Episode: *Author Interview: "Should Patients' Boredom in Locked Inpatient Psychiatric Units Be Considered Iatrogenic Harm?"*

Guest: Carrie Tamarelli, MD
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 Carrie Tamarelli, a hospital-based psychiatrist and clinical assistant professor in the Department of Psychiatry at the University of Michigan in Ann Arbor. She's here to discuss her article, coauthored with Angela Cao and Dr Rebecca Grossman-Kahn, "*Should Patients' Boredom in Locked Inpatient Psychiatric Units Be Considered Iatrogenic Harm?*," in the March 2024 issue of the Journal, *Psychiatric Inpatient Environmental Architecture*. Dr Tamarelli, thank you so much for being on the podcast. [music fades]

DR CARRIE TAMARELLI: Thank you so much for having me. I'm happy to be here.

[00:00:51] HOFF: So, what is the main ethics point that you and your co-authors are making in this article?

TAMARELLI: It's really common when I'm working with patients on inpatient psychiatry units that they are reporting that they feel bored or that that might even change their treatment plan. We wrote this article as a commentary on a case that was presented about just that, so a suicidal adult who's requesting discharge before the weekend because she's concerned that she'll be bored and that will be uncomfortable. And so, both internal vulnerabilities unique to the patient, such as depression or other psychiatric conditions that increase boredom proneness, as well as external factors like the environment of a psych unit, where there's reduced autonomy and limited access to engaging activities, play some role in boredom. And so, we deliberate whether that can be considered an iatrogenic or medical harm and a factor in determining discharge. And so, ultimately, there are risks associated with boredom, and ample data support the conclusion that harm is caused by boredom on inpatient psychiatry units. The risks of these harms, though, should be weighed against the opportunities to address boredom as a part of treatment, as well as other risks associated with discharge, including, of course, suicide and other safety concerns.

[00:02:23] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

TAMARELLI: I would encourage students and trainees to just really remain connected with their patients and to take their concerns seriously, including boredom. Some learners might see their preceptors focused on other aspects of a patient's experience, like self-injurious impulses or suicidal thoughts, and that's with good reason, of course. Safety is always a priority, especially in hospital settings. But learners have a really unique opportunity to advocate for their patients, be curious about them and their experience, and so if they see that a preceptor or other

members of the staff are being dismissive about boredom, it might be a chance for the learner to speak up and even help their patient develop the skills needed to regulate their emotions or manage difficult experiences, build their skills to help them respond to these challenges and grow.

[00:03:36] HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

TAMARELLI: I think, of course, in our article we present evidence of measurable negative outcomes associated with boredom, but to practice really patient-centered medicine, though, I would argue that a patient being concerned about boredom is enough. And so, what I mean by that is, yes, there are studies that show increased substance use, violence, hopeless feelings, other negative experiences or behaviors associated with boredom. But even if there weren't a patient reporting that they are uncomfortable or distressed, really can be enough to just engage with them, help them feel better and want to work together. [theme music returns] So, even if there wasn't that evidence, just taking patients really seriously and working with them.

[00:04:41] HOFF: Dr Tamarelli, thank you so much for your time on the podcast, and thanks to you and your co-authors for your contribution to the Journal this month.

TAMARELLI: Thanks for having me.

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.*