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 Kevin Shulman, Professor of Medicine, Clinical Excellence Research Center at the Stanford University School of Medicine, and Professor of Operations, Information & Technology at Stanford’s Graduate School of Business. He’s here to discuss his article, coauthored with Dr Barak Richman, Informed Consent as a Means of Acknowledging and Avoiding Financial Toxicity as Iatrogenic Harm, in the November 2022 issue of the Journal, How Much Will It Cost? Dr Shulman, thank you so much for being on the show. [music fades out]

Dr Kevin Shulman: Tim, thanks for having me and thanks for your interest.

Hoff: So, to begin with, what’s the main ethics point that you and Dr Richman are making in this article?

Shulman: We looked at the issue of informed consent. Whenever we’re doing a procedure, we have to explain the risks and the benefits to patients. The risks tend to be the clinical risks. And what we argue in the paper is we’ve now documented the financial risks and the financial toxicity sufficiently that they have to be included, from an ethical perspective, as one of the risks of receiving medical care.

Hoff: So, what do you see as the most important thing for health professions students and trainees specifically to take from this article?

Shulman: As medicine’s evolved, we’ve actually talked less and less about the cost of health care and the downstream impacts on patients. The system of providing a bill to a patient’s very confusing and very opaque, very far removed from our daily practice. We understand that things are expensive, but we don’t know why or where those expenses occur. And we have very little understanding at a general level about how insurance works, and we have very little understanding at a specific level for the patient in front of me what might be the cost of receiving that additional MRI or undergoing cancer chemotherapy? In our paper, we’ve talked about the harms that’ve been documented all the way through increased mortality as a result of these financial consequences of care. And so, all of us that need to begin to think about how are we going to systematically organize and communicate this information to patients so they could really make informed decisions before they get treatment?

Hoff: 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?
SHULMAN: You know, it’s been a long time since I’ve directly interviewed a patient about the financial implications of the care they’re receiving. Where we talk about financial toxicity, but we actually aren’t implementing tools, standardized tools to address it, both to, in this case, just to inform patients about the cost of health care, but actually, if we were armed with that knowledge on a daily basis, we’d be advocating for much different ways for our patients to get access to therapies. I think physicians have a big role to play in trying to think about how do we deliver affordable health care to our patients, how to hold payers accountable for appropriate design of health plans, and unfortunately, how to hold our employers accountable for delivering safe, effective, and value-based care. [theme music returns]

HOFF: Dr Shulman, thank you so much for your time on the podcast today and for your and Dr Richman’s contribution to the Journal this month.

SHULMAN: No, thank you for having us.

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