Episode: *Author Interview: "What Are Ethical Merits and Drawbacks of a Patient's Open and Direct Access to Clinical Information in Their EHRs During a Hospital Stay?"*

Guest: Ibrahim Nawaz Khan
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Transcript: Cheryl Green

Access the podcast.

[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 Ibrahim Nawaz Khan, a fourth-year medical student at the University of Michigan Medical School in Ann Arbor. He's here to discuss his article, coauthored with Dr Lauren Smith, "*What Are Ethical Merits and Drawbacks of a Patient's Open and Direct Access to Clinical Information in Their EHRs During a Hospital Stay?*," in the November 2025 issue of the Journal, *Electronic Health Record Evolution*. Ibrahim, thank you so much for being here. [music fades]

IBRAHIM NAWAZ KHAN: Thanks so much for having me, Tim.

[00:00:51] HOFF: So, what is the main ethics point that you and your coauthor are making in your article?

KHAN: So the key ethical point is the fundamental tension between two core principles of medical ethics. We have patient autonomy, and we have non-maleficence, which means do no harm, in simple terms. On one hand, immediate access to electronic health records, it's a huge win for patient autonomy. It empowers them to be active participants in their care. It moves away from the old doctor-knows-best model of medicine. On the other hand, as you see in this case, this immediate access can cause some harm. A patient might see their raw medical data without context, leading to significant anxiety, confusion, and distress. The central ethical challenge, therefore, is about choosing one, not choosing one principle over the other, but about finding the right balance and kind of upholding a patient's right to their information while simultaneously protecting them from harm.

[00:01:42] HOFF: And so, what should your fellow health professions students and trainees be taking from your article?

KHAN: I think the biggest takeaway that we tried to make is that the game has kind of changed. The days of us being the gatekeepers of information, holding on to results until we're ready to talk about them, are kind of over. Patients are going to see their results in real time. That means that we have to switch from being reactive to being proactive. Instead of waiting for a panicked phone call from a patient, we need to get out

ahead of it. And it can be as simple as after you order a test saying something like, “Hey, just so you know, the report from this scan is going to pop up in your portal as soon as it’s ready. It might have a lot of technical terms. Let’s make a plan right now to review it together, and please try not to worry if you see complex words before we get a chance to talk.” It seems like a small thing, but I think it could transform a potentially scary encounter into an opportunity to build trust and rapport with the patient and work together as a team.

[00:02:35] 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?

KHAN: Yeah, there’s a lot of different elements of this paper, and it’s kind of an evolving environment with patient autonomy as well. But if I could add one more thing, I think it would be about equity. Because this whole open access movement doesn’t affect everyone in the same way, and I don’t think that’s something that you can ignore. If you’re a patient with high health literacy, great resources, getting your data instantly could feel really empowering, especially if you know how to interpret those yourself. But if you’re a patient who has a language barrier or you have low health literacy, or if you’re just not comfortable with technology, for that person, a page of raw data, I don’t think it’s empowering. But on the other hand, it sounds like it’s overwhelming and could even be isolating. So I think that’s a huge problem because it means we risk making existing health disparities even wider. [theme music returns] So, as we build these new, transparent systems, I think we have an ethical obligation to kind of design them for everyone.

[00:03:34] HOFF: Ibrahim, thank you so much for your time on the podcast, and thanks to you and your coauthor for your contribution to the Journal this month.

KHAN: All right. Thanks so much, Tim.

HOFF: To read this 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*.