

Episode: *Author Interview: “When Medication Treatment for Opioid Use Disorder Gets Disrupted by Extra-Clinical Variables, How Should Clinicians Respond?”*

Guest: Kelly Gillespie, JD, PhD, RN

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 Kelly Gillespie, a professor of law and a professor of health care ethics at Saint Louis University in St Louis, Missouri. She’s here to discuss her article, coauthored with Dr Taleed El-Sabawi, “*When Medication Treatment for Opioid Use Disorder Gets Disrupted by Extra-Clinical Variables, How Should Clinicians Respond?*,” in the July 2024 issue of the Journal, [Harm Reduction and Opioid Use Disorder](#). Dr Gillespie, thank you so much for being on the podcast. [music fades]

DR KELLY GILLESPIE: Thank you so much for having me.

[00:00:50] HOFF: What is the main ethics point that you and Doctor El-Sabawi are making in this article?

GILLESPIE: Well, primarily the idea is it was couched from the point of view of a health care practitioner or physician who takes care of somebody in an opioid treatment program whose patient is pulled over and detained in a local jail for unpaid traffic violations. And in this case, the ethical issues extend beyond the immediate clinical setting, right, to what are our ethical obligations to our patients in terms of anticipating events and social determinants of health, including legal determinants of health, that can get in the way of maximizing your patient’s well-being?

[00:01:52] HOFF: And what do you see as the most important thing for health professions students and trainees specifically to take from your article?

GILLESPIE: I think the most important thing is that although it can feel incredibly distressing, and it’s natural for a practitioner to feel helpless—my patient who I’ve been taking care of is now in a carceral setting. What in the world can I do?—that they aren’t, in fact, helpless, that there are things they can do when working with this population of patients. And there are things they can do after it happens. So that there are strategies, contingency strategies, they can put in place along with their patients in the event that they get caught up in the legal system. And particularly with this population of patients, patients in treatment for substance use disorder, there is a real overlap between legal entanglements and the use of drugs or history of the use of drugs, right?

And so, providers can anticipate by working on strategies ahead of time, by providing their patients with some very basic medical documentation to carry with them, by forging relationships with local county or city level jail, health care providers, so that there are established relationships there so that their patients don't end up in withdrawal while in that carceral setting.

[00:03:31] And the other thing we wanted people to really take away from it was that if all of those things fell apart, or you end up with patients in a place that, or seeing a pattern of patients who are interacting with local carceral settings, and their medical needs are really getting ignored, there are simple ways that you can report those patterns to the Department of Justice. Because in addition to implicating those patients' constitutional rights, it is actually a violation of Title II of the Americans with Disabilities Act for carceral settings like local jails, for example, to deny patients with substance use disorder in treatment appropriate access to their ongoing treatment while they're in that carceral setting. And if providers see a repeated pattern of those rights not being honored, there are simple ways, and I believe we have a link in the article, to the place where providers can report that information. The Department of Justice does look at all of those and keep track of things. And eventually, it can often lead to enforcement, which is not the ideal way to deal with it. But if all else fails, it's a good resource to have in your toolbox.

[00:05:01] HOFF: And if you could add a point to this article that you didn't have the time or space to fully explore, what would that be?

GILLESPIE: Yeah, it would've been nice to be able to explore the ethical obligations of the physicians and other health practitioners who are making those treatment decisions in those carceral settings. I don't feel like that gets enough attention, but it was a little bit outside of the scope of our question and of the space limitations. [theme music returns] But certainly that's an area ripe for discussion as well.

[00:05:34] HOFF: Dr Gillespie, 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.

GILLESPIE: Thank you, 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*.