

Episode: *Author Interview: “Is It Reasonable to Expect Students and Trainees to Internalize Equity as a Core Professional Value When Teaching and Learning Occurs in Segregated Settings?”*

Guest: Adriana Pero

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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 Adriana Pero, a medical student at the Icahn School of Medicine at Mount Sinai in New York City. She's here to discuss her article, coauthored with Emily L. Xu: “*Is It Reasonable to Expect Students and Trainees to Internalize Equity as a Core Professional Value When Teaching and Learning Occurs in Segregated Settings?*,” in the January 2023 issue of the Journal, [Segregation in Health Care](#). Adriana, thank you so much for being on the podcast with me. [music fades]

ADRIANA PERO: Thank you so much for having me. I'm really glad to be here.

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

PERO: The key point of our article focuses on how learning in a segregated system negatively impacts health care trainees. Our current medical system is segregated, meaning that people who are insured through Medicaid or who are uninsured have a greater difficulty of accessing medical care and are often primarily seen by trainees, meaning lack of continuity of care and fewer available appointments. People of color, the working class, and immigrants are more likely to be publicly insured or uninsured. So, given the demographic breakdown of patients insured through Medicaid or who are uninsured in New York, segregation based on insurance status is de facto segregation based on race as well as class.

Learning in a segregated system causes health professions students to experience learned helplessness and burnout because they see how these patients are treated, recognize that it's not right, but they feel they're unable to do anything about it. They also learn and normalize bias since they recognize the differences in how patients are treated and may even participate in disparate care. And they learn this is just how things are, or this is just how we treat patients like this. It's also a lot of work to go against the system that's been built. And students and trainees are often already overworked and feel like they have the least amount of power. So, it's easier for them to go with the way

that things are than to stand up against it. So, in conclusion, our article discusses how segregated care is not only bad for patients, but also bad for trainees and contributes to burnout and replicating bias in health care.

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

PERO: The most important thing is really three pronged. First, we want students and trainees when they see segregation in health care to feel validated that what they witness and see is not right, just, or equitable. Students and trainees are not yet ingrained in the system and can bring a new perspective, so they may recognize things that other people take for granted. And we also want students and trainees to feel empowered to not let people who have more prestige or experience to make them second guess their convictions. It's not just on students, though. It's also important for health systems to create environments where trainees feel empowered to act, speak up, and find allies for what they witness. And lastly, individual actions alone are not enough. We need systemic change, which can start at the level of medical education.

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?

PERO: So often for patients insured through Medicaid or who are uninsured, providers need to go above and beyond to get them the health care that they need. And these providers face many barriers for putting in this extra effort, such as going against superiors or having constraints on time. Requiring providers to go the extra mile while actively discouraging them from doing so is not a recipe for good health care. And this is why we need systemic change, and we need desegregation of care at the hospital, city, state, and national level for us to actually have equitable health care. [music returns]

HOFF: Adriana, thank you so much for being on the podcast with me today, and thanks to you and your coauthor for your contribution to the Journal this month.

PERO: Thank you so much for having me. It's been a real pleasure talking with you today.

HOFF: To read the full article, as well as the rest of the January 2023 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*.