

Episode: *Editorial Fellow Interview: Peace in Health Care*

Guests: Timothy Nicholas, MA and Grayson Holt, MSW, MA

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Editorial Fellow 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 Tim Nicholas, a third-year medical student at Case Western Reserve University School of Medicine in Cleveland, Ohio, and Grayson Holt, a medical student at Harvard Medical School in Boston, Massachusetts. Together, they served as editorial fellows for the November 2024 issue of the Journal, [Peace in Health Care](#). Tim, Grayson, thank you so much for being here. [music fades]

TIM NICHOLAS: Yeah, thanks so much for having us.

GRAYSON HOLT: Yeah, super grateful to be here.

[00:00:45] HOFF: So, what is the main ethics point that this issue is trying to make?

HOLT: Yeah. So, I would say the key ethical point or argument that we were hoping and trying to make is to first link peace in health and health care to demonstrate that health care providers have a role to play in fostering peace, and to addressing the lack of peace in the experience of patients and the communities within which they live, and that once they are intertwined, then we have a role to play in addressing peace. And so, the hope here is that even though peace is a much larger concept than just health or health care, we're hoping to empower providers and the field into that space of seeing themselves as clinicians who can address peace and pursue a more peaceful society.

NICHOLAS: And yeah, just to add on, I think we acknowledge that peace and health are inextricably connected. And I think really, the main key ethics point, exactly like Grayson said, is that if peace and health are intertwined, then we definitely are going to have a pretty clear role to play in promoting peace in the context of health care. And even though it's definitely a broad concept, it is something that as care providers, given our unique access to the foothold that we have with our patients and the ways that we can improve their lives, thinking about peace as a clear and specific moral aim and ethical aim, rather, of health care is just a new dimension for health care that we thought bioethics and medical ethics should consider.

[00:02:23] HOFF: So, what do you see as the main point that your fellow health professions students and trainees should take from this issue?

NICHOLAS: Yeah, I think the key point really is just to consider, how are you experiencing peace in your health care environment? And to also consider that on every level and dimension that you might be able to. How might your patients be experiencing peace in that environment? Are you experiencing peace in that environment? Are your colleagues or teammates experiencing peace? What might the collective experience of peace be from a group standpoint? Is there a blind spot that you might have or something that might be overlooked because of different approaches or historical peacemaking activities that make you feel more peaceful or that might make others feel more peaceful? And to say it more simply, I would just say really seek opportunities for peacemaking.

HOLT: I would say the most important thing for health professions students and trainees to take away is that often patients, when they present, are presenting because their peace has been disrupted. And my hope is that we can dig deep into the experience of people. And I think physicians and providers often do this, and we're just hoping to underscore how large or small experiences of illness can implicate much larger existential feelings that can disrupt people's access to peace in a very general sense.

HOFF: Hmm. Yeah, that is a great example of how every clinical interaction has the potential to affect patients' peace.

[00:04:04] But to wrap up, obviously, the articles in this issue take a wide variety of definitions and approaches to obtaining and maintaining peace. But if you could add something to this issue, something that didn't receive quite enough attention, or even if you could just highlight something for readers, what would that be?

NICHOLAS: So, if we could've added one more important point to the issue, I think it would've been to clarify what we are not arguing, which is, first and foremost that we're not saying that you need to do everything. Be that as like a, you know, say you're an individual clinician and you engage in peacemaking practices by working your full time in the clinic and not doing research hours. Or if you're a surgeon who does part-time research on trauma, hospital-based violence intervention programming and then some surgery work, right? Finding that balance of what's peaceful, both for your life so that you can sustain yourself as a clinician while also finding an appropriate balance of ways that you can amplify peace in a niche and space that both, like I said, works for you but also expands peacemaking for patients, I think that really would've been something that we'd have liked to clarify on. And in that vein, really acknowledging that what we're saying here is simply that the profession has an obligation to explore and expand peace really at all levels—individually, socially, systematically—throughout health care. And to be specific, our aim really with this issue is just to establish a greater precision in the understanding of peace and health care for both patients and providers. [theme music returns]

[00:05:41] HOFF: Grayson, Tim, thank you so much for your time on the podcast today, and thank you for the work in helping curate this month's issue.

NICHOLAS: Yeah, thanks so much. It was great to be with you.

HOLT: Yeah, thank you. It's been a great experience. So, we appreciate it greatly.

HOFF: To read this month's issue, *Peace in Health Care*, for free, visit journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.