

Episode: ***Author Interview: “How Should Clinicians Determine a Traumatized Patient’s Readiness to Return to Work?”***

Guest: Tabitha Moses, MS

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

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 format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode of the podcast is Tabitha Moses, an MD/PhD candidate in the Translational Neuroscience Program at Wayne State University School of Medicine in Detroit, Michigan. She’s here to discuss her article coauthored with Dr Arash Javanbakht, [How Should Clinicians Determine a Traumatized Patient’s Readiness to Return to Work?](#), in the February 2022 issue of *The Journal, Tactical Health and Law Enforcement*. Tabitha, thank you so much for being on the show. [music fades out]

TABITHA MOSES: Great to be here. Thank you for having me.

HOFF: So, to begin with, what’s the main ethics point that you and Dr Javanbakht are advancing in your article?

MOSES: So, in our article, we really want to highlight the importance of patient autonomy and mutual trust between patients and clinicians. So, even in situations where these issues might be made more complex by the need for the clinician to serve as an evaluator of the patient, such as in this case, we believe that patient autonomy can still be maintained. In these situations where a clinician is asked to evaluate an employee’s fitness for duty, for example, it is easy to fall into a paternalistic trap wherein the clinician believes that they must make a choice that is in the best interests of the patient without fully involving the patient in that decision-making process. We really wanted to highlight the fact that this is not the best approach and that the priorities and goals of treatment are to be set through collaboration between clinician and patient. And we highlighted the ways that this can be achieved through clear communication and understanding of the patient’s own goals and concerns.

Finally, we want to make it clear that combining these two roles, clinician and evaluator, can be confusing, and we don’t recommend it. In ideal situations, there would be a separate clinician for each role. However, we understand that this might not always be possible, so we provide the clinical guidance accordingly.

HOFF: Wonderful. And what do you see as the most important thing for health professions students and trainees to take from your article?

MOSES: We believe that one of the most important things for health profession trainees to take from this is the value of a strong therapeutic relationship, one that’s based on a foundation of mutual trust and respect. Many of the issues that arise in situations such as those highlighted in this particular case are often due to miscommunication and lack of

trust between the patient and their clinician. And these can be avoided by the development of a strong therapeutic relationship. We believe trainees should recognize the importance of a thoughtful alliance between the patient and clinician, one that relies on a good mutual understanding of the patient's goals and focusing on what symptoms are the most distressing to the patient. So, it is paramount for us to remember that our goal is to treat the dysfunction and distress that the patient has.

HOFF: Wonderful. And finally, if you could add a point to your article that you didn't get to fully explore, what would that be?

MOSES: I think it would be the importance of nuance. So, nuance is really critical to appropriately managing situations such as the case we discussed. And in medicine, we often want to have these clear-cut, black and white answers for how to manage something, but that's not always possible, especially in psychiatry. We must be able to accept these gray areas and also recognize the knowledge and skills that we need to have to be able to ensure the optimal outcomes for all. To this end, we can't underestimate the importance of trust and empathy, and trust is the most important foundation of any relationship, especially this therapeutic alliance. And creating a mutually trusting relationship is key. Ensuring the clinician clarifies both their own intentions and goals and those of the patient helps a lot with gaining that trust. And to further this goal, empathy is also necessary, as it allows us to have a clear understanding of where the patient is coming from and their own goals, concerns, and worries. This understanding will then allow the clinician to more clearly share their own perceptions, and helps to establish a carefully considered, nuanced approach to the treatment recommendations. [theme music returns]

HOFF: Wonderful, Tabitha. Thank you so much for your contribution to the Journal this month and for being on the podcast.

MOSES: Thank you.

HOFF: To read the full article, as well as the rest of the February 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.