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 Dr Ricky Shinall, an Assistant Professor of Surgery and Medicine at Vanderbilt University Medical Center in Nashville, Tennessee. He’s with me to discuss his article, “Aren’t Surgery and Palliative Care Kind of Opposites?” in the October 2021 issue of the Journal, Palliative Surgery. Dr Shinall, thank you so much for being here.

DR RICKY SHINALL: Thank you so much for having me.

HOFF: To begin with, what’s the main ethics point of your article?

SHINALL: Really, the main point of the article is that palliation is about ends and that a number of different means, including sometimes surgery, can be appropriate to that end.

HOFF: Wonderful. And what is the most important thing for health professions students and trainees to take from your article?

SHINALL: I think the most important takeaway that kind of goes along with that main message is that when clinicians are thinking about a palliative approach to a patient’s problem, they really need to keep an open mind about the various ways that you can accomplish palliation and not jump too soon to take things off the table. And so, it requires a lot of thoughtfulness to think maybe this or that therapy, even if it’s a fairly intensive therapy or a therapy that we don’t often use for palliation, may be appropriate in this context to palliate this patient’s particular issues.

HOFF: Hmm. And finally, if you could add a point to your article, what would that be?

SHINALL: I think I would add about how difficult that discernment that I just talked about is.

HOFF: Mmhmm.

SHINALL: That deciding whether especially something like surgery is appropriate to palliate someone’s issue is a very fraught judgment that we don’t have a lot of good data on to help clinicians make that decision. So, a lot of it requires some very careful consideration and some real honesty with ourselves about our uncertainties, and that a lot of times we don’t actually know what the best means to achieve palliation is. But we have to do the best that we can with the knowledge that we have currently available for the patient that’s facing us. [bright theme music returns]
HOFF: Great. Well, Dr Shinall, thank you very much for your time and for being on the show.

SHINALL: Thank you again for having me.

HOFF: To read Dr Shinall’s article and the rest of the October 2021 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.