

Episode: *Author Interview: “Does It Matter Whether a Psychiatric Intervention Is ‘Palliative’?”*

Guest: Brent M. Kious, MD, PhD

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. Joining me on this episode is Dr Brent Kious, an assistant professor of psychiatry at the Huntsman Mental Health Institute at the University of Utah in Salt Lake City. He’s here to discuss his article, coauthored with Dr Ryan Nelson, “*Does It Matter Whether a Psychiatric Intervention Is ‘Palliative’?*,” in the September 2023 issue of the Journal, [Palliative Psychiatry](#). Dr Kious, thank you so much for being on the podcast. [music fades]

DR BRENT KIOUS: Tim, thanks so much for having me. I’m really excited to be here.

HOFF: So, what’s the main ethics point that you and Dr Nelson are making in this article?

KIOUS: So, our primary point in writing this article was that while it might be hoped that you could determine how to manage in an ethically appropriate way patients who have really difficult, severe, and treatment-refractory psychiatric illness by asking whether it would be appropriate to provide them with palliative psychiatric interventions and then figuring out what palliative interventions in psychiatry would really be, we think it’s actually very hard to delineate what palliative psychiatry would look like. That’s because if you think about palliative care in general medicine, it is focused on things like symptom relief, alleviating suffering, improving quality of life, and those are largely things that psychiatry already does. You might think that you could delineate palliative from non-palliative interventions in psychiatry or elsewhere by thinking about what kinds of interventions are focused on treating the specific pathophysiology of the illness, which interventions are curative of a specific illness, but in reality, very few things in psychiatry would count as non-palliative if you use that standard, because most of our interventions aren’t curative. And many of our interventions were discovered incidentally and aren’t actually focused on treating pathophysiology that’s known to be causative of an illness. So, it’s very hard to make a distinction between palliative and non-palliative interventions in psychiatry. Fortunately, we think it’s also not necessary because we can do a pretty good job figuring out how we ought to treat patients simply by asking what would be best for them given the treatments that we have available, comparing all of the alternatives to each other, and really focusing on their best interests.

HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

KIOUS: So, I think it might actually be a sort of a meta-ethical point, a point about how to reason ethically or in medical ethics. And it is that while a lot of writing in medical ethics and bioethics is focused on what you might call conceptual analysis, where that involves trying to figure out the boundaries of a complex, technical philosophical concept. And while conceptual analysis can be really illuminating and is sometimes necessary—I do a lot of it in my philosophical writing—it’s also really important to think carefully about whether the question, the ethics question that

you're trying to answer, really does depend on having a correct definition of whatever concepts seem to be operative with it. I think this is especially true when it comes to thinking about questions related to patient care. You might want to know whether you should offer a particular intervention to a patient and whether the patient meets criteria for having this or that diagnosis, or whether they strictly satisfy all of the guidelines for some evidence-based strategy to care. And although it can be important to follow those guidelines because it helps us deal with difficult cases sometimes, and it helps us practice evidence-based medicine, when we encounter borderline cases or people who kind of fall within a gray zone, we should be wary, I think, of becoming too preoccupied with categorizing them and instead just focus on what is best for them, doing what is good for them in the long run.

HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

KIOUS: I think what we would want to emphasize is that whatever specialty you're thinking about, whether it's psychiatry or anesthesiology or surgery, it's really important for physicians and other health care professionals to continue to work on thinking flexibly and doing what works for their patients. There are many occasions where we become way too rigid about the way we do things, and that prevents us from doing what works for people. And again, although it's important to follow guidelines because this keeps us from crossing boundaries, and it helps ensure that we practice in an evidence-based fashion, in the long run, if we're following rules too rigidly, rules that we've set for ourselves, it can prevent us from doing what's ultimately best for the patient. I think a lot of the time we get to be too focused on doing what's convenient, and we use rules and practice standards as a way of denying care to patients that would be a little bit more difficult for us, but better for the patient in the long run. Being flexible about those rules would probably conduce to better care for patients overall.

In the article, we sort of acknowledge that although you can't necessarily define what palliative psychiatry would be, it might still be useful to think of things in terms of palliative psychiatry because that could open us up to alternative interventions and more creative strategies for managing really difficult symptoms for our patients, and that could ultimately improve our patients' lives. I'm reminded of an example of truly, I think, exemplary care that was described by a colleague, Doug Heinrichs, who's a psychiatrist and in the Association for the Advancement of Philosophy in Psychiatry. He talked about how in his private practice, he had been taking care of a young man who had schizophrenia. The patient would frequently start to think that aliens were sending messages to him in various ways describing their planned invasion of Earth, and then he would try to decode those messages to protect us all from alien invasion. Despite that, he was able to function really well and could keep a job, but then he would become acutely psychotic. He would need to get hospitalized. Sometimes he was suicidal because things were so distressing to him. Then he would get treated with antipsychotic medications. He would get rapidly better. He would go back home, and then he would decide that he didn't want to keep taking the medications anymore because they interfered with his creativity, and they made it hard for him to check on what the aliens were doing.

So, when he came to see Dr Heinrichs for the first time, they agreed that he wouldn't have to take medications all of the time, which is what most psychiatrists would have demanded of him, and instead, they would just monitor for changes in his symptoms really carefully. They would meet on a weekly or every-other-week basis, and then he would take medications only if he absolutely had to do so to keep him out of the hospital. And although this was a young man who'd been hospitalized many, many times over a period of a few years, once he started in Dr Heinrichs' care, he went around 25 years without ever being hospitalized again. And I think that

shows how being flexible and doing things that work for the patients and really try to address their needs and goals can produce better care than guidelines in some cases. [theme music returns]

HOFF: Dr Kious, 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.

KIOUS: Thank you, Tim. Really happy to be here and appreciate the conversation.

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*.