

Episode: *Author Interview: “Ethics of Learning Surgical Autonomy in Safety-Net Hospital Systems With Patients Who Are Incarcerated”*

Guest: Kala T. Pham

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 Kala T. Pham, a second-year medical student at Baylor College of Medicine in Houston, Texas. She’s here to discuss her article, coauthored with Dr Rachel W. Davis, “*Ethics of Learning Surgical Autonomy in Safety-Net Hospital Systems With Patients Who Are Incarcerated*,” in the April 2025 issue of the Journal, [Surgical Care of Incarcerated Patients](#). Kala, thank you so much for being here.

KALA PHAM: Thanks, Tim. Happy to be here. [music fades]

[00:00:46] HOFF: So, what is the main ethics point that you and Dr Davis are making in your article?

PHAM: Absolutely. So the central question of this article revolves around the tension between surgical trainee autonomy and the equitable treatment of incarcerated patients within safety-net hospital systems. While safety-net hospitals provide essential training opportunities for residents, such as allowing them to develop autonomy and refine surgical skills, incarcerated patients face unique vulnerabilities that may limit their ability to exercise true autonomy in their care decisions. Additionally, the power dynamics between physicians and incarcerated individuals is inherently unequal, which raises concerns about coercion in medical decision making. The article urges surgical trainees to be critically aware of these issues and ensure that patient autonomy and ethical care remain central to their practice.

[00:01:39] HOFF: You just hinted at it there, but if we could talk about it a little bit more, what’s the thing that health professions students and trainees should be taking from this article?

PHAM: Great question. So, the article really emphasizes that the critical lesson we want trainees to take away from this is the importance of ethical awareness and patient advocacy when they’re providing care to these incarcerated individuals. Trainees often like training in public and safety-net hospitals because they provide residents with greater autonomy; however, because you’re working with such a vulnerable population, there’s a higher ethical responsibility that they have to these patients. So, some key takeaways we wanted trainees to take away from this paper are four major things.

One, recognizing the power imbalance that incarcerated patients have that limit their ability to refuse care. Two, avoiding assumptions and biases, especially because subconsciously, physicians and residents may assume that patients are malingering. Third, understanding that there are institutional biases and barriers. There can be delays in care and inability to access necessary post-operative follow-ups, and so having trainees recognize these can help with advocacy. And then fourth, and finally, balancing training needs with patient welfare. Sometimes trainees can be overexcited about performing operations; however, they have to question whether certain procedures should be performed by more experienced surgeons.

[00:03:04] HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

PHAM: One significant addition to the article that Dr Davis and I wanted to add was to emphasize a structured ethics education in surgical training; however, given the fact that this is already such a major topic, we just didn't have the space to talk about that. But some key points we think would be great research points, or further opportunities to look into, is the integration of ethics training into surgical education. So something that residency programs could look into is potentially having dedicated ethics sessions that focus on real-world scenarios involving incarcerated patients. Other additional strategies to explore could be interdisciplinary discussions or having case-based learning and simulations or even encouraging residents to take on more of policy advocacy roles. [theme music returns]

[00:03:56] HOFF: Kala, thank you so much for your time on the podcast today, and thanks to you and Dr Davis for your contribution to the Journal this month.

PHAM: Absolutely. Thank you so much, 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*.