

Episode: *Ethics Teaching and Learning: Drawing on Students' Experiences With the COVID-19 Pandemic to Teach Public Health Ethics*

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[upbeat theme music]

[00:00:04] TIM HOFF: Welcome to the *Ethics Teaching and Learning* podcast series from *Ethics Talk*, the *American Medical Association Journal of Ethics* podcast on ethics in health and health care. I'm your host, Tim Hoff. In this series, we talk with educators about teaching ethically complex content to health professions students. We'll discuss strategies for navigating tension between challenging students and trainees and supporting them as they navigate ethical ambiguity and uncertainty. We'll focus specifically on relationships forged among patients, clinicians, and organizations when we work, teach, learn, and assess learning together.

Joining me on this episode is Dr Pamela Teaster, a professor and the director of the Center for Gerontology at Virginia Tech in Blacksburg, Virginia. She's here to discuss teaching public health ethics to health professions students and trainees. Dr Teaster, thank you so much for being back on the podcast. [music fades]

DR PAMELA TEASTER: Thank you, Tim. Glad to be on it.

[00:01:00] HOFF: So, to begin with, how do you introduce public health ethics to health professions students or colleagues who are unfamiliar with why it's so interesting and important and complex?

TEASTER: It's the big question, and I'm so glad that you asked it. It's a tough sell in the beginning because everybody thinks they're ethical except the people who are blatantly not. Everybody thinks they're ethical and moral, and so they can't understand why—all sorts of professions cannot understand why in the world—they need a class for this. Aren't they this already? And so, that is the first and important sell to anytime that I try to teach it. And I try to do it by explaining that it permeates every, everything in their lives. I try to take them through it's not just a choice like what you're wearing or the donut that I got last Saturday to celebrate the season. I do that every season. That's a choice. You could say it's bad or good, but that's not an ethical decision or an ethical choice.

But I try to help them see that actually, this is a cross-cutting thing across everything you do. And so, I try to use case examples, and I try to say, talk about the decisions that they've made. And at some point, or other, that is when they begin to kind of understand. And also, I try to say it's sort of a community sort of endeavor. It's not just I'm going to sit on a rock like the Rodin's Thinker and think about it. It really is one that deserves a lot of cogitation. Hence why we have ethics committees, teach the class, go over case studies, read things in the paper, all those sorts of things. And I try to use all that stuff so they can see really, ethics surrounds their environment. And when they do that, something kind of magical happens.

[00:02:55] HOFF: So, which features of public health ethics are the hardest for students or colleagues to navigate, both cognitively and affectively?

TEASTER: What is hard about public health ethics is that it addresses the nature of the discipline itself. So, a great deal of ethics, and particularly what I do, is about one person, one individual patient, one individual resident, when it's a person in a long-term care situation, for example, that I would look at. And for public health, that's not what they do. Public health is about a population, is a population-based science. So, while the population is comprised of individuals, what is unique to public health ethics is it concerns populations. And so, that's a different sort of case study, if you will.

The pandemic, of course, was, has been the bonanza [laughs] of pushing people into ethics courses because they suddenly realized the problems that occur. What about a rural population? What about younger people versus older people? What about closing the schools? And all those really landed right into public health and was a huge selling point for the students because they could see that; they experienced that. And I could always say to them, "Aren't you glad you're in public health? Your time has come." And so, but that is, that's the biggest thing to sort of get across and deal with within the classroom setting or any other issue is, it's about, it's ethics for a population, not necessarily for an individual where we might try to decide in some big, you know, in big ways, do you get the heart or you don't? But a different body would decide about that for one individual. Public health, it's population.

[00:04:46] HOFF: Do you feel like the heightened interest in public health problems that was brought on by the pandemic has resulted in a sustained population of students that are interested? Or was it sort of a flash in the pan that is receding now as the pandemic takes up less attention in our media and our education?

