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 Mignon Duffy, an Associate Professor of Sociology at University of Massachusetts Lowell. She’s here to discuss her article, Why Improving Low-Wage Health Care Jobs Is Critical for Health Equity, in the September 2022 issue of The Journal, What We Owe Health Workers Earning Low Wages. Dr Duffy, thank you so much for being on the podcast. [music fades]

DR MIGNON DUFFY: Thank you so much for having me.

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

DUFFY: The main point I wanted to make in this article was that in all of our concern in the health care field around racial justice, there are two disconnects that often happen that I wanted to connect in this article. One is that there’s a direct connection between—and this point may seem obvious—the large group of people of color that work in low-wage health care jobs are also patients in health care systems. And that in order to think about racial justice, we know that we have to think about job quality and quality of life resulting from that job quality as parts of health care factors and health care outcomes. So, that was the first disconnect.

And then the second disconnect is that the stratification of the health care workforce is not an accident. It happened as a result of very deliberate processes of professionalization that for the kind of current higher-income health professions, professionalization required deliberately excluding sets of tasks and sets of humans and making those lower status in order to raise the status of, for example, physicians. And so, from an ethics perspective, the fact that there, that this is not an accident. The structure of health care and the high status of certain groups of workers is directly linked to the lower status, lower pay, and preponderance of women and people of color in lower status and lower waged positions.

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

DUFFY: I think that the piece that I just said about it sort of not being an accident and therefore, folks that work in the health care system bearing some responsibility for changing the stratification of the health care workforce in conjunction with the goal of racial justice. That the goal of racial justice cannot actually be attained without fundamentally shifting the stratification of the health care workforce that places large numbers of workers of color in very low-quality, hazardous jobs.
HOFF: Hmm. 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?

DUFFY: One thing that comes to mind is the importance of looking at racial justice through an intersectional lens, because the racial makeup of the low-wage health care workforce is only one piece of the puzzle. The other piece, of course, is gender. And so, the importance of looking at racial justice in conjunction with other forms of justice and equity through an intersectional lens is part of what is important. [theme music returns]

HOFF: Dr Duffy, thank you so much for being on the podcast and for your contribution to the Journal this month.

DUFFY: You’re so welcome. It was my pleasure.

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