

Episode: *Author Interview: "Should Antipsychotics' Risks Be Accepted by Clinicians on Behalf of Patients to Achieve Benefits of Mitigating Older Adults' Behavioral Symptoms in Short-Staffed Units?"*

Guest: Uma Suryadevara, MD

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[bright theme music]

[00:00:04] 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 Uma Suryadevara, an associate professor and the Geriatric Psychiatry Fellowship Program director at the University of Florida College of Medicine in Gainesville. She's here to discuss her article, coauthored with Drs Alex Rollo, Jeena Kar, and Mary Camp, "*Should Antipsychotics' Risks Be Accepted by Clinicians on Behalf of Patients to Achieve Benefits of Mitigating Older Adults' Behavioral Symptoms in Short-Staffed Units?*," in the October 2023 issue of the Journal, [Geriatric Psychiatry](#). Dr Suryadevara, thank you so much for being on the podcast. [music fades]

DR UMA SURYADEVARA: Thank you for having me here. It's a pleasure.

[00:00:58] HOFF: So, to begin with, what is the main ethics point that you and your coauthors are making in this article?

SURYADEVARA: The main ethics point that we are trying to make in this article especially is ethical decision making in this patient population is not always simple or straightforward. The actions that should benefit the patient, ones that should not harm the patient, their autonomy, the capacity to consent. There are so many legal issues that come up all the time, and none of it is straightforward. For example, like the patients that you mentioned with behavioral problems, we have American guidelines, Canadian guidelines, European guidelines, and every one of them, they say the same thing. Overall, the strategy is like, remove the trigger, environmental modifications, then use non-pharmacological interventions. And when I say non-pharmacological interventions, you have things like use music therapy, animal-assisted therapy, exercise, massage. There are so many such interventions. Unfortunately, it's not always that easy because some of it is staffing based, some of it is just the variability in implementation requirements. For example, if this person, this patient is on an inpatient psychiatry unit, we don't necessarily have access to massage therapy or animal-assisted therapy, so it's not easy. All these guidelines say go with non-pharmacological interventions first and then use medications if absolutely needed.

So, we were talking about how staffing shortages have been an issue that have come up again and again. For example, when Medicare and Medicaid together made the National Partnership Program, they identified that most older people have been medicated, and it's not necessary. But when they tried to implement that, they recognized how much of a staffing shortage there is. So, that would be the key ethics point is, it's not easy to make the decision. But at the same time, we have to try to do what's best for the patient, given the resources we have, given the place where we're implementing these strategies.

[00:03:26] HOFF: And so, what do you think is the most important thing for health professions students and trainees specifically to take from your article?

SURYADEVARA: So, the most important thing that health professions students or trainees can definitely take from our article is if they look at this historically, there have always been regulatory agencies that have been trying to do the right thing, like I mentioned before, the National Partnership Program. The idea was an excellent one that will decrease the medication use unnecessarily in the older people, but they were able to recognize the staffing shortage. So, advocating for change. And this would include like, legislative changes. And there were so many legislative changes that came about, and there are so many others that are required in order for us to reach a point where there's this nice balance between providing appropriate patient care and not dealing, not having to deal with the staffing shortages, and having the right kind of units to help provide the best care for these patients. So, advocacy for sure would be one to make these changes.

And the other ones are things like creating advance directives ahead of time. Especially if a person gets older, and if they end up in the situation where they have the behavioral problems, what do they want the loved one or caregiver or even the health care professional to do? So, having those advance directives can be very helpful. So, these are just examples of what they can do and they can work on.

[00:05:20] 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?

SURYADEVARA: The one important point that I would add is making the right choice is not easy. Having that perfect balance is not easy because there's no clear white or black in this health setting. So, what I would like to add is it is very easy to get passionate about systems fault, staff burnout, medicating versus not medicating a person. And when you get very, very passionate, sometimes one can get blinded to are we doing the right thing? So, this is when one should take a step back, look at the big picture, look at what does your patient need, what would the patient benefit from, and what action would minimize the harm to the patient, given the resources they have around them? And what else could be done to improve resources in the environment? That is one thing I would add. Whenever someone finds themselves getting too passionate, take a step back, look at the big picture, and you will have more answers. [theme music returns]

[00:06:44] HOFF: Dr Suryadevara, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

SURYADEVARA: Thank you for giving us this opportunity. It was an absolute pleasure. Thank you.

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*.