

Episode: *Author Interview: “How Should Clinicians Ally With Patients Whose Health Is Unlikely to Be Improved by Even Numerous Clinical Encounters?”*

Guest: Adam T. Perzynski, PhD

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 Dr Adam Perzynski, an Associate Professor of Medicine and Sociology in the Population Health Research Institute at MetroHealth and Case Western Reserve University in Cleveland, Ohio. He’s here to discuss his article, coauthored with Dr Kurt Stange, *How Should Clinicians Ally With Patients Whose Health Is Unlikely to Be Improved by Even Numerous Clinical Encounters?*, in the December 2022 issue of the Journal, [With Stillness and Solidarity](#). Dr Perzynski, thank you so much for being on the podcast. [music fades out]

DR ADAM PERZYNSKI: I’m so glad to be able to join you today, Tim.

HOFF: To begin with, what’s the main ethics point that you and Dr Stange are making in this article?

PERZYNSKI: Well, I think Dr Stange and I were really reacting and commenting on a case about very a complex patient named JJ, who is homeless and having some challenges in managing his mental health, and the clinical team has struggled to address those challenges over multiple time periods and multiple visits. And our reflections are really focused on the things that our care systems are innovating in and trying to do for patients like JJ, which include this massive expansion of social needs screening, or a new focus, a renewed focus on social determinants of health in clinical settings. And I think in what I wrote in particular, I highlighted that sometimes in those fast-paced and newly implemented care systems, we can lose sight of the need to maintain and focus and center on the dignity of patients like JJ. So, really sort of pushing forward the question as, well, what about that patient’s dignity in a process when we ask them about whether they have food or housing? And how are they feeling about sharing with us the social challenges that they’re facing moment to moment?

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

PERZYNSKI: If we want to improve our systems of care and focus on social determinants of health, we also need to keep in mind the positive or the asset base components of a person’s life such that people, even those people who are encountering the most difficult circumstances—people who are not housed, people who don’t have money, people who have been struggling to find food this week—that even amongst those challenging circumstances, those people encounter joys and have strengths and have resilience and have really important social relationships. And that in medicine, often we are in this mode of diagnosing what’s wrong with you. And sometimes we fall into the trap of also sort of

pointing out what's wrong with you in your social and behavioral life. And I think really, for students and trainees to really also remember how important and central it is to focus on the strengths, assets, and resilience that our patients have and indeed our entire communities and neighborhoods have.

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?

PERZYNSKI: Oh, wow. What an awesome question. I think it's a very, very short commentary, so there were lots of things that I probably wrote in early drafts that I would love to add. But if it were just one, I think it would be that there are some really, really nifty new models of addressing social needs in clinical settings that involve embracing the role of peers and community health workers in new ways, whereby oftentimes we think of doctors as the captain of the team in, say, a primary care clinic. But what if we made the community health care worker the captain of the team when it comes to somebody's social needs and social relationships? And so, what if we rebalance the power dynamics of how we care for someone on the social side by really centering around the knowledge and community level experiences of peers from the community and bringing that right into the primary care setting? There are a few groups who are debuting projects like this, and I would really love to see us focus more on that sort of reorientation, like really, a very community-focused orientation toward the various steps of care delivery. [theme music returns]

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

PERZYNSKI: Oh, we were really thrilled to be able to share our ideas with everyone. Thanks for having me today.

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