[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Makenzie Doubek, a third-year law student at DePaul University College of Law, where she is a Jaharis Health Law Institute fellow and serves on the program team and the programming team. Makenzie has also served as a legal scholar at the American Medical Association, where she worked with the Ethics Group. She’s here to discuss her article, coauthored with Scott Schweikart, “Why Should Physicians Care About What Law Says About Turfing and Dumping Patients?”, in the December 2023 issue of the Journal, Belonging, Placement, and Turfing. Makenzie, thank you so much for being on the podcast. [music fades]

MAKENZIE DOUBEK: Thank you for having me.

[00:00:56] HOFF: To begin with, what is the main ethics point that you and Scott are making in this article?

DOUBEK: I think the key point we were trying to convey is that although there has been progress made to secure medical treatment for all people, for example, through laws like EMTALA, the act of patient turfing and the lack of legal repercussions for doing so has continued to contribute to the discrepancies in our health care system.

[00:01:19] HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

DOUBEK: I think the most important takeaway for them is not only just to know what turfing is, but it also gives them the chance to consider the collegiality between medical specialties and what that should be like. I also think it gives them an opportunity to think more broadly about why turfing happens and how they can be advocates to stop it from happening.

[00:01:46] HOFF: And finally, if you could add a point to your article that you didn’t have the time or the space to fully explore, what would that be?

DOUBEK: I actually talked to Scott, who I co-wrote the article with, before I even came on, because I feel like this was something we talked about a lot when we started to write the article. And I think the consensus we came to is just how important it is to elaborate on the purpose of EMTALA to begin with, and that’s that before EMTALA, people were being denied care at US hospitals, and they were left to go home and deal with their ailments or left to die in the streets. And EMTALA does provide emergency care to all people regardless of their ability to pay, but there’s still a lack of access to health care in the US. And it’s no secret that the US is the only wealthy country that doesn’t have a universal health care system, so it really does beg the questions: Are the shortcomings of EMTALA more symbolic of the US health care system as a whole? Because in reality, it’s a Band-Aid on something much larger because it does only apply to emergency rooms that are federally funded. [theme music returns] It does make you ask: Would a different health care system prevent or altogether stop the phenomenon of patient turfing and dumping?
HOFF: Makenzie, thank you so much for your time on the podcast today, and thanks to you and Scott for your contribution to the Journal this month.

DOUBEK: Thank you for having me.

HOFF: To read the full article as well as the rest of this month’s issue for free, visit our site, journalofethics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.