

Episode: *Ethics Teaching and Learning: What Should Health Professions Students Know About How Immigration Status Affects Health?*

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[mellow theme music]

TIM HOFF: Welcome to the new *Ethics Teaching and Learning* podcast series from *Ethics Talk*, the *American Medical Association Journal of Ethics* podcast on ethics and health and health care. I'm your host, Tim Hoff. In this series, we'll talk with educators about teaching ethically complex content to health professions students. We'll discuss strategies for navigating tension between challenging students and trainees and supporting them as they navigate ethical ambiguity and uncertainty. We'll focus specifically on relationships formed among patients, clinicians, and organizations when we work, teach, learn, and assess learning together.

Joining me today is Dr Mark Kuczewski, the Fr Michael I. English Professor of Medical Ethics at Loyola University Chicago Stritch School of Medicine in Maywood, Illinois, where he is also the Director of the Neiswanger Institute for Bioethics and Healthcare Leadership. He's here to talk about teaching health professions students and trainees how to care well for undocumented patients. Dr Kuczewski, thank you so much for being here. [music fades]

DR MARK KUCZEWSKI: Ah, thanks for having me, Tim.

HOFF: So, how do you introduce the topic of caring for undocumented patients to health professions students or to colleagues even who might be unfamiliar with why it's interesting and important and complex, or maybe just how it's very common?

KUCZEWSKI: Sure. Well, these days, there's a lot of talk about social determinants or social influencers of health, and there's increased interest in the idea that there are systemic inequities in our system that just create a situation in which some people are at a great disadvantage in terms of living to their full potential, living healthy lives. And immigration status is clearly a social determinant or influencer of health. In fact, the Harvard sociologist Roberto Gonzales refers to it as a master status. It's one of those characteristics of us. If you're undocumented, that influences everything. You might be able to find workarounds, you might be able to find ways to address it, but it must be addressed because it influences everything. Sort of like if one had a major physical impairment, we try to find accommodations and ways to minimize the impact of that or to work with the impairment. But it has to be dealt with, or it will have negative repercussions and create limitations for the person. And once people understand it in those structural terms, they want to know more.

HOFF: Mmhmm. So, which features of this content are hardest for students or colleagues to navigate cognitively and effectively?

KUCZEWSKI: Well, a lot of students or health care professionals don't know much about immigration. In fact, that makes them just like 330 million other Americans who really know

very little about immigration. And so, we have to set the context for that. And so, I mean, I teach about it both in graduate bioethics courses and also in our medical school. We have a whole day devoted to caring for undocumented patients, and we have to set the table for that. We have to help people to understand the social context, the historical context, the legal context.

For instance, there's just always the question, "Why don't, why can't they just get in line, right? Why can't undocumented people fix their status?" And the U.S. immigration system is extremely complex and has a very complicated history. And to try to, we have to explain to people why there is no line, why it is that, in fact, this can't be fixed easily. And so, we have to set that whole context in why people come here and all of those kinds of things, as well as what it is one needs to do in the clinical setting in a short encounter to try to support a patient. And so, we really try to set the table for people. And so, for instance, when we teach it for the medical students, I start out by doing that social context, the legal and social context, of the situation for undocumented immigrants. Johana Mejias-Beck, who is the coauthor of the paper that we have on sanctuary doctoring, that actually walks them through the sanctuary doctoring method of how to address this in a short clinical encounter.

And then we have several of our students, typically, typically students who are the peers of our medical students who are DACA recipients tell their story, their journey, how it is they came to understand they were undocumented, why their family's here, the difficulties they've had adjusting, and how they've tried to overcome those barriers and go on to serve communities by being physicians. So, you have to address the context, the method, and then help people to empathize somewhat, to put themselves in the shoes of these people who will be their patients and who are going to be their colleagues as DACA recipient physicians. And so, to some degree, the methods in the clinic are the easiest to teach. It is to develop this broader understanding that provides the empathy, that provides the attitudes that enable people to gain the skills that they're trying to get.

