

Episode: *Author Interview: “How Should Risks and Benefits of Short-Acting Opioids Be Evaluated in the Care of Inpatients With OUD?”*

Guest: Katherine M. Duthie, PhD, HEC-C

Host: Tim Hoff

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 Katherine M. Duthie, a clinical ethicist at Alberta Health Services and an assistant clinical professor in the John Dossetor Health Ethics Centre at the University of Alberta in Edmonton, Alberta, Canada. She’s here to discuss her article, coauthored with Dr Katherine A. Dong, “*How Should Risks and Benefits of Short-Acting Opioids Be Evaluated in the Care of Inpatients With OUD?*,” in the July 2024 issue of the Journal, [Harm Reduction and Opioid Use Disorder](#). Dr Duthie, thank you so much for being on the podcast. [music fades]

DR KATHERINE DUTHIE: Thanks so much for having me.

[00:00:53] HOFF: So, what is the main ethics point that you and Dr Dong are making in your article?

DUTHIE: So the main point that we’re trying to convey is that patients who have an opioid use disorder, or who simply come in with opioid use, are entitled to the same comprehensive ethical consideration that we owe to our other patients, and really, that this requires a full consideration of the potential harms or risks or benefits of treatments that take into consideration the context our patients bring to the situation with them. It also requires that we engage in robust informed consent processes and attempt to bring our care plans together that reflect our patients’ values and beliefs and preferences.

[00:01:35] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

DUTHIE: Really, that patients who have opioid use disorder are not a special case. They don’t warrant novel or unique approaches or considerations. Really, that they are patients deserving the same consideration of others. And this includes the same consideration of any evidence-based interventions or practices that might be relevant to promoting their well-being or addressing their needs. So, this could include other evidence-informed options, which sometimes are excluded from the acute care environment especially, which might include the provision of clean supplies, naloxone kits, or supervised consumption services.

[00:02:17] 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?

DUTHIE: I think we would emphasize more the role of stigma. We know that our patients with opioid use disorder sometimes come in with significant self-stigma and self-judgment about what they're going through or what they're doing. And we also know that many of those patients come in with a history of negative experiences or interactions with our health system, and so we have an opportunity to change that narrative, to have a more positive engagement if we engage with those patients in the right kinds of ways. And also to keep in mind the structural stigma that may be interfering with our abilities to provide evidence-based and high-quality medical care to these patients, and to point out that we all have an obligation to make note against those structural barriers and to take steps to try and dismantle those. [theme music returns]

[00:03:07] HOFF: Dr Duthie, thank you so much for your time on the podcast, and thanks to you and your co-author for your contribution to the Journal this month.

DUTHIE: Okay. Well, thanks so much for having me. It's been a pleasure.

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*.