

Episode: **Author Interview: “*Training Clinicians to Care for Patients Where They Are*”**

Guest: Margaret Sullivan, DrPH, FNP-BC

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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 Dr Margaret Sullivan, a primary care clinician at Boston Health Care for the Homeless in Massachusetts and a post-doctoral research fellow at the Center for Health and Human Rights at Harvard University. She's with me to discuss her article, co-authored with Emily Lisovy, Dr Jill Roncarati, Dr Howard Koh, and Dr James O'Connell, “*Training Clinicians to Care for Patients Where They Are*”, in the November 2021 issue of the Journal, *Health Care and Homelessness*. Dr Sullivan, thank you so much for joining me on *Ethics Talk*. [music fades out]

DR MARGARET SULLIVAN: Thank you so much for having me and for highlighting this important topic.

HOFF: To begin with, what is the ethics point of your article?

SULLIVAN: So, that we have so many people who continue to experience homelessness and who have premature lifespans because of their homelessness, and that clinicians don't get trained early on in their careers to learn how to address it.

HOFF: Mm.

SULLIVAN: And so, I would say that the key point that we're trying to make in the article is that clinicians—whether they're medical students, nursing students, physician assistant students—are not trained early in their careers to learn how to deliver health care to people who are experiencing homelessness.

HOFF: Mm.

SULLIVAN: And the numbers of people who are homeless in the United States continues to be a persistent problem. And so, just to describe a little bit the size of the problem, there's close to about 600,000 people in this country who experience homelessness on any given night. And throughout the course of a year, about one and a half million people experience homelessness. And so, this is a really large problem that hasn't changed very much over decades. And as health care professionals, we haven't spent a lot of time focused on learning how to deliver health care to this really marginalized population.

HOFF: Great. And since so much of this seems to focus around training, what do you think is the most important thing for health professions students and trainees to take from your article?

SULLIVAN: I think that one of the most important things is that learning how to take care of people who are surviving under conditions of poverty is really key to learning how to deliver health care today, wherever you are, whether you're in the U.S. or a different country. And that doesn't necessarily mean that somebody is homeless.

HOFF: Hmm.

SULLIVAN: So, there's a lot of people who are living in conditions of poverty, some of who are homeless, but some of who are not. And I think that spending time to seek out the courses and training opportunities that you have to learn how to adapt your health care delivery to people who are living under these conditions of poverty is important.

The other piece that I would mention is that a number of students or even clinicians may exempt themselves from this topic and think, "I don't take care of people who are homeless. I don't work in a health care for the homeless clinic. I'm not dedicating my life to health care for homeless folks. It's important. I care about it, but this is not quote-unquote 'my patient population'." And so, I think the other really important takeaway is that most of us in our careers have taken care of people who have experienced homelessness or who are at significant risk of experiencing homelessness, and we may not know it. So, it's important to realize that if you say to yourself, "I don't work with people who are homeless, or I don't want to," that you may be unintentionally not seeing the full context of the life of somebody who you're taking care of.

One of the other points that I wanted to make is that in learning how, or in addressing this issue, we tend to read these articles either as clinicians or students by ourselves, but also thinking about this as a group effort and that none of us can do this alone and that we need one another from interdisciplinary fields. So, case managers, social workers, therapists, dentists, podiatrists we need. We can't help to take care of this patient population and deliver the care that they need by ourselves.

And it's overwhelming when you think about trying to do it alone. And I think that that's one of the reasons why working at the community health center where I work at feels possible and meaningful is because we have such rich interdisciplinary teams. And I think that trying to go it alone and doing it by yourself is not a way to make a meaningful impact. But doing it together in an interdisciplinary way is the most effective way to work with this population.

HOFF: Hmm. That's a very good point. Thank you. And finally, if you could add something to your article that you don't feel like you got to fully explore, what would that be?

SULLIVAN: I think that one of the points that I would add is that I don't know that in the article we had the space to really stress that much, that the number of people who are experiencing homelessness hasn't changed over decades, and the higher all-cause mortality rates of people experiencing homelessness also hasn't changed over decades. And so, there's something that we need to do differently, not just in the health care field, but whether it's in economics, employment, education. But certainly, as people who are health care professionals, we need to learn how to do something different in this setting of vulnerability that really hasn't changed in decades. Now, that doesn't mean that the types of people who experience homelessness, which are varied, or the reasons that people may experience premature mortality haven't changed, which they have. But really, the overall rates and numbers haven't changed. And so, this is just something that we need to address collectively and do something differently about. [bright theme music returns]

HOFF: Dr Sullivan, thank you for being on the podcast and for your contribution to the Journal.

SULLIVAN: Thank you so much for having me.

HOFF: To read the full article and the rest of the November 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*.