Women at Warp Episode 243: “Critical Care”

Sue: Hi and welcome to Women at Warp: A Star Trek podcast. Join us on our continuing mission to explore intersectional diversity in infinite combinations. My name is Sue, and thanks for tuning in. With me today are my cohosts, Jarrah.

Jarrah: Hello.

Sue: And Aliza.

Aliza: Please state the nature of your medical emergency.

Sue: Oh, there are going to be plenty. And our guest today is Laura. Hi, Laura.

Laura: [speaks Klingon] which the Internet tells me is Klingon for happy to be here. I've got a few jitters, but why not?

[laughter]

Sue: It's going to be a good time. Before we get into our main topic today, we do our typical housekeeping. Our show is made possible by our patrons on Patreon. If you'd like to become a patron, you can do so for as little as a $1 a month and get some awesome rewards from thanks on social media to silly watch-along commentaries to the occasional behind the scenes clip. Visit us on *patreon.com/womenatwarp*.

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Before we get into critical care today, *Voyager* episode from season 7, episode 5, Laura, why don't you tell our listeners a little bit about yourself and your history with *Star Trek*?

Laura: Sure. I am an Ottawa-based nurse practitioner, and I've been working in healthcare for longer than I care to admit. Also a fan of *Star Trek* since longer than I care to admit but big hint, I saw some of the original series live. And I'm just delighted to be combining two of my passions, discussing healthcare and *Star Trek* all at once, so I couldn't ask for better.

Sue: Awesome. Yeah, this episode has been one that has been on our list for quite some time to take a closer look at. Jarrah, why don't you remind folks what this episode was, just in case?

Jarrah: Cool. *Critical Care* is an episode in season 7 of *Star Trek Voyager*, and we start out by finding out that the Doctor has been kidnapped by a sort of con-artist type dude called Gar, and he has been essentially sold to work in a two-tier hospital on the Dinaali space station. And he immediately realizes that there are different standards of care based on what a computer called the Allocator determines to be like that person's essentially their net worth, but it's like basically their ability to contribute to society reduced to a number. And the people on the red level are deemed to be not as valuable and are denied life-saving medication. And the people on the blue level have tons of space, and they're getting this life-saving medication to prevent arterial aging.

And the Doctor is pretty appalled by this and does a number of things to try to redistribute resources to the red level. And at the end of the day, we can get to the solution, which is sort of maybe a solution.

[laughter]

He faces a crisis of consciousness where he injects this administrator with a deadly virus to try to force him to give more resources and fix the system. And they kind of compromise by moving 12 people that are going to die up to the blue level and giving them access to the medications, and then the Doctor goes back to Voyager.

Sue: And they never visit this hospital ship again.

Jarrah: Yes.

Laura: There's a B-story of the Voyager crew trying to find the Doctor, and in the process of this, Neelix claims to poison the con-artist/trader to get some information as to where the EMH might be.

Jarrah: Yeah, I really like that scene where Tuvok and Neelix are in the brig with Gar. And first of all, I will just say, Gar's prosthetics are great, and his ability to act in those prosthetics just being super smarmy and shady is great. And there's this exchange where Tuvok is like, “You can't poison someone.” He's like, “Didn't I just hear you threaten a mind meld?”

Laura: Yeah. Tuvok threatens him with an assault, a very intimate assault, and Neelix says he's poisoned him. So, the ethics are sketchy all over the place.

Sue: Yeah, there is a lot going on from just the overarching, multitiered medical system to the deep discussion of the allocation of resources. There's that scene up on blue level where the Doctor is explaining, “If you don't order enough supplies, even ones you don't need, then you won't get them when you need them.”

Jarrah: Yeah.

Sue: And it just-- Oh, it still hits real hard.

Laura: Mm-hmm. Yeah, anyone who's ever worked in any level of management has heard that before.

Sue: Absolutely.

Laura: We have to order before the end of fiscal or we'll get a smaller budget next year.

Sue: Yeah.

Jarrah: Exactly.

Sue: And the critical life-saving drug that is being used off label for a vanity treatment for the elite.

Jarrah: Hmm.

Aliza: Yeah.

Luara: Hmm, yeah.

Jarrah: Have we heard that anywhere before?

Laura: My God.

