

Episode: *Author Interview: “What Does Disability Justice Require of Antimicrobial Stewardship?”*

Guest: Katie Savin, PhD, MSW

Host: Tim Hoff

Transcript: Cheryl Green

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[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 Katie Savin, an assistant professor at the California State University Sacramento School of Social Work. They’re here to discuss their article, coauthored with Drs Laura Guidry-Grimes and Olivia S. Kates, “*What Does Disability Justice Require of Antimicrobial Stewardship?*,” in the June 2024 issue of the Journal, [Antimicrobial Stewardship](#). Dr Savin, thank you so much for being on the podcast. [music fades]

DR KATIE SAVIN: Thank you for having me.

[00:00:46] HOFF: So, what’s the main ethics point that you and your co-authors are making?

SAVIN: Our main point that we would like readers to take away is that disabled people are not just a collection of people with medical problems, but are in fact a sociopolitical, sociocultural group in their own right who have shared experiences of reacting to policies, of historical oppression, and contemporary ableism. And they’re broadly underappreciated as a group impacted by health disparities, and in particular, they’re underappreciated when it comes to antimicrobial resistance and antimicrobial stewardship. So, we are using the lens of disability justice, which was developed by disabled queer and trans people of color, activists and scholars, to look at some of the root causes of ableism and see what that tells us about incorporating considerations for disabled people in antimicrobial stewardship.

[00:01:59] HOFF: And so, what is the most important thing for health professions students and trainees specifically to take from your article?

SAVIN: It’s important for students and health professionals to understand that disabled people, and particularly disabled people who are multiply-marginalized—people who are Black, Indigenous, people of color, people who may identify as queer or transgender—that they face both implicit and explicit bias in health care settings. People who are disabled are impacted by structural oppression that increases their vulnerability to infection and to antimicrobial resistance, both in terms of overprescribing and under-prescribing. And because that oppression that is taking place on a macro level will show up in your practice on a micro level with disabled patients that you work with, your time and attention and recognizing this and acting in accordance is really important to sort of interrupt those cognitive shortcuts that we understand bias to be.

So, what does that look like on a practical level? It looks like really using diagnostic stewardship to understand when a patient presents with symptoms that could be infectious, taking the time to run tests to make sure that you actually have an infectious diagnosis that you’re treating,

taking time to figure out if somebody maybe isn't able to speak with you, taking time to check any assumption around what does that mean about their decision-making capacity? Taking time to figure out what ways do patients communicate? Perhaps they use some augmented or alternative communication device. Perhaps they need to be optimized in order to communicate. And sometimes this does take more time, and we understand that that is asking a lot of busy health care professionals. But it does take that reinvestment of time and attention to combat the legacies of the structural oppression that has created circumstances that foster increased vulnerability to antimicrobial resistance.

[00:04:34] 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?

SAVIN: Yeah, I think one thing we didn't get into that is really critical when we think about disability bias in healthcare is something that's often referred to as the "disability paradox." So, the disability paradox is this idea that, well, disabled people may be likely to rate their own quality of life as comparable to the way that people without disabilities might rate their quality of life. Oftentimes, providers, health care providers in particular, as well as the general non-disabled population, is likely to rate what they presume the quality of life of disabled people to be as lower than their non-disabled counterparts.

So, what does that have to do with antimicrobial resistance? How we perceive our patients' quality of life has a lot to do with what our expectations are for them, our hopes for their recovery, how we approach their overall care. And we often see that there are implicit and explicit ableist processes taking place that can lead to this misperception in the disability paradox. So being able to identify, how am I thinking about this patient in front of me? Am I making a presumption about their quality of life? Because maybe they can't engage in activities I like engaging in, that perhaps require some degree of physical independence or some degree of energy or strength. It does not mean that those patients are using those same domains to evaluate their own quality of life.

[00:06:27] People might be really looking at something like an interpersonal relationship, the nature of their connections with other people, when they think about the qualities of their own lives. So when we are working with disabled people, I think broadly our message is that there are a number of assumptions we might bring in, assumptions that they have an infection, assumptions that they maybe don't have a very good quality of life, assumptions that they can't communicate if they don't communicate in the way we do, or that if there is one thing we see about them that isn't like us, that they maybe have this sort of global ascription of incompetence, that they're generally not able to engage in any of the activities we're able to engage in. So we're asking that people take the time to critically assess those assumptions and just engage in the processes to find out, are they infectious? [theme music returns] Can they communicate? How do they communicate? What are their treatment goals?

[00:07:28] HOFF: Dr Savin, thank you so much for your time on the podcast today, and thanks to you and your co-authors for your contribution to the Journal of this month.

SAVIN: Thank you so much for having 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*.