

Episode: *Author Interview: “When Should Inpatient Psychiatric Care Include Access to the Outdoors, Despite Elopement or Other Risks?”*

Guest: Allie Slemon, PhD, RN

Host: Tim Hoff

Transcript: Cheryl Green

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[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 Dr Allie Slemon, an assistant professor at the University of Victoria School of Nursing in Victoria, British Columbia, Canada. She’s here to discuss her article, coauthored with Shivinder Dhari, “*When Should Inpatient Psychiatric Care Include Access to the Outdoors, Despite Elopement or Other Risks?*,” in the March 2024 issue of the Journal, [Psychiatric Inpatient Environmental Architecture](#). Dr Slemon, thank you so much for being on the podcast. [music fades]

DR ALLIE SLEMON: Thank you so much for having me. It’s great to be here today.

[00:00:49] HOFF: So, what is the main ethics point in your article?

SLEMON: Thanks for that question. The main ethics point that this article makes is that ethical decision making really is contextual. It can’t necessarily be decided by a risk manager who is unfamiliar with the patient, who might be drawing on previous incidents. Ethical decision making is grounded in the everyday context of someone’s life. So, when we’re making ethical decisions in the mental health care setting in particular, I think it really takes a process of making decisions, continually remaking decisions, reevaluating those decisions, and that those decisions have to be made alongside the patient, alongside the team. And they can’t be made in kind of some back room somewhere in a separate office that really has nothing to do with that daily, in-the-moment context of what’s happening for the patient. So, the article discusses this in more detail, but that’s really the central point that we’re weaving through throughout our response to the case.

[00:01:45] HOFF: And so, what’s the most important thing for health professions students and trainees to take from your article?

SLEMON: Great question. I think the most important thing for students and trainees to take away from this article is to really rethink assessments from kind of the bottom up, particularly when those assessments are related to risk. So, I think that rather than asking, “How can we eliminate risks at all costs? How can I avoid it? How can I prevent liability?” These are all really important considerations. I think the most important thing to come to an assessment with is how can we support patients, and how can we support patients in building capacity to examine their own safety? So, this isn’t only about managing risk in the moment, though that can be important, but it’s also about promoting recovery in the long term. And how we can do that is through every assessment, taking every opportunity to build that capacity, so having these open, transparent decision-making processes where we’re actually building capacity and helping people rethink their own safety and their own risk. Alongside that, as we’re conducting

an assessment, I think it's crucial to rethink safety as a broader concept than just the risk of harm. So, this might include patients' perception of their own safety on that day, and that could include their emotional safety and their wellbeing on the unit and outside the unit, as well as just their risk for self-harm or harm to others. So, I think if we are able to rethink assessments in this way—and it's not a huge shift, just a little bit of a kind of mental shift in our approach—I think that can really reframe what activities and interventions we see possible for a patient when we're not just thinking only about maintaining that zero-risk idea within mental health inpatient settings.

[00:03:27] 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?

SLEMON: The main point I think that we would both add, and we've had a lot of conversations about this throughout the process of writing, is that I think this approach to really centering safety, as opposed to risk or zero risk, can be supportive in other situations as well, even beyond this question of outdoor access. So, we talk a lot, and I think we can really reflect a lot, on instances of seclusion and restraint, for example. Even if those interventions are necessary, how can safety be upheld through that process? And how can we think about things like containment and coercion even beyond a zero-risk approach? So, I think many of the central ethical points and ideas in this article can be applicable to other aspects of our work within mental health inpatient settings and other ways that we intersect with patients on a daily basis.
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[00:04:21] HOFF: Dr Slemon, thank you so much for your time on the podcast today, and thanks to you and your co-author for your contribution to the Journal this month.

SLEMON: Thank you.

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*.