

Episode: Author Interview: “Roles of Quiet in Health Care Organizations”

Guest: Christy A. Rentmeester, PhD

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 Christy Rentmeester, the managing editor of the *AMA Journal of Ethics*. She's here to discuss her article, “Roles of Quiet in Health Care Organizations,” in the November 2024 issue of the Journal, [Peace in Health Care](#). Dr Rentmeester, thank you for being back on the podcast.

DR CHRISTY RENTMEESTER: Oh sure, Tim. Thank you! [music fades]

[00:00:39] HOFF: So, what is the main ethics point of your contribution this month?

RENTMEESTER: One of the questions we ask in this issue is, what are ethical and clinical roles of quiet in health care and peace in health care? And like many questions in ethics, it is more interesting and perhaps more important than some of its most common answers that might reference, say, sleep or the proverbial pairing: peace and quiet. But I would wager that some of the most insightful answers to this question will suggest how peace or quiet are actually distinct ethical values that should be regarded as endemic to the everyday operations of organizations that take care of ill and injured people. One thing that I've learned from working with people in health care is that peace is a state of an environment that requires holding and requires keeping, and that healing is a collective endeavor done with and by many individuals from many disciplinary backgrounds so, chaplains, nurses, physicians, ethics consultants, therapists. And all of these people who probably do their most critical work with patients and with each other when it's quiet.

[00:02:11] HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

RENTMEESTER: We might ask students and trainees how they see themselves as promoting peace or quiet in health care. We don't often do that, but giving them an opportunity to think about that, I think, would be important. So, quiet in health care is a political and ethical investment that goes against many social, cultural, and physical, environmental trends toward loudness in popular culture, and I would argue, in health care. We have many sources of excess noise in our midst, even in health care settings. There are device alarms that might or might not be serving a patient-centered purpose.

There are televisions in patients' rooms or in waiting areas that no one, or maybe few, if any, people are actually watching. And we also have a lot of shows that tend to center their storytelling on some of the worst things that exist in health care, especially stress, excess noise, and conflict. That makes drama, right? And we forget that we—clinicians, families, ill and injured people—have really nothing much to gain by such dramatization of these really culturally dysfunctional features of health care.

[00:03:47] HOFF: And finally, if you could add a point to your article that you didn't have the time or space for, what would that be?

RENTMEESTER: Well, in real life, when health care is functioning well, good clinicians strive for precision teamwork, evidence-based care planning, and patient-centered management. And also in real life, clinicians are taught to incorporate and routinize what they do together every day. Clinicians get good at what they do by doing it over and over and over again together. So, while we have lots of shows that glamorize or dramatize instability in health care situations, skilled clinicians in real life generally strive to control just about any variable that they can. Most anything clinicians do in an emergency situation, for example, is for the purpose of restoring homeostasis of a patient and promoting stability. And these are fundamental preconditions of quiet and peace that are required for healing. Everyone in health care, especially patients, and I would argue also students, trainees, and clinicians, really need health care organizations to be places of peace, and this theme issue investigates what it means to establish and maintain health care as peaceful. And we as a culture deeply need health care sites to be known for healing and peace, not for bravado or drama or entertainment. Our lived experiences of illness and injury really require us, ethically and clinically, to structure our health care places and spaces for quiet. [theme music returns]

[00:05:41] HOFF: Dr Rentmeester, thank you so much for being back on the podcast and for your contribution to the Journal this month.

RENTMEESTER: 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*.