

Episode: *Editorial Fellow Interview: “How Design Affects Health”*

Guest: Joy C. Liu, MD, MPH

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 Dr Joy Liu, a hospice and palliative medicine fellow at the Icahn School of Medicine at Mount Sinai in New York City, and the editorial fellow who curated this month's issue. She's here to discuss the December 2024 issue of the Journal, [Evidence-Based Design in Health Care](#). Dr Liu, thank you so much for being here.

DR JOY LIU: Thanks for having me. [music fades]

[00:00:40] HOFF: So, what is the main ethics point of this issue?

LIU: The goal of this issue is to challenge people to think about the built environment as a component of healing. We know that our environments affect our health, and health care facilities in particular are environments where a lot of curing or healing is supposed to happen. What does it mean to treat the design of these spaces like any other non-invasive and non-pharmacologic intervention to improve health? I think that mindset towards a space that patients, families, and health care workers navigate on sometimes a daily basis raises really interesting questions that the authors in this issue grapple with: things like design and consent in dementia care environments; making the case for retrofitting or renovating; the history of how this mindset came to be, which traces all the way back to the late 1800s. This group of authors is really at the frontier of exploring what we now call evidence-based design in health care. And I hope reading and listening to the ideas in this issue will help you look at your health care space in a slightly different way.

[00:01:53] HOFF: What's the most important thing for health professions students and trainees specifically to be taking from this issue?

LIU: As someone who went through traditional medical training for a number of years, I think I spent a lot of time learning about medications or procedures or surgeries or therapies to help my patients be healthier. It becomes easy to view those things as the basis of healing, and I think we sometimes forget that the environment we navigate every single day also matters. A patient who can't sleep because there's no sound masking system. A patient who falls, and we don't really think about signage or lighting or how visible that room is to staff. And it's not just patients, it's also health care

workers. How many times have you had to work in oh, a windowless room the size of a closet or eat lunch sitting in front of any available computer? It's easy to not even think about those things because it seems unchangeable and outside of anyone's control. But it doesn't have to be. What if we treat designing our health care spaces like we treat physical therapy, for example—as another tool in our toolbox of ways to try and improve health—and subject design to the same rigor and scientific study that we hold other interventions to? That's the basis for the field of evidence-based design.

When I was reviewing the literature to put the issue together, I came across this idea that you cannot heal in the same environment in which you got sick. To put it very simply, I think the question is, how do we build an environment that will help you heal? And I would invite students and trainees to be part of answering that question.

[00:03:48] HOFF: And finally, if you could add something to this issue, something you think the articles as presented don't fully explore, or even just highlight something already there, what would that be?

LIU: As we talk about the development and growth of evidence-based design in health care, I think it's really important to think about who has been at the table to make design decisions; designs that are specifically intended to keep certain people out, also known as hostile architecture; and how to adapt and design for places that are resource limited. I think there's a misconception that design is a luxury for health care organizations with a lot of money, but I don't think that's the future of evidence-based design. We need to be able to design with patient and provider input in a way that includes patients who've not always been welcomed. We need to value data and allow room for revision. [theme music returns] And we can do this in creative ways, including, and sometimes especially, when resources are limited. And I think that's where we should be heading.

[00:04:58] HOFF: Dr Liu, thank you so much for your time on the podcast today, and thanks for all your work in helping to put together this fantastic issue.

LIU: Thank you for having me.

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*.