HOFF: Mmhmm. And just as an aside, listeners who are interested in that phrase, "sanctuary doctoring," that you mentioned should take a look at the article that you coauthored with Dr Amy Blair in our January 2019 issue on caring for undocumented patients.

So, when you first introduce this content to students, are they generally aware that they'll be working with and caring for undocumented patients, or does that come as a surprise to many of them?

KUCZEWSKI: Well, we are in Chicago here.

HOFF: Mmhmm, mmhmm.

KUCZEWSKI: I'm at the Loyola Stritch School of Medicine, and Illinois has a large immigrant population. And so, when you have large immigrant populations, you'll have large undocumented populations as well. So, it's not, it doesn't come as a huge surprise to Stritch students. I imagine that in some states where there is a lower immigrant population, it would come as more of a revelation, I would say. But nevertheless, immigration is on the national radar to some degree, so I think that perhaps it shouldn't be a complete surprise.

I think, though, that what everybody probably doesn't really think much about is that it isn't something that's going to be fixed quickly and easily. It is something that perhaps that

most physicians may have to deal with for most of their careers in the United States. And so, that insofar as physicians are lifelong learners and have to prepare for populations they'll treat over the course of a career, this one falls into that category.

HOFF: So, once you've delivered this sort of information to students, what features of this content make it hard to assess whether students are actually learning what you're teaching and whether or not they're going to be effective caretakers of patients who are undocumented?

KUCZEWSKI: Sure. You know, well, as you might imagine, the cognitive skills are always the easiest to assess. You can give a written test with multiple choice questions. And so, people can come to let you know whether, in fact, they've absorbed some of that social and legal context that we've been talking about. And of course, it's somewhat cursory because even in a three-hour curriculum, which is a lot of time in a medical school curriculum, it's hard to address all the facts that we'd really like people to know about this situation. But the cognitive content is always going to be your easiest to assess.

The skills parts, for instance, in the clinic, whether somebody's able to really comfortably sit and talk with an undocumented patient and establish the kind of rapport that they need. And the sanctuary doctoring method is very simple. It's to open that dialogue, provide reassurance for the patient, so that you kind of normalize the situation. They're feeling very alone thinking nobody else has these problems, and you tell them that you're not alone. You reassure them you won't write that they're undocumented in the electronic medical record and then provide them with some resources. And we have a template brochure that's on our website that you can get through comments to the article and that we link to it. And so, whether in fact somebody's comfortable enough to ever to deal with that, that's very hard to assess from simply a lecture kind of format. That takes greater training.

HOFF: Hmm. So, you've mentioned a couple of times sort of the limitations of the curricula that students get if there's a single day, you know, just three hours. So, what strategies do you recommend for integrating caring for undocumented patients more robustly into the curricula as a whole?

KUCZEWSKI: Well, I think there's a couple of things that can be done. For instance, in medical schools, simulated patient encounters, standardized patients—OSCEs they sometimes are called—you can do a structured assessment so that students can be provided with a checklist of the sanctuary doctoring method and could interview a patient and go through that. And that certainly helps develop some skills and some confidence. Now, with all simulations and OSCEs at medical schools, the hard part is to do it at exactly the right moment, you know. So, if you have a rotation where students might be encountering an immigrant population with some frequency, that's the rotation you'd want to put it in. But time is limited, and there's only so many kinds of simulations because there's a lot of kinds of patients that students will encounter and will need to be trained on. So, it's always going to be difficult to have as much training as we'd like, but that's certainly one method that can do that.

