

Episode: *Author Interview: "When Is Iatrogenic Harm Negligent?"*

Guest: Ramya Sampath

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 Ramya Sampath, a fourth-year medical student at the University of Rochester School of Medicine and Dentistry in New York. She's here to discuss her article, *When Is Iatrogenic Harm Negligent?*, in the August 2022 issue of the Journal, [Inequity and Iatrogenic Harm](#). Ramya, thank you so much for joining me on the podcast today. [music fades]

RAMYA SAMPATH: Thank you so much for having me. It's an honor to be here.

HOFF: To begin with, what's the main ethics point that you're making in this article?

SAMPATH: The main ethics point from this article revolves around determining when iatrogenic harm can be considered negligent. So, iatrogenic harm refers to when patients experience harm resulting from their medical care, whether that's physical or psychological, and whether due to physical or psychological aspects of care. I argue that negligence, however, depends on whether the harm could have been prevented by adhering to practice standards that are accepted within a given field. And preventing negligent iatrogenic harm to a patient from a physician's words or speech requires a commitment on the part of physicians to understanding and developing skills for communication and continuously seeking improvement in this area.

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

SAMPATH: As a medical trainee myself, I think one of the most important takeaways for me in doing this research is the extent to which our ability to care for patients appropriately with patient-centered communication depends on our prioritizing acquiring these communication skills in the same way that we prioritize acquiring knowledge about disease processes and therapies. So, in the case of patients with a minoritized identity in particular, it's crucial for us to not rely on our own predetermined perspectives on how a patient's identity shapes their wishes for care, but rather to prioritize making room for and inviting the patient to share their life history and preferences in their own words and letting their wishes shape their care.

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

SAMPATH: I would like to add a quote from two scholars in medical anthropology, Arthur and Joan Kleinman, who wrote, "We, each of us, endure the humanity of our fellow sufferers each time we fail to privilege their voice, their experience." And I think this quote

really captures the essence of how iatrogenic harm can result of a failure to elicit and listen to a patient's wishes for their care, especially at vulnerable moments of their lives. [theme music returns]

HOFF: Ramya, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

SAMPATH: Thank you so much. I appreciate the opportunity to speak about this with 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*.