

Episode: *Author Interview: “What Should Clinicians in Organizations Without Established MLP Programs Do When Their Patients Need Lawyers to Meet Their Health Needs?”*

Guest: Dinushika Mohottige, MD, MPH and Karina Albistegui Adler, JD

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 are Dr Dinushika Mohottige, an assistant professor in the Institute of Health Equity Research at the Icahn School of Medicine at Mount Sinai and the Barbara T. Murphy Division of Nephrology, and Karina Albistegui Adler, a co-director of health justice at New York Lawyers for the Public Interest. They're here to discuss their article, coauthored with Allison Charney and Dr Lilia Cervantes, "[What Should Clinicians in Organizations Without Established MLP Programs Do When Their Patients Need Lawyers to Meet Their Health Needs?](#)", in the August 2024 issue of the Journal, [Standards in Medical-Legal Partnerships](#). Thank you both so much for being here. [music fades]

DR DINUSHIKA MOHOTTIGE: Thank you so much for having us.

KARINA ADLER: Thanks for having us on.

[00:01:01] HOFF: So, what is the main ethics point of your article?

MOHOTTIGE: So I'll speak first and then would love to hear thoughts from Karina after I speak from the perspective of a clinician. I would say the first and most important thing that we wanted to communicate here is the profound harms that undocumented individuals face in kidney care in the United States due to a patchwork of sometimes not-equity-enhancing health policy that has restricted access to the optimal types of therapy for kidney failure. And that is really, one, first and foremost, kidney transplantation. And then in several states there is still limited access to routine hemodialysis. So, we have a bit of an ethical crisis and profound moral distress that's been described among clinicians and everyone who is involved in taking care of undocumented individuals. And I think it's a nice opportunity to revisit the Hippocratic Oath in terms of that responsibility that we have to ensure that all individuals receive the highest standards of care without secondary aspects—for instance, race, ethnicity, immigration status, etc.—interfering with the quality of care that we provide.

[00:02:30] HOFF: Karina, anything to add?

ADLER: Yeah, I mean, I agree with all of that. From the perspective of somebody working directly in the community to raise awareness of both the patchwork of access and also the barriers people face in attempting to access transplant care and health care in general, one of the most important things for me to think through is just, or that I try to convey, is that we don't want to give up on this population. I think there are a lot of good doctors seeing patients in their clinics and their offices and just sort of assuming that they can't help them. So, the idea is always just to think through how we can explain the patchwork and the loopholes and the way we get people through.

[00:03:32] HOFF: And so, what's the most important thing for health professions students and trainees specifically to take from your article?

MOHOTTIGE: So, I think it's really what, a lot of it is what Karina just mentioned, which is that this idea that an individual clinician has no responsibility or no opportunity to advance the care of the individual in front of them if they are an undocumented person in this country, that myth needs to be busted, and that is in all states. I think, again, it's just such an honor to have been able to write this with Dr Cervantes, who has inspired many people in this country through her groundbreaking work that uses qualitative and quantitative methods to systematically document the harm, again, caused by the patchwork, caused by inequitable access to care, as well as the profound moral distress and burnout among clinicians providing this care due to this patchwork.

And I want to highlight, again, the top of the article begins with some foundational points around the systems-level saving and then the improvements to morbidity and mortality for individuals who are undocumented through the receipt of optimal care. So, whether it is kidney transplantation or routine dialysis, it saves money in the long term for states. And individually, it has a profound impact to sort of do the right thing and advocate for kidney transplantation in terms of morbidity, mortality, individuals' opportunity to get back to their work, to their families, and to all the things that are important to them. And so, I think the key message is it is possible to take action, and it is a responsibility, I believe, for all of us to do so when we're sitting in front of someone who is in need of our assistance in terms of kidney care.

[00:05:41] HOFF: Karina, anything to add?

ADLER: Yes, definitely, and thank you for naming all of that. I think one of the things that we, that my organization tries to do and that we hope more people do is really engage providers in this fight even at the legislative level to really use their voice, use their privilege, use their training to help us sort of move, one, understand what the experiences of people that they're seeing and also convey that in spaces where the laws are being formed. And so, I hope that people take what they can take from this article is that their voices are so important, so influential, and matter so much in this fight, and that we would love to have more of them join us!

[00:06:44] HOFF: [chuckles] 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?

MOHOTTIGE: I think for me, I would love to see the National Institutes of Health and other national funding agencies recognize the power of medical-legal partnerships. We in the health care system are often so siloed, and the truth is, we cannot do this work alone. Hence this amazing partnership that we're trying to grow with Karina. I mean, it has been, individually, on an individual level, so meaningful for me to learn from her and really be inspired by all the incredible work that's happening here in New York through NYLPI. But this has to extend beyond states like New York, and medical-legal partnerships need funding, as do innovative programs to really expand equity in access. So things like, again, community health workers and community health navigators who can help get individual patients through this really complex journey of barriers that they might be experiencing. We'd love to see more funding for that kind of work. Again, Dr Cervantes has really been a leader for the field in advancing some of that work, and I would love to see more attention, particularly on the MLP side of things.

[00:08:08] HOFF: Karina, any final thoughts?

ADLER: Yeah, I think for me, I have to shout out, of course, everybody in the, all the coauthors, of course. And we have a really amazing partnership with SUNY Downstate in just thinking about sort of how important safety net hospitals are in this issue and how important our partnership with SUNY Downstate has been to actually show and model how undocumented people can and do get their transplants. And so, yeah, I think that's, I'd love to see more attention, more funding, more flowers given to a program that's been, I think, at the forefront of sort of bucking systems that create barriers or sort of maintain the status quo. [theme music returns]

[00:09:10] HOFF: Thank you, again, both so much for being here, and thanks to you and your coauthors for your contribution to the Journal this month.

ADLER: Thank you.

MOHOTTIGE: 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](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.