

Episode: *Author Interview: “What Should Clinicians and Patients Know About the Clinical Gaze, Disability, and Iatrogenic Harm When Making Decisions?”*

Guest: Chloë G. K. Atkins, PhD

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[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 Dr Chloë Atkins, an Associate Professor in the Department of Political Science at the University of Toronto in Ontario, Canada, and a primary investigator of the PROUD Project—Unemployment and Disability. She’s here to discuss her article coauthored with Dr Sunit Das, *What Should Clinicians and Patients Know About the Clinical Gaze, Disability, and Iatrogenic Harm When Making Decisions?*, in the August 2022 issue of *The Journal*, [Inequity and Iatrogenic Harm](#). Dr Atkins, thank you so much for being on the podcast with me. [music fades]

DR CHLOË ATKINS: Thanks so much for having me. It’s a pleasure to be here.

HOFF: To begin with, what’s the main ethics point that you and Dr Das are making in this article?

ATKINS: So, Sunit, I’m not a clinician, as you can gather, and Sunit is a neurosurgeon and does a lot of clinical education. I’ve done some myself. And what the key element here is that we’re trying to argue that there’s a gap between how persons who live within a disabling context are seen by an ableist society, and this transfers into medicine, into health care professionals and personnel. It’s just it’s going to. And that the way in which disability is experienced as a component of a life but not as a singularly defining element of a life, can create a dissonance in the patient/physician relationship in particular if people aren’t careful and aren’t aware. And to be honest, most people aren’t. And patients living in a disabling context can challenge or tend, it can often challenge medical treatment, and they can be seen to reject many of the narratives and/or offerings that medicine give them. And so, that medicine and society often construct things about disabled lives, and usually, they see them as incapacitated. And yet the individuals who lead these lives don’t see their lives as incapacitated. So, there’s a tension there.

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

ATKINS: So, just to start from the beginning, the classification of illness or dis-ease presumes a norm from which a patient deviates. And when an individual lives a life with a chronic illness or a chronic dis-ease or disability, they’re already deviating from a norm. And when we rely on evidence-based medicine, which looks at normalizing data to draw conclusions and to make treatment suggestions, it’s been incredibly powerful. But therefore, that runs acute risk for patients with disabilities because they lie quite literally outside or at the edges of a bell curve upon which most medical decision making or suggestions rely. So, individuals with disabilities, just like other members of the minority

ethnicities and classes and races, are circumspect about medical guidance because it often fails to see them culturally and even statistically.

HOFF: Hmm. And finally, if you could add a point to this article that you either didn't have the time or space to fully explore, what would that be?

ATKINS: Well, we make the point that disability's actually, in a sense, normal. It's going to happen. You can't eliminate it. It's part of the sort of human trajectory. What we also argue is that given medicine's increasing capacity to treat chronic illnesses and diseases, in a sense, creates disability. It's the largest minority group in the U.S., according to many statistics. But what we didn't address as a result is really, how do we get critical disability ethics into clinical education, and how do we teach how ableism interacts or acts as a barrier between patients and their health care providers? And so, Sunit and I would really like to try and explore that further and try and how to bring this perspective and its disruption of both clinical and bioethical perspectives into medical education in a concrete manner. [theme music returns]

HOFF: Dr Atkins, thank you so much for your time on the podcast today and for your and Dr Das's contribution to the Journal this month.

ATKINS: Thanks so much, Tim. It was a pleasure to be here.

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