

Episode: *Author Interview: "Virtual Eye Contact"*

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Host: Tim Hoff

Transcript: Cheryl Green

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[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 Dr Christy Rentmeester, the managing editor of the *AMA Journal of Ethics*. She's here to discuss her article, "Virtual Eye Contact," in the March 2024 issue of the Journal, [Psychiatric Inpatient Environmental Architecture](#). Dr Rentmeester, thank you so much for being back on the podcast. [music fades]

DR CHRISTY RENTMEESTER: Thanks, Tim.

[00:00:39] HOFF: So, what's the main ethics point of your article?

RENTMEESTER: This article first introduces a particular kind of logic error: mistaking correlations for causes. And one reason that clearly distinguishing between correlations and causes is important is that these distinctions help us promote accuracy in our reasoning, in how we think about events or ideas as related or not related to each other, or how they're related to each other. And this has clear applications to all kinds of thinking, but can have particularly important consequences in ethical and clinical reasoning. So, since this is a theme issue on design in mental health care structures and spaces, it seems worthwhile to suggest some similarities that I see relevant between what it means to intend something and what it means to design something. So, in ethics, intention is really a moral psychological phenomenon. And whether and to what extent we are free to execute our intentions, and how perfectly we can do so, are subject to factors that are external to us, beyond our control, often. So, it's far more than our intentions that really shape how our actions turn out, as most of us know. We've all had intentions that have gone awry or not been very well executed in our actions. So, good intentions, for example, can fail to play out well in our actions. So, ethically speaking, aligning intention and action are key, and they're also key design elements. So, there's this interesting overlap between architecture and moral psychology that seems worthwhile to explore in this theme issue, and that's what I'm up to in this article.

[00:02:45] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from this article?

RENTMEESTER: Stefan Lundin is an architect in Sweden, and he thinks and writes a lot about relationships among design and safety and health outcomes in mental health care settings. And one of his articles suggests that design's importance is derived not just by what they cause or from patient outcomes with which they are correlated. What he says is key about design is that it's not arbitrary. And when I read that, I realized that I was operating on the assumption, a kind of imagined view, that designs have to be perfectly expressed to.... That there's this perfect relationship between intention and execution in order for designs to be useful in health care. But, at least according to Lundin, this is really an overstatement and actually, probably

impossible since perfection is impossible. And since I've had many students who are nearly as devoted to perfection—despite its impossibilities—as I am, it seems that for me, as a health professions educator, an upshot for students and clinicians is that perfection is way too high a bar. And it's really not even necessary or even helpful to our making good on our moral lives with each other. So, good intention matters even when execution falls short and your patient's outcomes do not turn out as hoped. And perhaps then the role of good intention is even more important than when patient's outcomes are good.

[00:04:55] 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?

RENTMEESTER: Well, I use the example of trying to make virtual eye contact to try to illustrate these relationships among intention and design and outcomes. So, when you're on a video call with someone, and you want to make that person feel like you see them, like you're looking right at them and paying really close attention to them, this is the example I thought of, at least at the time, as most illustrative, though there might be better ones. So, virtual eye contact challenges us with a vexing irony. And that is that to make the person on the video call feel like you're looking at them, you actually have to look at the camera on your device, not at the image of the person on the screen. And there are probably many, many other examples that could be used to illustrate disjunct between good intention and good action in technologies, especially in health care applications of those technologies. So, it could be helpful to canvas some of those examples and think carefully about intention, design, actions, and outcomes in each one.
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[00:06:24] HOFF: Dr Rentmeester, thank you so much for being back on the podcast, and thanks as always for your contribution to the Journal this month.

RENTMEESTER: Thanks, Tim.

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*.