

Episode: *Author Interview: "Decision Aids, Doorknob Moments, and Physician-Patient Solidarity in EDs"*

Guest: Emily Shearer, MD, MPP, MSc

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 Emily Shearer, a second-year emergency medicine resident at Brown University's Warren Alpert School of Medicine in Providence, Rhode Island. She's here to discuss her article, coauthored with Dr Jay Baruch, *Decision Aids, Doorknob Moments, and Physician-Patient Solidarity in EDs*, in the December 2022 issue of the Journal, [With Stillness and Solidarity](#). Dr Shearer, thank you so much for being on the podcast. [music fades out]

DR EMILY SHEARER: Thank you for having me.

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

SHEARER: The main point we are trying to make is that while decision aids and other clinical aids help tremendously in making clinical diagnoses, we have to make sure that we're using them in appropriate ways to maintain our relationships with patients, but also to maintain open diagnostic pathways that can sometimes take us to correct answers. I think any of us in the emergency department have experienced what it feels like to be under time pressures seeing a dozen patients at once, kind of going from one thing to another. And in those types of pressures, I think it can be very easy to try and outsource different tasks, kind of cognitively offload and rely on decision aids to kind of help with those processes. But one of our main points is that in the ER, we often have to be problem finders before we can be problem solvers. And we really have to make sure one of the metaphors we use is that our ladders are up against the right wall before we climb them. And so, our main point is that while these aids are obviously tremendously helpful to us, we really have to make sure that we maintain our dialogues with patients and that real kind of problem finding relationship that we have with them through dialogue before we can utilize them appropriately.

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

SHEARER: I think the most important thing for trainees to take away is to focus not just on the textbook education of medical school, but also really take advantage of the opportunities that I'm sure everybody is given in medical school to have open-ended dialogue with patients. I feel like especially early on in medical school, you're given the gift of time to really sit down with patients and maybe chat with them even for half an hour or 45 minutes, an hour, time that normally, once you become a resident or attending, you really don't have. And I would say to really cherish those moments and remember how

more deeply you felt connected to patients and how you were going to approach their problems with that information because it can get really, it gets trickier as you go on with the time pressures.

HOFF: And if you could add a point to this article that you didn't get to for time or space constraints, what would that be?

SHEARER: That's a great question. I think one thing that I would add to it, which we touch on at the end, is that I think a multidisciplinary approach to education can really help with this. Jay Baruch, my coauthor, has written very eloquently about his experience in teaching the arts alongside medical, more traditional medical education, and I wish we had had more room to expand on that. But he makes great points in his other work about how looking at the arts can help create, help keep your mind more open to different possibilities. I think there's a lot of pressure in medicine to find answers and to find answers quickly, not just from our patients, but just from the hospital system and the way revenue flows. And I really think that his other pieces that talk more about how education in the arts can help with that are really poignant. [theme music returns]

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

SHEARER: Thank you so much for having me.

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*.