TEASTER: I think once people sort of realize what public health is, they usually are hooked on it because they get it, and they understand it. People with only a passing understanding, I think that was hard to sell. When the pandemic happened, I think it was what you said. I think suddenly, in a very meaningful and real way, everything was public health, and everything almost was public health ethics, too, although I think that would come later. In fact, Tim, I got my degree in bioethics from Clarkson University in Potsdam, a place I never got to go yet during that time. And literally as we were considering issues, we were living them. And there was, it was just a huge time for public health ethics because that's a lot of what we considered in our class was real time. Who gets the vaccine first? Why should they get the vaccine? What's this predicated on? Just huge stuff like that. So, I think it really did. And the number of people going into public health, I don't have, I can't provide any data for you at this moment, but I think it did simply because you could see the immediacy of it all. And we needed more workers to do things.

[00:06:30] HOFF: So, which features of public health ethics make it hard to assess whether and how students are actually learning and taking in what you're teaching?

TEASTER: Almost all of them. Because once— We try to teach a lot by case study. And what we try to do is help them have the process, right? But the decisions, while there may be some decisions that are bifurcated—yes/no, do this/don't do this—many of them really are pretty complex and wouldn't be a yes or no. There might be a better way to do it or a worse way to do it. But in trying to deal with the decisions that have to be made, there's no perfect blueprint. There's no multiple-choice test. And so, it's more of a guidance into a way of thinking versus a right or wrong answer. And so, that's the teaching that makes it difficult to sort of know whether people have got it or not. Are they parroting what you, the professor, tried to have them say, or are they really getting it? So, when the class ends after 15 weeks-ish, do they carry that on through their lives? That's the goal.

[00:07:44] HOFF: So, if it's more of a way of thinking and a way of positioning yourself toward the data and toward the options available to you, it sounds like public health ethics might deserve to be more robustly integrated into health professions curricula more broadly. So, what strategies do you recommend for doing that?

TEASTER: I think all of us who have training in this or sort of see the light and understand it talk about it as much as we can in every venue we possibly can, including yours. I try to talk about it to the students. I try to talk about it to boards that I have, and I sit on. I encourage it with the students I mentor or the one-shot-wonder classes, somebody else's class I might take: "If you like this, let me tell you some more about it." I work with, as I'm sure many, many people of your listenership and your readership, I try any, the health professions folks that I work with, I try to weave that in in some way so that they begin to see how it begins to affect them. And so, really, I think probably it could be... it could be distilled into proselytizing.

BOTH: [laugh]

[00:08:58] HOFF: So, you've contributed to the Journal, so how have you used what you've published with us to motivate students or colleagues' ethical inquiry? And since it's been published so recently in the October issue, maybe you can speak more broadly to the way that you integrate the general themes of that article into your work?

TEASTER: Well, I refer to it when I'm out and about doing presentations, and it cuts across everything that I do in my research life. So, I again, I may use it for a reading, I may point people to it, I talk about it, and I refer to it when I write the next article too, and I hope other people do. So, that's sort of the modes that we have. It's the disseminations are to individuals, letting them know you have done that, talking about it, being on venues like this, and then when I'm around the public health students, for example, particularly at Virginia Tech, we talk about it. And then I just want to say that I also get a huge zhuzh and bump from my colleague Lisa Lee, whom I teach with when we teach ethical foundations for public health. She actually did bioethics and public health work under the Obama administration. And we are just so fortunate to have her at Virginia Tech, and I am the lucky beneficiary because we to co-teach this class together. [theme music returns] It's just a great time for the students and for us.

[00:10:27] HOFF: Dr Teaster, thank you so much for being back on the podcast and for sharing your time and expertise with us.

TEASTER: I've had a great time. I wish you a great day.

HOFF: That's all for this episode of *Ethics Teaching and Learning*. Thanks to Dr Teaster for joining us. Music, as always, was by the Blue Dot Sessions. And for more articles, podcasts, continuing education opportunities, and more—all free to access—head to our site, journalofethics.org. Follow us on [Twitter](#) and [Facebook @journalofethics](#), and we'll be back soon with more *Ethics Talk*.