

Episode: *Author Interview: “What Should Students and Trainees Learn About Patient-Centered Documentation?”*

Guest: Peter Steen, MD
Host: Tim Hoff
Transcript: Cheryl Green

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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 Peter Steen, the vice chair for behavioral health at Northwell Health, Staten Island University Hospital in New York. He’s here to discuss his article, coauthored with Drs Nubia Chong, Maria Mirabela Bodic, Ludwing Salamanca, and Stephanie LeMelle, “*What Should Students and Trainees Learn About Patient-Centered Documentation?*,” in the March 2024 issue of the Journal, [Psychiatric Inpatient Environmental Architecture](#). Dr Steen, thank you so much for being on the podcast. [music fades]

DR PETER STEEN: Thank you for having me.

[00:00:50] HOFF: So, what’s the main ethics point that you and your co-authors are making in this article?

STEEN: There are a couple ethics points. I think that this topic that we’re writing about really gets to some of the basic ethical principles of being a physician. The idea here is that now with the 21st Century Cures Act, our documentation is open for patients to be reading. And this is a bit of a new thing for physicians in that our audience is no longer just the insurance company or our colleagues or regulatory bodies. Our audience now includes the patient. And the issue here is that sometimes the language used in medical documentation has been rather cold or clinical. And we know from feedback from people who access care that sometimes being privy to this kind of communication, the documentation, can feel harmful. And so, that’s what we’re advocating for here is basically the principle of nonmaleficence: the duty to avoid causing harm and to minimize harm to patients. And if we can be more mindful in the language that we’re using so as to not cause harm when they access their records, then I think we as physicians have that duty.

The second principle, which is another basic principle of being a physician, is beneficence. And this is the duty to maximize benefits and enhance patients’ well-being. And we know, especially coming from a behavioral health standpoint, that our language and the words that we use are powerful, and they have the ability to promote healing. And so, when we choose our words and when we choose how we write in a way that is patient-centered, recovery focused, giving good...or giving enough space to really describe the strengths that the patient is coming from, this can really serve to help the patient grow and become more healthy.

[00:03:32] HOFF: And so, what do you see as the most important thing specifically for health professions students and trainees to take from this article?

STEEN: For this to be successful, it really requires a culture shift in medicine. And we have to recognize that when we're writing, and our patients are now reading, it's not just clinical language that matters, and it does matter if we are addressing the patients in a respectful and strength-based way. I can just think of a little anecdote. A friend of mine recently went in to have a colonoscopy, and he elected to do this without anesthesia. And every time someone new would enter the room while he's on the table having the procedure done, someone would announce that he was not under anesthesia, and this was because they needed everyone to know in the room that the patient was listening in on what was said at the bedside. And I think that this is a pretty poignant anecdote for what it is now like when patients are reading the notes that we write, and it is important for us to be mindful of the language that we use.

[00:04:56] HOFF: And so, 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?

STEEN: I really would have liked to have been able to address maybe the opposing viewpoint. And unfortunately, language and how we use language has become somewhat politicized in today's society. This has become a sore spot for people who feel as though they are being required to use language for other people's benefit. But again, this—as physicians—this is really about doing no harm and promoting healing. And so, if we can shift our use of language to do this, I think that this is really important. But I would have liked to have been able to address the fact, or at least mention, that this is something that has become somewhat politicized, and people feel as though they didn't need or wish that they didn't have to be so mindful of other people's sensitivities when using language. [theme music returns]

[00:06:15] HOFF: Dr Steen, 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.

STEEN: 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*.