**Optional Highlights**

1. Terminations of pregnancy beyond the point of fetal viability are necessary in several instances. "Feticide" involves an invasive action usually performed by an obstetrician specializing in maternal-fetal medicine. The procedure is anchored in law, but its availability ultimately depends on the consent of the performing physician, as by virtue of its technical and psychological complexity, every physician is given the opportunity to refuse to perform the operation.
2. In light of our findings, there is no doubt that many of the experiences and feelings that physicians describe relate to ethical issues and the moral distress that arises from performing feticide. However, it should be emphasized that our interviewees recognize feticide as a legitimate clinical procedure and conceptualize the practice of feticide as difficult but necessary.
3. Moral distress is a silent epidemic that undercuts physicians' efforts to promote professionalism as well as empathetic medicine. Recognizing the ubiquity and impact of moral distress is crucially important. Abortion providers may experience considerable ambivalence in their work, because abortions are often regarded socially as a necessary task but also seen as morally dubious.
4. Medical professionalism has created an expectation for physicians to be in control of the situation as well as of their emotions. Consequently, the internal distress of physicians is often expressed outwardly by withdrawal or detachment from complex situations. When physicians cannot identify or name the cause of their distress, they are left with ambiguous anguish without adequate ways to uproot and rectify their feelings.
5. A work environment that facilitates structured ethical discussions, collaborations, and discourse among various caregivers may aid in creating a moral climate where emotions and ethical concerns can be discussed openly and constructively. We believe this might relieve some of the physician's sense of burden and reduce burnout.