Episode: Author Interview: "Should A Physician Ever Violate SWAT or TEMS Protocol in a Mass Casualty Incident?"

Guest: Brandon Morshedi, MD, DPT, FACEP, FAEMS, NRP

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[bright theme music]

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. With me on this episode is Dr. Brandon Morshedi, an Associate Professor of Emergency Medicine and Associate Division Chief in the Division of Emergency Medical Services at the University of Texas Southwestern Medical Center in Dallas. He's also the Deputy Medical Director for the City of Dallas Fire Rescue Department and the Assistant Medical Director, a reserve specialist, and a tactical physician for the Dallas Police Department SWAT team. He's here to discuss his article coauthored with Faroukh Mehkri, Should A Physician Ever Violate SWAT or TEMS Protocol in a Mass Casualty Incident? in the February 2022 issue of The Journal, Tactical Health and Law Enforcement. Before we begin, I'd like to note that this episode does contain a brief description of an active shooter incident. So, if you'd like to avoid hearing that, now is your opportunity to close the podcast. Dr. Morshedi, thank you so much for being on the podcast today. [music fades out]

DR BRANDON MORSHEDI: Yeah, Tim, thanks for having me.

HOFF: To begin with, what is the main ethics point that you're making in your article?

MORSHEDI: So, in our article, the key ethics principles are those of justice and beneficence, which ironically, are at odds with each other in this scenario. So, the principle of beneficence dictates that we act in the best interests of others, which in this scenario means that we treat those who are most likely to benefit from our interventions, which is unfortunately the suspect in this case. The opposite argument is made by the ethical principle of justice, which dictates that we provide fair and equitable distribution of our limited resources. And it can easily be determined in this scenario that the two innocent victims are more deserving of those resources. So, those are the two primary ethical principles.

HOFF: Sure. Can you please give a brief overview of the case that you're working with, for context?

MORSHEDI: Of course. So, it's one of the scenarios that unfortunately is becoming more common in today's world with an active shooter scenario. We have a suspect who was at a local business, began shooting hostages. There are innocent civilians and law enforcement officers that are down, as well as the suspect was neutralized by law enforcement. So, we have three potential victims that are still technically alive, and the tactical physician on scene is tasked with which one should he or she save.

HOFF: Mmhmm. And what do you see as the most important thing for health professions students and trainees to take from your article?

MORSHEDI: I think the most important thing for the health professionals to take away from this article is that we should do our best to maintain objectivity throughout our clinical assessments and treatments. It's nearly impossible to take emotion out of every clinical encounter because after all, we're humans, but we can't allow those emotions to cloud our objectivity and our rational thinking. This scenario could've been even more challenging towards emotions if it had involved a child or, for example, if the female civilian was a late-term pregnancy.

HOFF: Mmhmm. 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?

MORSHEDI: Yeah, if there was one more point I could've expounded upon in the article, I think it would've been good to include an extensive discussion on how either decision that the provider makes in this scenario can be supported by either ethical principle or by objective criteria or by industry standards. What's most important is that any decision that's made, it must be after evaluating pros and cons and after arriving at an informed decision.

HOFF: Mmhmm.

MORSHEDI: Some clinical situations give you more time than others to think through those things. This is probably not one of those scenarios. In the end, you just have to live with whatever decision is made, whether a good outcome or a bad outcome. That outcome will either reinforce that future decision-making going forward or give you additional training principles to allow you to make better, quicker decisions in the future. [theme music returns]

HOFF: Dr Morshedi, thank you so much for your expertise on this topic and for being on the podcast.

MORSHEDI: Thank you, Tim.

HOFF: To read the full article, as well as the rest of the February 2022 issue for free, visit our site, <u>JournalofEthics.org</u>. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.