

Episode: *Author Interview: "How Should Health Systems Help Clinicians Manage Bias Against Ex-Combatants?"*

Guest: Chris Reynolds

Host: Tim Hoff

Transcript by: Cheryl Green

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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. Joining me on this episode is Chris Reynolds, a third-year student at the University of Michigan Medical School in Ann Arbor, Michigan. He's here to discuss his article coauthored with Camilo Sánchez Meertens, *How Should Health Systems Help Clinicians Manage Bias Against Ex-Combatants?*, in the June 2022 issue of *The Journal*, [Health Care In Conflict Zones](#). Chris, thank you so much for being on the podcast today. [music fades out]

CHRIS REYNOLDS: Thank you, Tim. It's great to be here with you.

HOFF: So, what's the main ethics point that you and your coauthor are making this article?

REYNOLDS: Sure. I think the main point is that, as we see more and more societies dealing with reintegrating persons into conflict or transitioning from states of conflict into what we call a post-conflict zone, that there's a lot of ethical dilemmas that come out during those times. So, we use the example of the Colombian context where in 2016, the government and the FARC, which is a guerrilla group that had been fighting the government for more than 50 years, reached a peace agreement allowing upwards of 15,000 FARC fighters to come back into society.

HOFF: Mmhmm.

REYNOLDS: And so, we see from this example, and pretty much every other time when a society's trying to reincorporate ex-combatants, that there are some pretty significant ethical dilemmas that arise from this. The ones that we talk about are resource allocation. So, in a world where we have limited resources and often limited funding, limited interest in a setting and time and place like this one, how do we manage the needs of victims while also the needs of perpetrators with all of the implications for hurt and pain and reconciliation that can come with that?

The other that we focus on is how do we best prepare clinicians, many of whom have been affected by the conflict themselves, to adapt a mentality of either willingness to care for ex-combatants, or at the very least, clinical neutrality in approaching the clinical care that they'll give to this population that has hurt them and their families either directly or indirectly through the conflict.

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

REYNOLDS: Sure, I think the two things that we argue in the article for approaching these ethical dilemmas are sort of the incorporation of two values, and those are restorative justice and subsidiarity. And so, restorative justice we see as this mentality or an adoption of values of inclusion and forgiveness and making amends that allows both the perpetrators and the victims to enter into a state of mutual healing together. And I think that the takeaway is not only for post-conflict settings, but anytime clinicians or we as trainees are dealing with a population that gives us pause, or perhaps we have an implicit or explicit bias towards, that restorative justice can be a really useful tool, the more that we learn about that and try to incorporate that into our interactions.

HOFF: Mmhmm.

REYNOLDS: Subsidiarity is the other one that we argue for. And that's the idea that local communities should be empowered to, with the resources and the tools, to be able to deal with both ethical dilemmas and the various resource issues themselves. I think whenever you have a huge countrywide and even worldwide process like this—you know, the peace agreement was hailed by the international community and resulted in the awarding of the Nobel Peace Prize—it can be easy to take a top-down approach. And oftentimes the difficulty of those approaches are that sometimes you get the resources you need, but they don't always reach the communities or are implemented in a way that is most effective.

HOFF: Hmm.

REYNOLDS: And so, subsidiarity redistributes that decision making and resource allocation process to allow local communities to be agents in their own empowerment for addressing the ethical situations that they need to and then finding solutions for them.

HOFF: 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?

REYNOLDS: Mmhmm. I think actually, it's sort of a combo, or I'd like to do two, if that's all right.

HOFF: [chuckles] Sure.

REYNOLDS: The first is that we present the case of one health care worker who's worked for a long time in his community, who had an explicit bias towards this ex-combatant community. Among all of the people that we interviewed with this study and the others that we did, that was certainly the minority of opinion, and most health care workers were very excited about the opportunity to care for this population, even if they themselves had been affected by the conflict.

HOFF: Hmm.

REYNOLDS: And I think that presents a very exciting opportunity for governments and health systems, in that health care workers want to be agents of peace building. And they see their role as a vocation to be not only clinicians to care for a marginalized population, but also, like I said, agents for their nation and their country to promote this peace moving forward. Though that belief or that desire existed, there were many clinicians who didn't know how they could most appropriately engage with this population, whether it was going on a medical brigade or devoting a certain portion of their time to research among this

population. And so, there's this great desire to serve and be part of this great movement, but a lack of opportunity.

And so, I think that's the big thing that we'd really like to add to what we had already written is that there's this incredible opportunity for health systems and governments if they can find ways to incentivize health care providers and give them the time and the space to work with these groups, that you could address a lot of the disparities that are seen in not enough providers working in these areas or the populations themselves, both victims and perpetrators, not having access to the health care services that they need. [theme music returns]

HOFF: Hmm. Chris, thank you so much for being on the podcast today and for you and your coauthor's contribution to the Journal this month.

REYNOLDS: Thank you so much, Tim. This was a great opportunity.

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