Episode: *Author Interview: “How Might Antibiotic Stewardship Programs Influence Clinicians’ Autonomy and Organizations’ Liability?”*

Guest: Keith W. Hamilton, MD
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Transcript: Cheryl Green

Access the podcast.

[bright theme music]

[00:00:03] 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 Keith Hamilton, an associate professor of clinical medicine in the Division of Infectious Diseases and the director of antimicrobial stewardship at the Hospital of the University of Pennsylvania in Philadelphia. He’s here to discuss his article, coauthored with Dr George Maliha, Keith Thomas, and Mary Ellen Nepps, “*How Might Antibiotic Stewardship Programs Influence Clinicians’ Autonomy and Organizations’ Liability?*,” in the June 2024 issue of the Journal, *Antimicrobial Stewardship*. Dr Hamilton, thank you so much for being on the podcast. [music fades]

DR KEITH HAMILTON: Great. Happy to be here.

[00:00:55] HOFF: So, to begin with, what is the main ethics point that you and your co-authors are making in this article?

HAMILTON: So, just to give you a little bit of background, antibiotic stewardship is a programmatic approach to reduce inappropriate antibiotic use and ensure that the, essentially, the right patient receives the right antibiotic at the right time. And there’s pretty compelling evidence now that antibiotic stewardship programs improve patient outcomes, reduce antibiotic resistance, reduce adverse events, and decrease health care costs. So, many professional societies and regulatory agencies have required health care facilities to have antibiotic stewardship programs through a variety of different mechanisms; however, the medical and legal implications of such programs are really not well defined, given the lack of case law and other regulations guiding day-to-day practice. So this article kind of focuses on the fact that some early antibiotic stewardship programs that started over 30 years ago have helped to shape some of the industry standards, but to point out that other standards may need to be developed through subsequent regulation, legislation, and jurisprudence, which includes, unfortunately, malpractice cases. So, in addition to having an impact on the medical-legal aspects of clinical care, unintentionally, antibiotic stewardship programs in part actually aim to influence health care practitioner behavior in order to improve outcomes, but may also impact professional autonomy among physicians, advanced practice providers, and pharmacists. So, this article really aims to explore the nuances of the

impacts that stewardship programs may have on the medical-legal landscapes and on health care practitioner autonomy.

[00:03:07] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from this article?

HAMILTON: So, I think, first and foremost, that the development and expansion of antibiotic stewardship programs across the country and the world really have, I would say, without a doubt, had a positive impact on improving patient outcomes, reducing adverse events, reducing antibiotic resistance, and decreasing health care costs. And they should continue to expand to other clinical settings; however, it is important to consider their medical and legal implications, as well as the impact that they might have on health care practitioner autonomy. Antibiotic stewardship programs and the activities that they do day to day come in many different forms, and the different stewardship roles have different liability and provider autonomy issues.

To name a few, there are some things that antibiotic stewardship programs do on a day-to-day basis, including approval of selected restricted antibiotics, prospectively monitoring antibiotic use, and providing feedback to individual clinicians around prescribing, using data to benchmark different units' health care providers, integrating decision supports, providing education, developing guidelines. So there's really a kaleidoscope of different lenses through which individual learners, courts, health care practitioners can really view antibiotic stewardship. So, for someone that is interested in these sorts of areas, it's just a really fascinating area to get into.

[00:05:15] And I think that there are a variety of different situations that might arise related to malpractice specifically, including that patients might allege that they were inadequately treated because of an antibiotic or lack thereof, patients that could allege that they might've had harmful side effects because of an antibiotic, and another would be that patients might have suffered an infection from a resistant organism that may otherwise have been prevented if there was sufficient antibiotic stewardship. So just a lot of really interesting questions to think about. So, I think by proactively thinking about some of these questions, that doing so may decrease the risks associated to patients that may arise either directly or indirectly related to some of these programs.

[00:06:18] 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?

HAMILTON: I think that antibiotic stewardship programs, as I mentioned, can be seen through a variety of different lenses in how they actually interact with front-line clinicians and indirectly by doing that, by impacting patients. So I think that it's really important for health care facilities to examine their antibiotic stewardship programs through looking through all of these lenses, and by doing so, creating protocols to help clarify both individual clinician antibiotic stewardship and institutional responsibility and autonomy. And to promote risk management and ultimately, the goals of these protocols and processes can actually make antibiotic stewardship programs more flexible and reliable

with really, the ultimate goal of promoting that reliability to improve patient care. [theme music returns]

[00:07:37] HOFF: Dr Hamilton, thank you so much for your time on the podcast, and thanks to you and your co-authors for your contribution to the Journal of this month.

HAMILTON: My pleasure. Thanks for inviting 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*.