

Episode: *Author Interview: “Activating Empathy Through Art in Cancer Communities”*

Guest: Robin N. Richardson, MA

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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 is Robin N. Richardson, the assistant director of care delivery transformation and community engagement at Dell Medical School's Livestrong Cancer Institutes at the University of Texas at Austin. She's here to discuss her article, coauthored with Megan Hildebrandt and Joy Scanlon, *Activating Empathy Through Art in Cancer Communities*, in the July 2022 issue of *The Journal*, [Arts-Based Research in Health Care](#). Robin, thank you so much for being on the podcast with me today. [music fades]

ROBIN RICHARDSON: Thanks for having me, Tim.

HOFF: To begin with, what's the main ethics point that you and your coauthors are making in this article?

RICHARDSON: The main ethics point that we're trying to articulate with this article is the power and expertise that comes from those with lived experience. In our work, we work specifically with the cancer community. So, my colleague Megan Hildebrandt is a young adult cancer survivor, and we, together at the Livestrong Cancer Institutes, convene those with lived experience, meaning those who have expertise of living with cancer: those who are going through cancer treatment, those who have gone through cancer treatment, those who've supported those going through cancer treatment. And we like to convene these folks with our oncologist, with our social workers, with our interdisciplinary care team to improve cancer care. But specific to the work that we're talking about in the Journal, bringing in student artists, we believe that working with those with lived experience, those stories often are not told. And so, those with lived experience have an expertise often not heard in the health care system.

HOFF: What's the most important thing for health professions students and trainees to take from this article?

RICHARDSON: I think similarly, right, creating spaces for storytelling, whether it's within the health care system or creating those spaces outside of health care, a lot of what impacts our health happens outside of health care systems. And so, because there's so many restrictions of time and space within health care, creating the space outside of health care, whether it's through educational systems, whether it's through art classes, whether it's in community settings, having these stories, our lived experiences that impact our health are really critical, both for patients and loved ones, but also for providers. Providers need to be telling stories and validating their feelings and expressing empathy and vulnerability. And only by doing that can we really be resilient in the current setting of health care today in the world today. So, we believe, you know, in this article we measure

empathy, but we believe there's a lot that contributes to healing and resilience and addressing burnout through this work as well.

HOFF: And 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?

RICHARDSON: I think the thing that I would add to this article is providing some more context around how Megan and I work with those impacted by cancer in our work at the Livestrong Cancer Institutes. So, working on the art class is really innovative and interesting, but I think the way we convene those impacted by cancer to improve our care delivery system at the Livestrong Cancer Institutes is quite novel. Many cancer centers and health systems use patient and family advisory boards to enhance their work, but we do it in a different way by co-designing and co-directing clinical programs and services with those with lived experience. So, I like to say it's not that we take something to them and say, "Do you like this brochure or that brochure?" No, we start with, do we need a brochure? What do patients need? We start with a blank sheet of paper and really dig in to those who are in treatment, those who've gone through treatment, those who have been with loved ones going through treatment. We start from the beginning and work from there with them. And so, we weren't able to adequately describe that in the article, but I'd really love to share that with the audience. [theme music returns]

HOFF: Robin, thank you so much for being on the podcast with me today and for you and your coauthors' contribution to the Journal this month.

RICHARDSON: It's been incredible. Thank you, Tim.

HOFF: To read the full article as well as the rest of the July 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*.