

Episode: ***Author Interview: “How Should Exposure Risk to Tactical Personnel be Balanced Against Clinical and Ethical Rescue Demand?”***

Guest: Mollie V. Williams, MD, MPH

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Transcript by: Cheryl Green

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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 Mollie Williams, the Program Director of the Emergency Medicine Residency Program at Brooklyn Hospital Center in New York City. She's here to discuss her article coauthored with Dr Olaitan Ajisafe, [How Should Exposure Risk To Tactical Personnel be Balanced Against Clinical and Ethical Rescue Demand?](#), in the February 2022 issue of *The Journal*, [Tactical Health and Law Enforcement](#). Dr Williams, thank you so much for being on the podcast today. [music fades out]

DR MOLLIE WILLIAMS: Timothy, thank you so much for the invite, and it is my pleasure to be here.

HOFF: To begin with, what's the main ethics point that you're advancing in this article?

WILLIAMS: I think some of the key ethical points entailed in this issue are really to address some of the specific factors that go into responding, both as a pre-hospital responder as well as a first responder or a first receiver in the hospital of some of the possible CBRNE or what we call CBRNE events that are associated with emergency management or disaster. And when I see CBRNE, I'm talking about chemical, biological, radiologic, nuclear, and explosive devices being used to cause mass disruption.

From an ethical standpoint, it's important to understand that each of these events in themselves have their own inherent risks, and with those risks come ethical questions, right? Questions about whether or not we care for the patient first or protect those that are around us by decontaminating? Do we rush in to save lives after an explosion, or do we wait to make sure that the area or the surrounding areas are safe for our first responders and for all of the other people that are responding to these events, and bystanders? I think it's also important to further understand that sometimes it's not just the event as it happens, but then the sequela.

HOFF: Mm.

WILLIAMS: Kind of as we're seeing with this current pandemic, there are some events that will last longer than a day or two days, and we'll start to exhaust our resources in figuring out how to respond and to react when that happens. So, those are some of the key points or the key ethical points of this article.

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

WILLIAMS: I think the most important thing to take from this article as a health professional student or as a trainee is the understanding that we need to be prepared. And it starts with the early conversations, the conversations about, what do I do when this happens? What is the most appropriate thing to do? Understanding that what we conceive as the standard of care when we are in our normal environments, when we have enough resources, both material and manmade, understanding that that is going to differ from the care that we are going to provide in what we would call not our altered standards of care, but our crisis standards of care. Understanding that there's going to be a shift from what we normally do on a day where we are normally functioning and our infrastructure is sound.

And kind of reviewing in our minds, how do I feel about these things, right? What are some of the choices that I'm going to have to make? Looking at it from the ethical standpoint, what happens when I have to decide whether or not I continue with the critical care that I would normally invoke on this type of patient versus now, in that same patient, I may be now having to decide palliative care because I'm not afforded enough resources during this time of crisis. So, I think that the most important thing is to really start to have these discussions, to be prepared, to be involved in those emergency management discussions, and to begin to get involved in them early.

I think it's also important for us to kind of look at what we call our virtue-based ethics because a lot of times when it comes to disaster, we have to shift how we think, whereas with virtue-based ethics, we are caring for one patient at a time. And so, it's very easy to make those decisions. And I won't say easy, but it's easier when we have adequate resources, when we have everything that we need to kind of use our base judgment, to use our prudence, our courage, right, our justice, our resilience, our sense of charity, to be able to use those things in order to make these decisions versus when we are faced with crisis or with disaster, when we have to shift to the more utilitarian-based theory where we have to do the greatest good for the greatest number of individuals. And sometimes that means that we're not going to be able to get every person the ventilator. We're not going to be able to give every person the antidote. We're not going to be able to take every patient or person to the OR. And so, for me, again, the most important thing would really be to be prepared and start having these discussions now.

HOFF: Hmm. And finally, if you could add a point to your article that you didn't have the space or time to fully get into, what would that be? If you could choose one? [chuckles]

WILLIAMS: [laughs] There's so many. I think it's difficult. In preparing for this article, looking at the paucity of information out there on making these decisions, I think the federal government, as well as state and local legislations, they do an awesome job with providing us the framework for making these decisions or for discussing these decisions. They give us the definitions, they give us the tools, they give us the guidelines. But what we don't have is a solid, "This is what you do if A, B, and C happens." And I think it's going to be difficult in any event. But I think if I had more time, more space, more lines to write, I think really exploring the processes that go into place into making these decisions, and how do we come to that place? What are some of the resources that we have available, both within our institution and externally? And kind of maybe even compiling that information so that that's a great resource for individuals going forward when we start having these discussions in our emergency management and disaster preparedness meetings. You know, just really trying to figure out, I need a solid A, B, and C.

There's a lot of discussion about what we should be thinking about and looking at, harm to both your staff and their family members. Even with COVID now, people wanted to volunteer and work, but there was also that fear that they were going to get sick or take that sickness, not just for themselves. Because most of us, as a first responder and as a first receiver, when you're out in the field, sometimes you don't really think of yourself. You want to do the good for the person in front of you. But then on the back end you're thinking, "Oh my goodness. This is something I could potentially take home to my family?"

HOFF: Mmhmm.

WILLIAMS: So, how do we deal with that? I think that those are some of the questions that I wanted to maybe look a little more at is, how do we deal with these decisions that we make every day kind of going out? And once we lend ourselves to crisis care and we're into that mode where we really are trying to care for the most people and we start to put ourselves to the side, but what are some of the other implications of those decisions? How does it impact those around us, our coworkers? How does it impact our family members? And just really, how do we make these key decisions? When we're at surge, how do we allocate? How do we reallocate resources? How do we switch and change gears when it's triage, right? Those patients that would go immediately to the ICU are now, once we've sort of saturated what we have and our beds are no longer available, how do we shift that mind?

So, I think what I really wish I had time to do was just spend some more time giving more answers rather than talking a little bit about the framework and how that works. And how do we, you know, some of the theories behind making those decisions and maybe providing some of that hard, tough information on when you're sort of in the trenches, how do we make those hard decisions, or what are some of the resources that we can provide?  
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HOFF: Dr Williams, thank you so much for your contribution to the Journal and for being on the podcast today.

WILLIAMS: Thank you so very much for having me. It's been my pleasure.

HOFF: To read the full article, as well as the rest of the February 2022 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*.