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LETTER TO THE EDITOR

Critical Incident Stress Debriefing

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Dear Editor,

We read with interest the paper by Delany et al. (2021) on supporting clinical staff after stressful events. We were surprised by the authors' apparent support for Critical Incident Stress Debriefing (CISD). Although they refer briefly to evidence that this practice may be harmful, this does not seem to deter them from advocating it.

We suggest that the evidence against CISD is of sufficient strength that it should have no place in routine practice. A Cochrane review of the subject (Rose et al. 2002) concluded there was no evidence that CISD reduced psychological distress, and possibly increased the risk of post traumatic stress disorder (PTSD). The authors recommended that it should not be used routinely. A systematic review under the auspices of the American Red Cross (2010) was even firmer, stating "CISD/CISM interventions have not been shown to be effective in either eliminating or lessening the development of PTSD and should not be used for rescuers following a potentially traumatizing event".

More fundamentally, this paper blurs the boundaries between clinical ethics and psychotherapy. While clinical ethics consultation may reveal the need for informal and formal processes to manage complexity, uncertainty, conflict and/or moral distress, including mediation, counselling and referral for legal advice, the primary role of clinical ethics consultation is to assist health professionals in identifying, analysing and resolving ethical issues that arise in clinical practice. The psychological welfare of clinicians should be guided by those with more specific expertise.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

References

Delany, C., S. Jones, J. Sokol, L. Gillam, T Prentice. 2021. Reflecting before, during, and after the heat of the moment: A review of four approaches for supporting health staff to manage stressful events. *Bioethical Inquiry* 18: 573–587.

Rose, S.C., J. Bisson, R. Churchill, S. Wessely. Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews 2002, Issue 2. Art. No.: CD000560. https://doi.org/10.1002/14651858.CD000560. Accessed 07 April 2022.

American Red Cross Advisory Council on First Aid, Aquatics, Safety and Preparedness. 2010. ACFASP Scientific Review: Critical Incident Stress Debriefing. https://www.redcross.org/content/dam/redcross/Health-Safety-Services/scientific-advisory-council/Scientific%20Advisory%20Council%20SCIENTIFIC%20REVIEW%20-%20Critical%20Incident%20Stress%20Debriefing.pdf. Accessed 8 April, 2022.