

Episode: *Author Interview: “Centering Social Pediatrics in Graduate Medical Education”*

Guest: Raquel Selcer, MD

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 Raquel Selcer, a fourth-year internal medicine and pediatrics resident whose interests include the integration of advocacy work into medical education and community-driven policy change. They’re here to discuss their article, coauthored with Drs Derek Ross Soled and Rohan Khazanchi, “*Centering Social Pediatrics in Graduate Medical Education*,” in the September 2025 issue of the Journal, [Screening Children for Structural Drivers of Health](#). Dr Selcer, thank you so much for being here.

DR RAQUEL SELCER: Yeah, thank you so much for having me. [music fades]

[00:00:56] HOFF: So, what’s the main ethics point of your article?

SELCER: The key ethics point is really about redefining how we understand and operationalize the principles of justice in pediatric care through building practices of accompaniment and structural competency in our pediatric workforce and within our care delivery system. In medical ethics, we felt that justice traditionally focuses on fair distribution of benefits and burdens, who gets what resources, and how we allocate care equitably, but we think our article argues that justice in pediatrics can’t be just about equal access to clinic visits or medications.

True justice requires us to address structural inequities that are making children sick in the first place. Because of that, we chose to focus on how we would like to see Paul Farmer’s concept of accompaniment operationalized in our health care systems and operationalized in the training of pediatric residents. So it’s really about where accompaniment becomes a central practice to justice. Accompaniment means walking alongside families through health and social crises, recognizing their lived experiences, and working together to change the conditions that create their health disparities. It’s justice as relationship and solidarity, not just as resource allocation.

[00:02:05] HOFF: And so, what should health professions students and trainees specifically be taking from this article?

SELCER: Yeah, our biggest takeaway is that structural competency isn’t like an add-on to medical training; it’s really about needing to be a core principle to be an effective pediatrician in our current world. You can’t really treat a child’s asthma effectively if you

don't understand their housing conditions, and you can't really address their obesity without understanding food access and neighborhood safety. So in our article, we argue that structural competency really requires three key shifts in medical education. First, it means training students to see health and illness within a broader system of power. Second, it really means developing skills for what we call structural interventions. So, not just treating the individual patient, but working to change conditions that made them sick in the first place. And then third, it means recognizing that health care providers, we can't really do this work alone. We need to engage with communities as partners and not really position ourselves as experts that impose our own solutions on a community.

[00:03:05] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

SELCER: Yeah. Looking back, I think we focused so much on structural and institutional changes that we didn't have as much space to address the human cost of doing this work for physicians. I would add a section on preparing trainees to emotionally and psychologically prepare for structural competency work. This work isn't easy, and when you start learning more about how racism and poverty and punitive policies are really making children sick, it can take a toll on us as pediatricians as well and cause moral injury. So, I think I wish we had had a little bit more time to discuss potential interventions for that for medical trainees, because without addressing the sustainability piece of this work, we really risk burning out the physicians that we're trying to train. [theme music returns] And frankly, communities deserve pediatricians who can stay in this work for the long haul.

[00:03:59] HOFF: Dr Selcer, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

SELCER: Yeah, thanks so much 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*.