

Episode: *Author Interview: “Hospital Design Standards and the AMA”*

Guest: Jorie Braunold, MLIS

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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 Jorie Braunold, the archivist for the American Medical Association in Chicago, Illinois. She’s here to discuss her article, “*Hospital Design Standards and the AMA*,” in the December 2024 issue of the Journal, [Evidence-Based Design in Health Care](#). Jorie, thank you so much for being back on the podcast. [music fades]

JORIE BRAUNOLD: Thanks for having me, Tim.

[00:00:40] HOFF: So, what’s the main ethics point of this month’s contribution to the Journal?

BRAUNOLD: Creating safe and hygienic spaces for patients to receive medical treatment was one of the most important contributions that physicians, and organized medicine more broadly, made to public health. The AMA at the beginning was probably more interested in issues like ventilation and sanitation than almost anything else because the effects of these interventions would’ve been so huge. This meant, in part at least, that treating people who couldn’t afford medical care at home for one reason or another was paramount to the profession, and that doctors felt it was part of their mission as physicians to treat all members of the population, not just those who could afford it or had insurance. To that end, there was a lot of experimentation within the profession at these charity hospitals, and the AMA would regularly discuss ones that had succeeded in creating better spaces for their patients to get well in, and how they managed to accomplish that, sometimes with diagrams in the transactions or site visits for interested parties.

Toward the end of the 19th century, the AMA and physicians in general left things like sanitation and hospital design to specialists, but there’s definitely still a role for them to play in ensuring that hospital standards are met everywhere and that everyone can have access to a clean and safe hospital environment. They don’t have to get into the nitty gritty of where air vents and wash basins should go necessarily, but they can certainly have a say in making hospitals more humane places of healing.

[00:02:05] HOFF: And so, what’s the most important thing for health professions students and trainees to take from your article?

BRAUNOLD: One thing I've learned, not just from this article, but from others on the history of medicine, is the importance of humility. There were so many times that doctors were just wrong about things and actually made them worse. I talked in this article about how puerperal fever was spreading like crazy through lying-in hospitals, and it was hard for physicians to accept that their modern and scientific facilities could be causing so much harm to their patients. That could also be why it was ultimately necessary for someone outside of their world to come in and make changes like Florence Nightingale did. She didn't have to worry about rebuke from her peers or damage to her profession's reputation. She could just analyze the situation, figure out what the issue was, and solve for it. It wasn't the first time, and obviously, it won't be the last, that physicians miss something and took some convincing to come around to the idea of making changes. If you're training to become a doctor, it's probably easiest to question the sort of established order of things at this point, as a student or trainee, when you haven't yet become inured to it and you've become part of the system.

[00:03:09] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space for, what would that be?

BRAUNOLD: This just goes to the sometimes dismissal or even outright hostility physicians can have toward other medical professionals doing what they think of as the work of a physician. But Florence Nightingale, who was mentioned only as a caregiver in the AMA transactions, not only perfected the hospital design that the AMA eventually began to recommend, but essentially invented the field of evidence-based design. She was a compassionate and devoted caregiver, and that's primarily what everybody of that time period preferred to view her as. But her actual interests and biggest contributions were far more scientific.

When she went to the Army hospital in Crimea, her main goal was to collect data and use it to provide evidence for making reforms. When the war was over, she wrote an 800-page report analyzing her experience and proposing reforms for other military hospitals. And in response, the government completely restructured the administrative department of the War Office and created a Royal Commission for the Health of the Army. She was then able to take the data collected by the Commission's statisticians and visualize it in a way that made it accessible to the average person. She basically invented infographics. She certainly had her issues with racism and misogyny, like most members of the health profession at that time, and I don't think we need to valorize her as an uncomplicated hero. [theme music returns] But she was also criminally underestimated because of her gender and her position as a nurse rather than physician.

[00:04:39] HOFF: Jorie, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

BRAUNOLD: 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. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.