

Episode: *Author Interview: “What Does the History of Inpatient Psychiatric Unit Design Tell Us About Balancing Safety and Healing for Patients With Suicidal Behaviors?”*

Guest: Alice J. Liu

Host: Tim Hoff

Transcript: Cheryl Green

[Access the podcast.](#)

[bright theme music]

[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 Alice Liu, a recent graduate of her third year of medical school at the University of Michigan in Detroit, and she is currently enrolled as a graduate student at UT Austin, where she is pursuing an MA in design with a focus on health. She’s here to discuss her article, coauthored with Drs David S. Im and Laura D. Hirshbein, “*What Does the History of Inpatient Psychiatric Unit Design Tell Us About Balancing Safety and Healing for Patients With Suicidal Behaviors?*,” in the March 2024 issue of the Journal, [Psychiatric Inpatient Environmental Architecture](#). Alice, thank you so much for being on the podcast. [music fades]

ALICE LIU: Thanks, Tim. Thanks so much for having me on here.

[00:01:01] HOFF: So, what’s the main ethics point that you and your co-authors are making?

LIU: Yeah, that’s a great question. The current modern conversation about psych units is whether designing for suicide prevention and healing spaces are mutually exclusive. Given the Joint Commission’s increasingly stringent suicide guidelines on inpatient psych units, we have seen how these spaces have lost a level of comfort and pleasantness over the years. Therefore, the key ethical question is, whether by focusing all of our energies on suicide prevention, if we are unfairly restricting and neglecting a patient’s healing journey. After all, we are ultimately there to provide patients with safe space and stabilize their illness. However, an emphasis on suicide guidelines does not address the underlying issue at hand.

[00:01:47] HOFF: And so, what’s the most important thing for health professions students and trainees to take from your article?

LIU: Yeah, as healthcare professionals, we often forget how much the environment can impact a person’s thoughts, emotions, and recovery process. I’m sure we can all recall hospital spaces that felt sterile or drabby, in contrast to spaces that felt more inviting, soothing, or pleasant. I think we all know inherently that noisy, poorly lit, and restrictive environments aren’t great for patients. What we fail to realize is how much the environment does matter in creating these healthy spaces for patients and their families, and it really does matter at the end of the day. Research has shown how making small adaptations such as having a window, better lighting, and noise control can result in better patient outcomes. Architects and designers are creating spaces with this in mind, so for health care professionals, I would urge them to just kind of take a look around at their environment and see how they can make the spaces more better for both their patients and also themselves.

[00:02:53] HOFF: And finally, if you could add a point to this article that you didn't have the time or the space to fully explore, what would that be?

LIU: Yeah, I think just a reminder to health care professionals and designers that instead of seeing the environment as something patients need protection from, we should really instead inquire how we should make much more healthier spaces for patients. Hospitals are one of the very few places a patient enters and gives up so much of their autonomy. We set the schedule for patients, come into their rooms, and wake them up with a quick knock. On psych units we go the additional step, such as taking away objects like pianos in public spaces or sharp pencils and investing in heavy furniture that patients can't lift in anger. These are all kind of signals to patients about how little control they have in their space, and this is also a reminder to us about how vulnerable patients are when they're seeking care from us. So, at the very least, we can seek to provide them with a safer space and a more healing space for them to recover in.  
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[00:03:56] HOFF: Alice, thank you so much for your time today on the podcast, and thanks to you and your co-authors for your contribution to the Journal this month.

LIU: Yeah, thank you so much for having me on.

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