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 Kristen Choi, a psychiatric nurse and Assistant Professor in the School of Nursing and the Fielding School of Public Health at the University of California, Los Angeles. She’s here to discuss her article, coauthored with Bantale Ayisire, When Experiencing Inequitable Health Care Is a Patient’s Norm, How Should Iatrogenic Harm Be Considered?, in the August 2022 issue of the Journal, Inequity and Iatrogenic Harm. Dr Choi, thank you so much for being on the podcast with me. [Music fades]

Dr Kristen Choi: Thanks for inviting me.

Hoff: To begin with, what’s the main ethics point that you and your coauthor are making in this article?

Choi: So, the case that we are talking about in this particular commentary around iatrogenic harm is around the case of a patient with schizophrenia who needs an emergent surgery, and the medical team is opting to go ahead with that surgery. It’s needed to save this patient’s life, but the patient doesn’t want the surgery. She’s crying and protesting it and saying, “No one cares about what I want or what my needs are.” And so, it’s a really difficult ethical case.

And the real takeaway point that we wanted to make in this article is that when we have patients who have mental illness, it’s important for us to first consider the history of stigma against mental illness that we know has been present in health care systems for a very long time. There’s documented evidence that people with mental illness often have poorer outcomes, including earlier mortality, and that they receive substandard care, often as a result of negative stigma from their physicians and nurses.

The second point that we wanted people to take away from this article is that when we talk about iatrogenic harm, we often think of physical iatrogenic harm that might occur in health care. But there’s also a psychological type of iatrogenic harm that can happen to our patients. And so, we really want people to have awareness of that psychological iatrogenic harm and consider how we can avoid that.

Hoff: In addition to those important points about stigma and psychological iatrogenic harm, what are the most important things for health professions students and trainees to take from this article?
CHOI: Sure. I think there are probably three main points that we think of as the key takeaways. So, the first is that it’s very important for all of us to challenge stigma and stereotypes and bias that we might have around mental illness. I work as a psychiatric nurse, and I have seen firsthand the ways that sometimes we can have those negative biases, whether conscious or unconscious, when we see people, especially those with serious mental illness. And so, the first is to take the time to be intentional about those biases we might have and to challenge them.

The second piece that we emphasize is the importance of shared decision making. And so, shared decision making refers to clinicians and patients working together to make decisions about their care. And that when we think of patients with mental illness or those who might have a history of inequitable care in health systems, it’s very important that we prioritize shared decision making. And even in a case like the one we talk about where there’s something emergent going on, we think there’s still opportunity for us to make those shared decisions about aspects of care and then, of course, preventing emergencies like the one we discussed.

The final point is the importance of interprofessional teamwork. When it comes to trying to prevent psychological iatrogenic harm and try to restore equity in care for people with mental illness that historically have been stigmatized, it’s something that we have to do as a team. Physicians, nurses, social workers, all the members of the care team often need to work together to target some of these complex medical and social issues. And so, that team-based care is also a really important takeaway point.

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

CHOI: I think that the piece that I’d really want to emphasize is what I mentioned earlier, just about the psychological iatrogenic harm. We touched on it briefly in the article. I would’ve loved to be able to say more, because I think this is a dimension of iatrogenic harm that we really don’t measure or think about very often. Again, it’s often those physical errors, physical mistakes, physical things that happen to people that we are, of course, rightfully concerned about. But I’d love to see us move towards a future where we measure and think about iatrogenic harm in its many forms, and that it’s something that we start to take seriously. [theme music returns] And of course, that’s something that will require intentionality as well as research. I think that’s something that would really benefit especially our patients who have mental illness.

HOFF: Dr Choi, thank you so much for being on the podcast today and for your and your coauthor’s contribution to the Journal this month.

CHOI: Thanks for having me.

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