

Episode: *Author Interview: “Which Skills Are Key to Public Health Leaders’ Success in Crisis Management?”*

Guest: Evan Anderson, JD, PhD

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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 way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Evan Anderson, a senior fellow at the Center of Public Health Initiatives and an advanced senior lecturer at the School of Nursing, both at the University of Pennsylvania in Philadelphia. He’s here to discuss his article, coauthored with Professor Scott Burris, “*Which Skills Are Key to Public Health Leaders’ Success in Crisis Management?*,” in the March 2023 issue of the Journal, [Clinicians in Government](#). Dr Anderson, thank you so much for being on the podcast. [music fades out]

DR EVAN ANDERSON: Thank you so much for having me. I’m delighted to be here.

HOFF: So, to begin with, what’s the main ethics point that you and your coauthor are making in this article?

ANDERSON: The main ethics point is that law is our most important tool for behavior change. And behavior change is key to health, both broadly, and we saw this very acutely during the pandemic. Often, we know an intervention or a mitigation strategy that works, like wearing masks, getting vaccinated, right? But often just requiring that as a matter of law doesn’t necessarily result in people doing it. So, we need a lot more thoughtfulness and training about how to wield law. Otherwise, our laws aren’t as effective, and they can even cause harm. It’s interesting that most of our health agencies are run by physicians, in part because in many cities and states, that’s a requirement and also, because it’s often a custom. But the heads of these health agencies, these physician governors, actually do a lot of lawmaking. Often part of their responsibility is to create mandates or to create rules through notice and comment rulemaking and other regulatory processes. So, the key sort of ethics point is that we need to be a lot more careful and deliberate and appreciative of the importance and the nuance of law as we work to advance health at a population level generally and also during the pandemic.

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

ANDERSON: One really important thing to take from our article is the idea that law is like a medication, or at least that analogy has some benefits. Law can be really, really powerful. It can change behavior at a mass scale. And if you look at the major public health achievements of the last 100 years, law featured really prominently in all of them. But law doesn't work automatically, let alone universally. Just passing a law requiring something doesn't necessarily result in people doing it. That's not an unfamiliar challenge for clinicians, right? Just prescribing a statin doesn't mean that all people will take that statin as indicated. We know that medication noncompliance is a big challenge. Like a medication, laws can also have heterogeneous treatment effects. A law that requires people to wear helmets while riding bicycles can reduce head trauma for some people, but it can lead to racialized and harmful over-policing for others. So, there is often an important need to consider social context, to consider other vulnerabilities when we think about deploying law.

The final thing I would say is that law shares one feature with antibiotics, which is that if we overprescribe law, we can potentially reduce its efficacy and that we probably want to be thoughtful about stewarding and being conscientious about how many rules we make. In just the first six months of the pandemic, states, localities, and the federal government passed over 1,000 laws. It's an awful lot of laws. It's an awful lot of rules, new rules to ask people to comply with.

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?

ANDERSON: Yeah, thanks for that question. So, one feature or contributing factor in our inability to wield law optimally is that historically, our research institutions have not supported a lot of research exploring how law works, right? When the pandemic arrived, we were able to create vaccines incredibly quickly, in part because of decades of investment in mRNA technology and other scientific research about mechanisms of the relevant pharmaceuticals. At the same time, when we started to deploy our mandates, we had relatively little systematic research to guide our understanding about whether requiring masks would result in the behavior change we want, both at the population level, but also how those changes in behavior would be distributed and whether there might be contingencies or other sorts of co-occurring factors that we want to consider as we formulated those plans. Ultimately, being able to answer those questions really hinges on our ability to understand the underlying mechanisms, social normative effects, deterrence effects. And that takes research. So, ideally, we would see NIH spend a lot more on funding research that looks at how law operates and how it potentially changes health behavior. [theme music returns]

HOFF: Dr Anderson, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

ANDERSON: Thank you for having me.

HOFF: To read the full article, as well as the rest of this month's 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*.