

Episode: *Author Interview: “What Should Be Roles of Federal Clinician Governors in Motivating Equity in Locally Coordinated Triage Protocols?”*

Guest: Isabelle M. Mikell

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 way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Isabelle Mikell, a third-year medical student at Sidney Kimmel Medical College in Philadelphia, Pennsylvania. She’s here to discuss her article, coauthored with Courtney Savage Hoggard and Dr Harald Schmidt, “*What Should Be Roles of Federal Clinician Governors in Motivating Equity in Locally Coordinated Triage Protocols?*,” in the March 2023 issue of the Journal, [Clinicians in Government](#). Isabelle, thank you so much for being on the podcast. [music fades]

ISABELLE MIKELL: Hi, great to be here. Thank you for having me.

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

MIKELL: So, the key ethics point in our article is that the literature on the SOFA score, or Sequential Organ Failure Assessment score, is clear on its limitations that it sustains, if not exacerbates, existing inequities for Black and other historically marginalized and minoritized patients, thus ignoring the need to adjust triage protocols, risks violating the ethical principles of justice and nonmaleficence and even complicity in structural inequities. To elaborate a little [chuckles], the SOFA score is a clinical decision-making tool used to assess how likely an individual is to survive intensive care. This information is then used to put a patient into a priority group with higher priority for those more likely to benefit from that intensive care and lower priority for those less likely to benefit. These priority groups are most important during periods of resource scarcity, as has been the case during periods of the COVID pandemic. So, CSC, or crisis standards of care, protocols exist to provide a guideline for triaging patients in resource limited settings. During the COVID-19 pandemic, SOFA has been widely used as a primary guiding light for this kind of decision making.

And quickly touching on the evidence of SOFA’s flaws, which are summarized in our article, it overestimates the mortality of Black patients, which categorizes them into lower priority groups for receiving rationed care, resulting in a lower survival rate. And then, unsurprisingly, this method also causes White patients to be overprioritized,

having their mortality underestimated and having a higher chance of receiving care that is unlikely to have clinical benefit.

HOFF: And so, what's the most important thing for your fellow health professions students and trainees to take from your article?

MIKELL: The most important thing for health professions students and trainees to take from this article is that the social determinants of health that have become a standard part of our medical education are extremely relevant to clinical practice, especially when creating protocols that will apply at the population level. And it's important that we bring that knowledge and critical lens with us into the hospital and into research and interrogate the fairness of existing protocols. Without this interrogation and close scrutiny, current inequities in health care will persist.

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?

MIKELL: So, if I could add one more point or really spend time with one more point, it would be that mild improvement should not be delayed while waiting for a perfect solution. I think many are quick to feel prematurely defeated when trying to ameliorate structural inequities in medicine. Similarly, many are discouraged at the criticisms placed on relatively recent protocols that were the product of a lot of hard work, collaboration, and with many even including consideration of how they could affect historically marginalized and minoritized patients. It's also true that a perfect solution, even just the issue of SOFA and crisis standards of care, has not yet been fully substantiated; however, the evidence is clear that our current systems are flawed, and we have multiple potential improvements at our disposal from social vulnerability indices to reserve systems. So, to be a part of positive progress, it's important to maintain enough endurance to continue looking for better, to see new data as opportunity to make improvements, and to try out some of these proposals that offer promising solutions to some of the longstanding shortcomings of medicine. [theme music returns]

HOFF: Isabelle, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

MIKELL: Thank you again 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](http://JournalofEthics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.