

Episode: *Author Interview: “Should Dignity Preservation Be a Precondition for Safety and a Design Priority for Healing in Inpatient Psychiatry Spaces?”*

Guest: Brendan D. Kelly, MD, PhD

Host: Tim Hoff

Transcript: 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 Brendan Kelly, Professor of Psychiatry at Trinity College Dublin and Consultant Psychiatrist at Tallaght University Hospital, Dublin. He’s here to discuss his article, coauthored with Dr Róisín Plunkett, “*Should Dignity Preservation Be a Precondition for Safety and a Design Priority for Healing in Inpatient Psychiatry Spaces?*” in the March 2024 issue of the Journal, [Psychiatric Inpatient Environmental Architecture](#). Dr Kelly, thank you so much for being on the podcast. [music fades]

BRENDAN KELLY: Thank you for having me.

[00:00:52] HOFF: So, what is the main ethics point that you and your co-author are making in this article?

KELLY: We’re writing about ethics and dignity and inpatient psychiatric care in mental health inpatient units. And the key ethics point is the need to consider both dignity and safety in these settings, and to realize that these are not opposite. One does not happen at the expense of the other. But if we think through the ethics of care, the ethics of safety, then maintaining dignity is part of maintaining safety. They’re not different things.

[00:01:31] HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

KELLY: Well, when people are admitted to inpatient psychiatric care in mental health units or elsewhere, they often undergo unnecessary impairments of dignity, maybe handing up personal belongings, maybe being subject to certain regimes while inpatients. What we would like health professional students and trainees to take from the article is that many of these impairments of dignity or limitations are not necessary, and many can increase risk. So, I suppose one of the keys is talking to our patients about why there are certain restrictions in inpatient settings for their safety and that of others, and realizing that our patients are far more insightful about these things, really appreciate the engagement, and value dignity over and above most other things that we think are important. So, the important thing for students and trainees is to think about dignity, think about patient engagement, and also maintain an awareness about safety.

[00:02:39] HOFF: And finally, if you could add a point to this article that you didn’t have the time or the space to fully explore, what would that be?

KELLY: I would ask students and trainees, and indeed professionals, to put themselves in the shoes of a patient, someone who has been admitted to hospital, and to notice and really feel

your way into the unnecessary limitations we sometimes place on patients in inpatient settings. So, really try and place oneself in the other person's shoes and feel into what would it be like if I were to experience this? [theme music returns] I find this changes perspectives quite quickly.

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

KELLY: Thank you very much.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.