

Episode: *Author Interview: “How Should Technology-Dependent Patients’ Care Be Managed Collaboratively to Avoid Turfing?”*

Guest: Emma Cooke, MD, MA

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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 Emma Cooke, an internal medicine and pediatrics resident at Baylor College of Medicine in Houston, Texas. She’s here to discuss her article, coauthored with Dr Holland Kaplan, “*How Should Technology-Dependent Patients’ Care Be Managed Collaboratively to Avoid Turfing?*,” in the December 2023 issue of the Journal, [Belonging, Placement, and Turfing](#). Dr Cooke, thank you so much for being on the podcast.

DR EMMA COOKE: Thanks for having me. [music fades]

[00:00:47] HOFF: So, to begin with, what is the main ethics point that you and Dr Kaplan are making in your article?

COOKE: Yeah. So, the article is about turfing of technology-dependent patients, which is basically patients who require like a tracheostomy or a G tube or some other device. And when I say turfing, basically what it means is that when these patients are admitted to the hospital, the admitting service, which is usually a specialty service like orthopedics or plastic surgery, doesn’t want to take responsibility for them, and they try to find another service—so like IM or general surgery, or if you’re in a children’s hospital like pediatrics—to take care of them instead because they feel like those people might be more qualified in some way. So, the key point that we want to make is that this is an issue with ethical valence, and as this patient population grows, it’s going to keep coming up because right now, nobody really feels comfortable taking care of these patients.

There’s an assumption that people who have a more broad-based medical education like IM or peds might feel more comfortable, but they don’t necessarily have the training or background for them to feel comfortable caring for these patients either. And so, we look in the article at different reasons for that. So, part of it is because technology-dependent patients have very specific needs, and in medical education, these needs are not really taught about. So, like how to manage a trach or how to manage a G tube is really not something that you learn until you go to residency, and you are sort of required to learn it kind of in the moment. So, that’s one reason why people don’t feel comfortable, because they don’t really know how to manage these devices.

And then the other reason is because of sort of ableist bias that a lot of doctors might have but might not even be aware that they have. So, they might think that these patients’ lives are less valuable, and they might not even realize that they have that belief. So, we want to call attention to the fact that technology-dependent patients have significant and unique needs, and a lot of doctors don’t really know how to meet these needs, or they don’t feel comfortable trying to meet them. So, turfing is a way of trying to avoid facing that reality.

[00:02:58] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

COOKE: So, I think it’s important to advocate for more training about technology-dependent patients, because most medical schools and most residency programs, like I was saying, they don’t really have a formal curriculum covering these topics. So, in my case, and I think in many residents’ cases, the first time that you ever have to troubleshoot like a G tube that’s not

functioning or deal with a trach issue is when you're by yourself as an intern, and you get called to the bedside at 7 PM, and you don't know what to do. So, I think it would be to the benefit of these patients and also of trainees to have a more robust curriculum that formally teaches how to manage these technologies. So, I'd encourage trainees or anybody that has any involvement in medical education to really advocate for training at every stage of medical education for managing medical technology. And the hope would be that if medical providers in all specialties feel comfortable managing these technologies, they may be less likely to turf patients who otherwise they could be able to care for.

[00:04:08] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

COOKE: Well, we get into this in the article a little bit, but I would want to emphasize that there's definitely stigma against technology-dependent patients. So, part of that, I think, is because most medical students and most doctors are not disabled, and that itself is a problem because more than 25 percent of Americans identify as disabled. So, even among doctors who are disabled, they may have a very different disability or a set of disabilities than the ones that we see in technology-dependent patients. So, this stigma, like the idea that these patients are living lives that are not worth living, probably plays a role in the way that they're treated. So, the question then would be kind of well, how do we address this? And we have two solutions that we point to. One of them would be working to make medicine a more welcoming environment for disabled people. And then the other thing would be working towards having sort of longitudinally throughout medical education opportunities for residents and/or trainees at any level to form relationships with technology-dependent people and those in their families, those that are involved in caring for them. Because part of what allows this sense of us and them to persist is not really having those close longitudinal relationships with people who live with technology. [theme music returns] And I think that forming those relationships will help reduce that stigma.

[00:05:49] HOFF: Dr Cooke, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

COOKE: 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](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.