Episode: Author Interview: "When, If Ever, Is It Appropriate to Regard a Patient as 'Too Medically Complex' for One Inpatient Service. But Not Another?"

Guest: David Marcus, MD, HEC-C

Host: Tim Hoff

Transcript by: Cheryl Green

## Access the podcast.

## [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 David Marcus, a practicing emergency physician and internist and a clinical ethicist. He's here to discuss his article, "When, If Ever, Is It Appropriate to Regard a Patient as 'Too Medically Complex' for One Inpatient Service, But Not Another?," in the December 2023 issue of the Journal, <u>Belonging, Placement, and Turfing</u>. Dr Marcus, thank you so much for being on the podcast. [music fades]

DR DAVID MARCUS: Thanks so much for having me, Tim.

[00:00:48] HOFF: So, to begin with, what's the main ethics point that you're making in your article?

MARCUS: The main ethics point that I hope readers come away with is that the current situation, the status quo, regarding admissions of patients to surgical versus medical services opens us up to a tremendous risk of social injustice or distributive injustice. Meaning I believe that we are not distributing the risks and benefits of admissions to the various services equally, or at least not in a medically indicated way.

[00:01:22] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

MARCUS: Hopefully, the trainees and learners will take away an ability to critically appraise the locus of admission for any patient coming in through the emergency department. I hope that they will apply a critical eye to it and try to understand why patients are being admitted to one service and not another.

[00:01:45] 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?

MARCUS: That's a good question, Tim. I've been thinking about this one for—

HOFF: [chuckles]

MARCUS: [laughs] I know that the space is limited in the Journal, and so really, we try to boil everything down. One point that I really didn't have a chance, either the space or the opportunity, to explore in the article was really is I think we need to take a step back within the inpatient realm as a whole and look at how we actually provide care, look at the systems that we have in place to determine where patients are admitted to and who actually provides their care. And I know this is something that has been undergoing an evolution, a relative rapid evolution, over the last ten, 15, or even 20 years with the advent of hospitalists and now with the addition of nurse practitioners and PAs and the rest of our teams within the inpatient world. But I think what we really need to explore is whether or not the division of labor as it currently stands where there are multiple admitting services is even necessary anymore. I would suggest that we should explore perhaps there really is only a need for one admitting service—call it what you will—but really only one admitting service with every other specialist and consultant doing just that: consulting, working with

the admitting team, but without actually being the primary admitting person, the admitting provider, the admitting physician on the case. [theme music returns]

[00:03:15] HOFF: Dr Marcus, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

MARCUS: My pleasure. It was a lot of fun. Thank you so much.

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*.