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 Rachel Mindrup, a professional artist, an assistant professor of drawing and painting, and the Richard L Deming, MD, Endowed Chair in Medical Humanities at Creighton University in Omaha, Nebraska. She’s here to discuss her article, Imprints of "Scanxiety," in the July 2022 issue of The Journal, Arts-Based Research in Health Care. Rachel, thank you so much for being on the podcast with me today. [music fades]

RACHEL MINDRUP: Yeah, thanks for having me, Tim.

HOFF: To begin with, what’s the main ethics point of your article?

MINDRUP: If I had to narrow it down to just one—

HOFF: [chuckles]

MINDRUP: —I think as, well, [laughs] I think as, honestly, as a mom and caregiver dealing with a son with multiple brain tumors, I’d probably point to nonmaleficence.

HOFF: Mm.

MINDRUP: That’s usually, I guess, going into brain surgery, I just don’t want my son to be worse off than he was going in. When it comes to my son and the NF tumors, some of it is difficult as a caregiver because we’re just watching them grow. And so, truthfully, the brain tumors in and of themselves are not causing harm per se. So, my son had, he has five of them now, but he had one that was getting to be the size of a plum.

HOFF: Mm.

MINDRUP: But he was fine, so, besides having migraines, which maybe isn’t fine.

HOFF: Right.

MINDRUP: But, you know, but things aren’t too bad. It’s just that if that goes untreated, then the neurosurgeon at the NF clinic said, “You know that he’ll be paralyzed on the left side of his body, and he could be blind. And so, something needs to be done.” But the only issue is, with some of these NF tumors, things are a little dicey. And so, it’s not a straightforward procedure, especially since it was deep in his thalamus.

HOFF: Hmm.
MINDRUP: And so, it was a little experimental. And so, my concern was just that if my son is doing okay now, I really don’t know how comfortable I am with you drilling into his head and brain to sort of make things better for him, [laughs] you know?

HOFF: Mm, mmhmm.

MINDRUP: So, if that makes sense. And so, we went through this whole thing where they’re like, “Well, if we don’t do it, he will be paralyzed. But then if we do do it, he might be paralyzed.”

HOFF: Mm.

MINDRUP: And so, and then they were also kind of warning that there might be temporary brain damage, which, again, temporary is okay as long as it’s really temporary.

HOFF: Mm.

MINDRUP: So, you just spend this time nervous that, you know, I’m handing over my son who’s in what seems to be a pretty good state that I don’t want to receive him back in a completely worse state.

HOFF: Hmm.

MINDRUP: [laughing] And I’m sure the neurosurgeons would agree with me.

HOFF: Ah, sure. Of course.

MINDRUP: Just to be able to essentially do no harm is please, do no harm when it comes to my son’s brain tumors.

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

MINDRUP: I think just to be cognizant of the time in between visits.

HOFF: Hmm.

MINDRUP: My guess is—and I’m not a, obviously, I’m not a physician or health care professional—but I realize that you see the patients, and they go home. But when you’re living with this, the time you have to wait between your scans or even to find those results can just be, it just seems like forever.

HOFF: Mmhmm.

MINDRUP: So, a little bit of that just to remember that even after the patients go home, you’re still part of the team. I think that’s actually what I would like for them to remember is, as from my point of view, I feel like it’s a family. So, they might feel like they’re just treating my son or just doing a simple routine type of thing, but that’s not how I view it.

HOFF: Mm.
MINDRUP: So, I view them as really, some of these people who’ve been helping my son over the years at the NF clinic, it’s like they know him, you know. They just know him by sight now, and they know what he likes

HOFF: Sure.

MINDRUP: They know that he likes Mountain Dew. They know everything about him.

HOFF: Mmhmm.

MINDRUP: So, it’s just so much more than just brain scans.

HOFF: Mmhmm. To wrap up, if you could add a point to your article that you didn’t get the chance to fully explore, what would that be?

MINDRUP: Well, honestly, it’s more for the printmakers out there, but in the printmaking world, most printmakers use copper when they do etchings and aquatints. And copper’s just a nicer metal to use. It can get finer detail and richer. And yet I use zinc. [laughs]

HOFF: Hmm.

MINDRUP: So, zinc is a rough metal, and it’s so unpredictable. So, and it doesn’t have that same finesse. And I like it because I feel like that’s what these MRI scans are like. They’re rough, they’re long. And you can’t, you know, there is that sort of irony that you’re not allowed to have any sort of metal, and yet I’m using zinc plates to document MRI scans.

BOTH: [laugh]

MINDRUP: But there is something about the zinc plates that I feel are rougher and coarser and seem a little bit more, I guess, in sync with what my son is going through. So, I almost feel like copper plate etchings are a little too nice. [laughs] And so, but again, that’s, I mean, I suppose that’s maybe more for the printmakers in the world if they’re wondering why I’m using zinc.

HOFF: Hmm. Yeah. I don’t think we’ve had anyone speak to their process with that level of detail before, so I’m sure the printmakers in our audience will appreciate that. [theme music returns]

MINDRUP: [laughs]

HOFF: In any case, Rachel, thank you so much for being on the podcast and for your contribution to the Journal.

MINDRUP: Oh, sure. Thanks again for having me.

HOFF: To read the full article as well as the rest of the July 2022 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.