

Episode: **Author Interview: “How Should Clinicians Help Homeless Trauma Survivors Make Irreversible Surgical Care Decisions?”**

Guest: Eva Regel, LICSW
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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 format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Eva Regel, a member of the Guardianship Team and the Optimum Care Committee at Massachusetts General Hospital in Boston. She's with me to discuss her article, *How Should Clinicians Help Homeless Trauma Survivors Make Irreversible Surgical Care Decisions?* in the November 2021 issue of the Journal, *Health Care and Homelessness*. Eva, thank you so much for joining me on the podcast. [music fades out]

EVA REGEL: Oh, thank you so much, Tim, for having me. It's a great pleasure to be here.

HOFF: So, to begin with, what is the main ethics point of your article?

REGEL: I would say that the purpose to write this paper and the main point of, ethical point of, this article is to remember and to allow the providers to understand that they have ethical and professional obligations to support the autonomy of patients with psychosocial trauma through an understanding of the neurobiological effects of trauma. I think that is the main point, is that just because patients with psychosocial trauma present with, frequently, altered cognition, it doesn't mean that they have altered decision-making capacity.

HOFF: Mm.

REGEL: I think frequently in acute care setting, that's sort of a perception of patients who come frequently altered. Those patients frequently are homeless, and questions whether they're able to make informed decisions or provide informed consent frequently arises. So, I think that's sort of the reasons why I embarked on writing this paper.

HOFF: Hmm. And with that in mind, what is the most important thing for health professions students and trainees to take from your article?

REGEL: I think when it comes to a patient population with histories of psychosocial trauma, the capacity assessment and communication about treatment plan, I think, should be based on a very solid understanding that psychosocial trauma, especially trauma associated with childhood abuse, will affect the processing of information provided during those conversations. And that is of great importance to have an understanding and awareness that patients who have experience or continue to experience trauma do not have compromised decision-making capacity. Frequently, I mean, not frequently, but I mean, often they might, but we cannot assume that they do. And that we should understand that just because we feel that patients might have altered cognition, it doesn't mean that we need to sort of rush into looking whether those patients need a guardian. So,

what we do need instead is to have additional conversations to help them to understand what was proposed and to help those patients develop some relationship with providers.

I think it's a critical point, and it's frequently misunderstood and overlooked in a very demanding and pretty fast-paced acute medical setting that have constant pressures of sort of systemic demands for allocation fairly of scarce resources, for example, such as beds. So, I think that is the main point, is that the providers have to keep that in mind. It's important to give those patients, in particular patients with psychosocial history of trauma, childhood trauma, an ability to exercise their autonomy and ability to really make their own decisions and not to take that away from them.

HOFF: Mm. And if you could add a point to your article that you don't feel like you fully got to explore, what would that be?

REGEL: Unfortunately, I can run out of a word limit on the paper.

HOFF: [laughs]

REGEL: But I think what was important to me, and I did have to take it out, but what was important also to add is the alterations that I think that should be done in medical schools and residency when it comes to educating new doctors about neurophysiological effects of psychosocial trauma and how to really work with patients who experience psychosocial trauma, and again, especially childhood trauma. So, I would, I probably would spend a little bit more time if I had an opportunity to talk about the importance of developing modules—I know some schools do have some sort of a beginning of that work—but the importance of developing modules that will be directly addressing the issues around care of this very complex patient population.

HOFF: Mm. Well, that sounds like it could be an entire article just by itself. [bright theme music returns]

REGEL: Yeah.

HOFF: So, I think you're in luck for future work.

REGEL: Yeah, probably, especially given the ongoing pandemic, I think you're absolutely right.

HOFF: Absolutely. Thank you so much for joining me and for sharing your expertise.

REGEL: Thank you so much, Tim.

HOFF: To read the full article and the rest of the November 2021 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.