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 Lloyd Duplechan, the Principal and Chief Executive Officer of Duplechan & Associates Health Care Consultants and a former hospital Chief Operating Officer with 40 years of health care experience. He’s here to discuss his article, coauthored with Dr David Sine, *Roles of Environmental Services Workers’ Wages and Status in Patient Safety*, in the September 2022 issue of *The Journal, What We Owe Health Workers Earning Low Wages*. Lloyd, thank you so much for being on the podcast with me. [music fades]

LLOYD DUPLECHAN: Thank you so much, Mr. Hoff.

HOFF: So, to begin with, what’s the main ethics point in your article?

DUPLECHAN: When we started to draft Roles of EVS Workers’ Wages and Status and Patient Safety, Dr Sine and I, we wanted to highlight the basic principles of collaboration and teamwork. But most of all, we wanted to underscore mutual respect in the health care environment and the recognition of those earning relatively lower wages, but those who assiduously work behind the scenes to help bring about patient safety and a quality care experience.

HOFF: Mmhmm.

DUPLECHAN: Yeah. First, we took a look at ethical considerations with respect to pay and status, which quickly expanded into staff interactions, a discussion about engagement, so a large piece on regulatory matters and the work environment that embraces and even elevates the EVS worker. Because we know that all too often an employee’s rate of pay or the employee’s position on the organizational chart tends to define the person as a professional, if only in the mind or in the perception of the person. And the employee’s construct of self-worth, unfortunately, is often fashioned and shaped by that position or title or salary.

HOFF: Mmhmm.

DUPLECHAN: With respect to salary, and ethically speaking, whether you subscribe to the thought that it’s fair and equitable to simply pay employees in a manner similar to market rates against a backdrop of what would be considered supply and demand—like you get what you pay for it type of thought process—or your opinion is that employers have an ethical obligation, if not a legal one, to pay a wage that is sufficient to bring about what would be considered a normal standard of living. The important ethical point that Dr Sine
and I wanted to point out was the basic aspect of fundamental distributive justice, in other words, a fair way to determine who gets what based on their contribution, right? Like, do I get the largest slice of pizza because I paid for the pizza?

HOFF: [chuckles]

DUPLECHAN: Because I drove to pick up the pizza? Or just because I happen to be hungrier than everybody else, right? Our paper supports the idea that because EVS employees make such a significant contribution to the hospital's infection control program, regulatory compliance, and patient satisfaction, they should not be given that dry piece of crust with no sauce, but rather a pretty sizable wedge of the pizza, right?! So, fair distribution would have them receive more based upon distributive justice. Though, notwithstanding status and salary, we just wanted to highlight that the road to safety and quality in patient care has to be built on a ballast of teamwork and communication and inclusion in a collaborative work environment.

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

DUPLECHAN: Yeah, thanks. I think one of the most important takeaways here is that the provision of quality, safe health care, and a positive care experience is truly a team sport, and all levels of the organization play different but critical roles. So, those so-called unskilled and underpaid vocations such as EVS are not only respectable but definitely mission critical jobs. When someone thinks of a hospital, typically what comes to mind? Doctors, stethoscopes, beds, those esoteric medical equipment that blinks and beeps, and of course, the notion of clean, right? Immaculate and sanitized for your protection clean, so. But who ensures the expected level of clean on a day-to day-basis, right?

HOFF: Mmhmm.

DUPLECHAN: It’s not the Keebler elves beneath the cloak of nightfall. It’s the EVS attendant. And contrary to conventional wisdom, right, the hospital environment can actually contribute to the transmission of several very harmful hospital-acquired conditions, as we call it: C. diff, MRSA, VRE, to name a few, right?

HOFF: Mmhmm.

DUPLECHAN: The sheer irony isn't missed here. These organisms can contaminate surfaces, equipment, medical devices, and scientifically speaking, they can remain viable for long periods. When the industry was in the throes of the pandemic, the COVID pandemic, EVS was called upon to sanitize and prepare contaminated areas where the very air was awash with swirling, floating, invisible, airborne, pathogenic particulate matter. And this was before hospitals and the government really knew very much about this disease, how it behaved, how the organism transmits, and before the promise of vaccines. EVS attendants are definitely the unsung heroes of the pandemic.

HOFF: So, 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?

DUPLECHAN: [chuckles] Funny you should ask. I remember a reference to an ‘80s rock band U2 song that was left on the cutting room floor.
HOFF: [chuckles] I’ll have a talk with our editors about the kind of stuff that they cut out.

DUPLECHAN: Oh, Dr Sine cut it out! [laughs]

HOFF: Oh. [laughs]

DUPLECHAN: He put the kibosh on this one. “We’re one, but we’re not the same. We get to carry each other, carry each other.” I thought that fit really well, but maybe he’s more into Country and Western. Anyway.

HOFF: [laughs]

DUPLECHAN: I would’ve added a bit more historical perspective, blending the notion of sanitation with the art of healing. But I think more than anything else, I would’ve liked to add examples of environmental services attendants connecting with patients in their own special way.

HOFF: Mm.

DUPLECHAN: Quotes maybe from discharged patients telling their stories, stating that while the doctor gave them the medicine, it was really the attendant who made them feel better. [theme music returns]

HOFF: Hmm. Lloyd, thank you so much for being on the podcast with me today, and thanks to you and Dr Sine for your contribution to the Journal this month.

DUPLECHAN: Thank you.

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.