappropriate tissue banking
	Inconsistent or Arbitrary Standards	Lack of clear, consistent expectations	Chronic anxiety, gaslighting, and fear of punishment	Different rules for different PAs; expectations changing day-to-day with no written policy; Institutional policies or requests not in line with established protocols set forth by CAP, AJCC, CoC or Grossing Guidelines
	Understaffing and Unsafe Workloads	Chronic staffing shortages	Moral distress from rushing, fatigue, and fear of errors	Solo coverage; excessive hours; pressure to stay late to “get it done”
	Turnaround Time Over Quality	Productivity prioritized over quality and safety	Feeling complicit in care that prioritizes speed over accuracy	Being pushed to meet unrealistic TATs despite under-fixation or specimen complexity
	Disrespectful or Toxic Behavior	Hostile or unprofessional workplace culture	Emotional harm, burnout, and moral residue	Verbal abuse, public disparagement of colleagues, bullying normalized by leadership
	Role Misuse and Scope Creep	Assigning complex work to unqualified staff	Distress from knowing patient care is compromised	Request from leadership for PAs to train non-PA staff to gross complex cases
	Favoritism and Inequity	Unequal treatment driven by personal relationships	Loss of trust in leadership and systems	Prioritizing certain surgeons’ cases; managers protecting toxic staff due to personal ties; romantic entanglements
	Moral Injury Spillover	Impact beyond the workplace	Long-term emotional, physical, and family consequences	Pregnancy complications, childcare strain, lasting trauma despite leaving the role
	Exit as the Only Remedy	No internal path to resolution	Collective resignation as the only effective change mechanism	“Mass exodus” of PAs forcing temporary staffing and organizational change
	Perry’s Five-Step Framework offers a practical approach to managing moral distress: •Recognize moral concerns •Gather the facts •Explore available options •Evaluate ethical and practical implications •Act and review outcomes to promote future improvement			Conclusion: Moral distress is a significant but underrecognized challenge for Pathologists’ Assistants. Rather than reflecting individual ethical failings, it often arises from systemic barriers that limit the ability to practice in accordance with professional values and standards. Recognizing moral distress, creating opportunities for open discussion, and implementing strategies to address its root causes can strengthen professional integrity, improve workforce retention, and support high-quality patient care. Greater awareness of moral distress within anatomic pathology is an essential step toward building ethical, supportive, and sustainable practice environments. References: see attached paper for references.