

Episode: *Author Interview: “How Biased and Carceral Responses to Persons With Mental Illness in Acute Medical Care Settings Constitute Iatrogenic Harms”*

Guest: Carmen Black, MD

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 Dr Carmen Black, an Assistant Professor of Psychiatry at the Yale University School of Medicine in New Haven, Connecticut, with a primary clinical appointment at the Connecticut Mental Health Center. She's here to discuss her article, coauthored with Dr Amanda Calhoun, *How Biased and Carceral Responses to Persons With Mental Illness in Acute Medical Care Settings Constitute Iatrogenic Harms*, in the August 2022 issue of the Journal, [Inequity and Iatrogenic Harm](#). Dr Black, thank you so much for being on the podcast today. [music fades]

DR CARMEN BLACK: Thank you for having me.

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

BLACK: So, I'm very proud to identify, and I say it all over the place, that I am a Black woman descendant of American slavery. And as such, I represent only 1 percent of teaching faculty in medical schools. And as I was reading academic literature, listening to my colleagues speak, listening to both the language I learned to treat patients with and approaches of how to transcend those limitations, I noticed that we're not using the language of iatrogenesis to describe racism's impact and harm on minoritized patients, minoritized being both racialized groups, minoritized groups, and as well, one of the most minoritized groups in medicines, persons living with severe mental illness.

So, I wanted to take the language of iatrogenesis and make it real for racism and bias. Because what's happening is when we show up to the treatment milieu, when we show up to our live interventions, live clinical encounters, the commitment to racial justice and health equity that we have in our literature, in our position statements, is not made manifest in clinical practice. And I want to make providers and everyone more skilled at naming iatrogenesis as racism, iatrogenesis as bias against persons with mental illness.

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

BLACK: So, as I was mentioning before, it's a new language to use iatrogenesis to describe health care's own problematic behaviors. Students and trainees and junior faculty, we're on the bottom of the hierarchy of power in medicine, and as such, faculty may share the vision of the mission statements, the vision of the literature, but lack the nuance in clinical practice. So, as we, as those with new emergence into the field, are talking about iatrogenesis, talking about racism, talking about bias in real time, it's

important for us to be mindful that some of the faculty are still waiting for professional development to manifest it in their real-time practice. Those dynamics are tricky to navigate, but students and trainees can definitely find ways to use their voice to advocate as their power grows throughout their profession.

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?

BLACK: I would say that as opposed to treating iatrogenesis of racism and bias as a shunned phenomenon that we don't talk about, we never want to do, yes, we never want to do it. But elsewhere in medicine, when we have iatrogenic harms, the first thing we do is explicitly name it. If there's a fall on the unit, we recognize no one wants a fall in the unit. But in the event that it happens, we name it for what it is. When we look at catheter associated UTIs, we don't want it explicitly shunned, but when it happens, we name it so that we can come up with a protocol and approaches to prevent the next one. So, I want to take this new approach that when racism in iatrogenesis and bias harms minoritized patients, we should celebrate when we detect it as opposed to shun detecting it because the only way we can make a protocol, make efforts to not do it is by naming it when it happens. So, the last point I'll add is celebrate detecting bias so that we can use that detection to stop it. [theme music returns]

HOFF: Dr Black, it's been a pleasure to have you back on the podcast, and thanks to you and your coauthor for your contribution to the Journal this month.

BLACK: Thank you.

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*.