Episode: *Author Interview: "Why Patient-Centered Built Environment Standards Matter More Than Numbers of Beds in Inpatient Psychiatry"*

Guest: Morgan C. Shields, 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 Morgan Shields, an assistant professor in the Brown School of Social Work at Washington University in St. Louis. She's here to discuss her article, coauthored with Zohra Kantawala and Dr Ramesh Raghavan, "*Why Patient-Centered Built Environment Standards Matter More Than Numbers of Beds in Inpatient Psychiatry*," in the March 2024 issue of the Journal, *Psychiatric Inpatient Environmental Architecture*. Dr Shields, thank you so much for being on the podcast. [music fades]

DR MORGAN SHIELDS: Yes, thank you so much, Tim, for having me.

[00:00:51] HOFF: So, to begin with, what's the main ethics point that you and your co-authors are making?

SHIELDS: So, we reviewed evidence for expressed values of patient-centered care in our society and how the principles of patient-centered care can be expressed via the built environment. We then reviewed existing standards for language reflecting this evidence and our values and found little to no language in regulatory and professional standards related to the built environment. So, we argue in this piece that standards should be updated to better reflect our values and the evidence when it comes to patient-centered built environments. A concern that some might have has to do with perceived tradeoffs between access and quality of care. So, if we require certain changes to the built environment, might it result in hospital closures, right, or in losing beds, right? That might be a concern. So, we address this question using empirical and ethical lenses, and specifically we use the ethical principle of consequentialism. So, the key ethical point then is that we should update our standards for patient-centered built environments in inpatient psychiatry, because doing so is likely to lead to greater benefits than harm when evaluated through consequentialism.

[00:02:05] HOFF: And so, what do you think is the most important thing for health professions students and trainees specifically to take from your article?

SHIELDS: Yes. So, one important thing to take away from the article is that sometimes best practice, especially for marginalized and stigmatized populations like inpatient psychiatry, are not reflected in oversight standards. And this might be particularly true when it comes to the built environment since the built environment is often considered as separate from clinical processes. So, as a student, one is used to learning about the rules, but it's important to consider that these rules have gaps and contradictions. And there are considerable opportunities to be critical of existing systems and to imagine viable policy solutions to these gaps.

[00:02:52] 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?

SHIELDS: So, I'll take this opportunity to say something that is more of an opinion. So, inpatient psychiatry is a very unique setting of power imbalance where the floor for quality is quite low. So, of course some people might receive really good care at certain facilities, but in some facilities, patients are quite vulnerable to egregious harm and dehumanization. So, the floor for quality is much lower than, let's say, primary care. And I don't mean to diminish the harms of jails and prisons with this statement, but patients do often compare their experience to criminal justice settings. And this is compounded by harmful interpersonal experiences: overuse of sedatives or antipsychotics, use of restraint and seclusion, risk for physical and sexual violence. So, you need to imagine that folks are in acute psychological distress, so these types of environments are antithetical to healing for most. So, what I want to say is that it's my opinion that when it comes to considering reforms to inpatient psychiatry, it really should be a prerequisite that those offering their opinions, and certainly those making policies, should experience this type of care themselves as a patient and not necessarily as a provider. So, I can't begin to tell you how wide the gap is between the experience of patients and the attitudes of providers and policy makers who happen to hold the most power over them. [theme music returns]

[00:04:26] HOFF: Dr Shields, thank you so much for your time on the podcast today, and thanks to you and your co-authors for your contribution to the Journal this month.

SHIELDS: Thank you, Tim.

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.*