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, How Health Care Organizations Can Be Stewardship Leaders, in the October 2022 issue of the Journal, Health Care Waste. Lloyd, thank you so much for being back on the show.

LLOYD DUPLECHAN: And thank you, Tim, for inviting me and for talking to me.

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

DUPLECHAN: Thanks, Tim. That’s a very good question. As I recall, when I first sat down to begin to write the paper, a song lyric from John Lennon’s Instant Karma came to mind: "Why in the world are we here?"

HOFF: [chuckles]

DUPLECHAN: A hospital’s reason for being here, or their raison d’être if you will, is to improve the health of their communities and to make lives better, right? But this existential, admirable covenant is just a veneer, an empty promise, unless it begins with the improvement of the global community. With respect to the ethics of environmental stewardship, hospitals should get back to basics and literally revisit the Hippocratic Oath itself. Now, I’m not talking about the pledge to all those mythical deities like Apollo and Asclepius, but rather, “I will do no harm or injustice,” right? So, a key ethics point, I think, would be if hospitals are not managing their waste streams responsibly or assiduously supporting environmental stewardship and sustainability, they may very well be doing harm, local and global, short-term and long-term harm. The public looks to the health care industry as true healers to be the paladin of environmental stewardship and protection of our children’s children. But our concern about the environment far predates recent public outcry about climate change and carbon footprints.

I recall the late ‘60s, early ‘70s, high-profile events like that Ohio River that got so polluted, it literally caught fire several times. Scientific reports suggesting that the population of the bald eagle—we’re talking about the bald eagle, our national symbol—was rapidly declining due to pesticide exposure. And that groundbreaking book, Silent Spring, engendered a great deal of public attention, helped to influence the environmental movement, and gave rise to Earth Day that we celebrate each year. Given the timing, though, one could definitely question the extent to which President Nixon’s proclaiming that it’s literally now
or never and creating the Environmental Protection Agency, the EPA, was purely coincidental and serendipitous.

HOFF: What’s the most important thing for health professions students and trainees to take from this article?

DUPLECHAN: Well, let’s talk trash for a moment. You know I had to slip that one in.

BOTH: [laugh]

DUPLECHAN: They say Ben Franklin once quoted, “Nothing can be said to be certain except death and taxes.” But with all due respect to the founding father, I really think waste can be added to that short list.

HOFF: Mm.

DUPLECHAN: Where there is a process and materials are utilized, there will probably be a waste product. And in a hospital, it’s a veritable cornucopia of different waste streams: solid municipal waste, you know, regular trash; chemical waste, like waste from laboratories; medical waste contaminated with blood or body fluids; pathology waste; pharmaceutical waste; chemotherapeutic waste; even radioactive waste. Mismanagement of hospital waste is rife with potential for a host of environmental harm. Congress promulgated RCRA, the Resource Conservation and Recovery Act, to be essentially the mother of all environmental protection programs built on a bedrock of cradle-to-grave accountability, in other words, from the point of waste generation to its final disposition. The Clean Air Act and the Clean Water Act, CERCLA, the Comprehensive Environmental Response Compensation and Liability Act—Boy, that’s a mouthful.

HOFF: [chuckles]

DUPLECHAN: Say that three times! FIFRA, the Federal Insecticide, Fungicide, and Rodenticide Act—I can’t make this stuff up!—

HOFF: [laughs]

DUPLECHAN: —are cogs in a huge apparatus of governance with waste management, RCRA the hub and at the center. The paper explores how improper waste management, even regular trash disposed at landfill, can impact the groundwater, surface waters, the firmament, the greenhouse effect, even the negligent disclosure of protected health information of our patients. It’s all integrated and it’s all interconnected.

But I think the main point of the article is not new, but definitely can’t be overstated. The true key to effective and safe waste management and ecological protection is to not generate waste in the first place, if at all possible. For a health care facility’s stewardship program to be effective, efforts to identify, reduce, or eliminate waste altogether at the point of waste generation, they’re paramount, but it takes new ways of thinking at various levels of the organization, including leadership, workflow, and supply chain.

HOFF: So, if you could add one point to this article that you didn’t have the time or space to fully explore, what would that be?
DUPLECHAN: Well, I like infusing musical references to help highlight a main point or main idea.

HOFF: [chuckles]

DUPLECHAN: So, I was thinking Louis Armstrong’s *What a Wonderful World* or a reference to Michael Jackson’s *Heal the World* would underscore the importance of protecting the planet, our health, our future. And that notion kind of lined the cutting room floor. I think I ran into a word count cap on that one.

HOFF: [laughs]

DUPLECHAN: I would provide additional, more specific information on waste minimization and waste reduction initiatives, particularly pertaining to chemical waste, explore specific substitutions for laboratory chemistry, encourage full use of product, and RCRA’s empty container exemption, and maybe a little spiel on food waste composting. I probably mentioned ISO 14001. That’s an internationally recognized set of standards and guidelines that frame a comprehensive environmental management system and emphasizes more efficient use of resources and reduction of waste. And I think if given more time and room, I’d perhaps mention the exploration of some of the relatively new high-heat technologies for waste management and waste destruction like plasma pyrolysis, touting total vitrification of wastes with very little emissions. [theme music returns]

HOFF: Well, Lloyd, thank you so much again for being on the podcast, and hopefully we get to work with you again in the near future.

DUPLECHAN: Aw, that would be so cool. Thanks, Tim.

HOFF: To read the full article, as well as the rest of the October 2022 issue for free, visit our site, [JournalOfEthics.org](http://JournalOfEthics.org). We’ll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*. 