

Episode: *Author Interview: “How Should Clinicians and Researchers in Government Respond to Threats to Their Offices?”*

Guest: Daphne Mlachila, MD, MPH

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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 way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Daphne Mlachila, a second-year resident in the Southern Illinois University School of Medicine Pediatrics program in Springfield. She's here to discuss her article, “*How Should Clinicians and Researchers in Government Respond to Threats to Their Offices?*,” in the March 2023 issue of the Journal, [Clinicians in Government](#). Dr Mlachila, thank you so much for being on the podcast with me. [music fades]

DR DAPHNE MLACHILA: Thank you so much for having me.

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

MLACHILA: The main ethics point of my article is that in order to responsibly hold office, clinician policymakers have to adhere to the principles of both medical and public health ethics. This means being mindful of these key principles that we all memorize in medical school: autonomy (allowing patients to make medical decisions for themselves), beneficence (doing good), nonmaleficence (doing no harm), and of course, justice, which is distributing limited resources in a way that is fair. It also means that we need to think beyond these individual ethical principles and try to maximize good for the most people, which means taking a more population health approach to medical problems. By taking such an approach, the clinician policymakers are able to improve outcomes across many levels, from the individual, the community, the state, and the nation as a whole.

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

MLACHILA: The most important thing that I wanted health professions students and trainees to take is making sure they're mindful of the importance of mental health and burnout within health care. In my article, I refer to another article by Mata and colleagues who did a meta-analysis of 17,000 resident physicians and found that they had high rates of depression and depressive symptoms, 29 percent. And many other studies have also shown similarly high rates of suicidality and anxiety in medical trainees when they're compared to their age-matched peers. I think as physicians, we

have this tendency to want to be martyrs and to ignore mental health and our psychosocial needs. And I really wanted to stress the importance of periodically doing mental inventories. It's important to do emotional debriefs after adverse events or deaths of patients. It's important to check in on colleagues and how they're coping with competing demands, and also to have the freedom to say, "I'm not okay and I need help." And I think it's more than okay to let your superiors know that your mental health is weighing in on you and that you need to temporarily step back on your clinical responsibilities and to regroup. One of my good friends from med school completed suicide shortly after beginning residency, and I often think of him from time to time, what I could have done differently to help him. So, I really want to stress that growing awareness of the importance of mental health in medicine.

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?

MLACHILA: One point I wish I could add to my article is the importance of advocacy amongst physicians. As a pediatrician, I think we all naturally think of ourselves as advocates for our patients who often cannot decide for themselves. I think this role has been more crucial during the COVID-19 pandemic, with growing distrust in science and alarming levels of misinformation and disinformation. I find myself having to advocate more for having routine immunizations or even COVID and flu vaccinations amongst my patients, as well as continue to stress the continued need for masking, especially for immunocompromised populations. But all physicians, regardless of specialty, have the duty to be advocates because they have specialized knowledge that much of the general public does not have to help promote good health outcomes for all. What that advocacy looks like is variable. It can be grassroots advocacy, such as one-on-one counseling of patients or organizing school supply drives. It can also be political advocacy, like signing petitions or contacting congresspeople about important health-related bills. [theme music returns]

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

MLACHILA: All right, thank you very much.

HOFF: To read the full article, as well as the rest of this month's 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*.