But it seems to me that the key thing that we do, because at Stritch we have students who are DACA recipients, they're beneficiaries of the Deferred Action for Childhood Arrivals program. And I've written a couple of articles in your journal about their situation and the benefits they bring in training to become physicians. So, they are undocumented, but they have some protection from deportation temporarily, and they have a work permit so they could go on to residency. But because we have a number of these DACA recipients

among our student population, when they tell their stories and develop some empathy among the other students, I feel like I can be pretty confident that these students, when they encounter patients who they feel need them to have these skills, they will, in fact, then reach back and develop them and look up what they need to know and talk to people. They'll be, in other words, they'll be motivated to address the needs of these patients because they've got the right attitudes and empathy and think of this as a social influencer of the health of these patients whom they're trying to serve.

And I think unless we develop that nationally in medical schools, people will slough it off as just one more thing, one more test to take, one more standardized patient exam to go through. And so, I think that that is just so key to do that, to develop that empathy. And that is where the benefit of diversity in our medical student populations comes in. By training side by side with people who've been through these circumstances, students come to understand the patients that they will treat. And I think that that's just so key. For schools that don't have DACA recipients among their student body, I would hope that they would consider trying to make sure that their admissions policies are appropriate, their financial aid policies are appropriate so they can recruit these students into their student body, if not, to make use of other media to help develop this empathy. For instance, there are many good videos on YouTube by undocumented young people who tell their stories. There are documentaries. There are ways you can bring home the affective part of this to the student population.

HOFF: Mm. You mentioned you've contributed to the Journal, and we've brought up one of those already, the article in January 2019, *Good Sanctuary Doctoring for Undocumented Patients*. Interested listeners should also check out February 2021, *Addressing Systemic Health Inequities Involving Undocumented Youth In the U.S.* So, how have you used what you've published with us to motivate students' or colleagues' ethical inquiry?

KUCZEWSKI: Sure. And I should mention also, going all the way back to 2015, I had an article with Dr Linda Brubaker, who was our Dean, on our efforts to recruit DACA recipients into medical school and the benefits they bring to the student body that I was just talking about.

HOFF: That article for listeners is *Equity For Dreamers In Medical School Admissions* from February 2015.

KUCZEWSKI: Thank you, Tim. The beauty of the *AMA Journal of Ethics* is that it is so accessible. It does have the open access format, so you can flip a link to anybody at any time that's appropriate when people are interested in it. And the key thing I've tried to do is to utilize current events to bring these articles back to light to people and to help them reflect on the situation of our undocumented population. For instance, this past week was the 10th anniversary of President Obama making the announcement of the creation of the DACA program, which is pretty amazing. Ten years have gone by, and what was supposed to be a temporary program is about the best we have right now. But because of that 10th anniversary, I was able to create a little event here at the Stritch School of Medicine to mark that and to ask some of our DACA recipient students to speak a little bit about their journey and then to make available the resources again, such as the articles and the links to them, so that people who want more background or to refresh can utilize that. And it's like anything else, you know. You've got to respond to the teachable moment. And with immigration, interestingly enough, from 2016 to 2020, because there was so much anti-immigrant rhetoric coming from the top of our government and so much of a clear threat to our immigrant populations, there were more teachable moments. Actually,

as things have gotten quieter, we have to look for more opportunities, such as the 10th DACA anniversary. [mellow music returns]

HOFF: Dr Kuczewski, thank you so much for all of your past work on the Journal. And I believe, do you have any upcoming articles in the pipeline or?

KUCZEWSKI: No, but I should, right? What am I, slacking off here?

BOTH: [laugh]

HOFF: That's all right. Whenever it comes, we'll look forward to it. But in the meantime, thank you so much again and thanks for being on the podcast today.

KUCZEWSKI: Thank you, Tim. I really appreciate it.

HOFF: That's all for this episode of *Ethics Teaching and Learning*. Thanks to Dr Kuczewski for joining us. Music was by the Blue Dot Sessions. Be sure to check out all of the articles mentioned throughout this episode, as well as our current issue on *Inequity and Iatrogenic Harm* at our site, JournalofEthics.org. Follow us on [Twitter](#) and [Facebook @JournalofEthics](#), and we'll be back on September 1st with an episode on *What We Owe Health Care Workers Earning Low Wages*. Talk to you then.