Hello, Tim. Thank you. It’s a delight and a pleasure to be here.

So, as a medical community and as physicians and of course physicians-in-training, we are reflexively turfing patients with the uncertainties they carry, rather than choosing to linger with the unknown, remain present with patients and families, tarrying, as it were, and accepting the discomfort of our initial response. We owe patients, often thrust into this labyrinthine hospital and health care system without a guide, the time and the space of tarrying. The article, or our article, explores these dynamics through the perspectives of Morris and Ludlow, characters in Gwyneth Lewis’s wonderful A Hospital Odyssey, that helps to structure and give poignant, poetic evidence to our hypothesis.

And so, what’s the most important thing for health professions students and trainees to take from your article?

So, we exist in a health care system that endorses and bends us to choose to turf the care of a patient, often unconsciously so. And despite this, we have an ethical and a moral duty to exercise our individual and collective influence to counter this culture. Each of us is offered in every patient encounter, as well as with our colleagues, the opportunity to be present with the uncertainty, the ambiguity, the discomfort that at any moment may unfold. As health care professionals, we have the agency and self-determination skill sets to choose inclusion through language, through our demeanor, through the thoughts we hold in our hearts when we meet a patient with uncertainty, with complexity, and with difficulties. All of these are coded words in the health care environment. Ultimately, the capacity to tarry and to resist this impulse to turf resides within the ability of clinicians to journey alongside their patients through these realms of uncertainty. To encourage tarrying offers care and belonging, not only for those who are ill and their families, but also for those who provide care.

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?

Yeah. In writing this article, my coauthor and I spent hours discussing the normative criteria for illness and disease and the often unacknowledged history that pervades this challenge of who gets care, how much of it, and from whom. In the end, we had space to write very little of this. It’s
something we touched on and that many previous authors have touched on and that continues to be a salient driver for turfing. [theme music returns]

[00:03:50] HOFF: Dr Luck, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

LUCK: Thank you, Tim. Thank you for having us.

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.