[laughter]

Sue: I mean, we've heard it over and over before, but it keeps happening. So, there are so many aspects. And then, we get to the, is it ethical to defy your ethics to challenge the ethics of someone else? Like, it's--

Jarrah: Yeah.

Sue: There's a lot happening.

Laura: Meta.

[laughter]

I mean, this is obviously a blunt and, if anything, simplistic, heavy-handed approach to-- It's describing the current state and then state of American healthcare. You either had insurance or you didn't. And if you had insurance, you could have off-label cosmetic procedures done with scarce supplies. And if you didn't have insurance, too bad for you.

Both the United States and United Kingdom have two-tiered healthcare systems that have very strict lines between them. Canada likes to think that we don't, but I'm here to tell you we do. I work in a community health center where if you are on social benefits like Ontario employment, welfare, or a disability pension, I can prescribe drugs to you and you will either not have to pay or pay a very small copay. If you have a job with a nice insurance package, then I can prescribe drugs for you, and you will get those with no or a very small copay.

But if you are in the middle, if you're working in a coffee shop part time that doesn't have insurance, I can prescribe these drugs for you, but you may need to choose which prescription you fill. You may need to choose between filling your kids' inhalers or buying them new shoes to replace the ones they've outgrown. I see this every day. So, really, it made me laugh, made me cry, made me mad, made me sad.

But yeah, this episode addressed a number of ethical principles. The distribution of resources, absolutely. The principles of justice, beneficence, trying to do what's right for a person, non-maleficence, the very famous "do no harm." And they were swirling around together until I would have a really hard time picking which was the most prominent. And it's always difficult to prioritize which is the one that's most important, because you're never going to satisfy all of the ethical principles when you make a decision. End of rant. Thank you for coming to my TED Talk.

[laughter]

Jarrah: Aliza, I think this was the first time you've watched this episode.

Aliza: Yeah.

Jarrah: What were your first impressions?

Aliza: Yeah, similar to Laura, it hit me kind of hard, and it was this very acute and compressed version of our current state of healthcare. And as someone who-- I come from

the patient side. I'm chronically ill, disabled, I am in doctors' offices all the time. Like, literally three times a week, sometimes, I am going to doctors' offices, checking in with my doctors, trying to get the resources I need to exist, to be a person. And I also used to be a health insurance counselor briefly as a part-time job. So, I come from it mostly from the patient side, but also with a view of what the guts of health insurance and how complicated they can be and guiding other people through them.

This episode definitely encapsulates a lot of that, mostly from the medical provider side since we're seeing this episode through the Doctor's point of view. And that two-tiered system, it was actually really gratifying to see the Doctor push against these systems and do things that-- I see a lot of us as patients and as providers doing, which is try to work the system, as we mentioned, like ordering more resources so that you make sure you have a budget for it, trying to anticipate needs before they come up, knowing that you might not be able to request the resources when you need them. And then, also challenging the system via challenging the administrator and doing a very extreme thing, which if we did in this world, we would get in trouble, rightfully so. But it was satisfying to get to see a fictional character do that and win, and challenge this messed-up system and, and get patients the help that they need for the most part.

Laura: But did he win? Did he really win?

Aliza: Well, yeah, I mean, he did briefly, and then we see what happens unfortunately. If you can't sustain that change, then people will still suffer because the system can't be changed overnight, and it can't be changed just by one thing you do. So, yeah, it's an awesome episode. And the reason I haven't seen it, by the way, is because I'm not finished with my full watch of *Voyager*. Like, I've seen pieces of *Voyager* here and there over the years, but I'm finally doing a full watch-through, and I haven't gotten here yet.

[laughter]

Laura: Oh.

Aliza: Yeah. So, I was like, who's Gar? What's up with Gar? Like, I had never seen that character before.

Jarrah: Well, I think we can say this is pretty much a true one-off.

Sue: Yeah. You're not missing-- I figured I didn't spoil it at all.

Aliza: I figured. And also, it's okay if you do. I don't mind.

[laughter] [crosstalk]

Sue: It has been 25 years.

Aliza: [laughs] Yeah, exactly.

Sue: Well, that's the thing though. We keep talking about how this is a reflection of our current system, but this was made 25 years ago.

Aliza: Yep.

Sue: That just hurts all the more.

Laura: So, has anything changed?

Aliza: Exactly. It's like, has anything really changed? Seems like maybe not much has changed. We haven't had any progress in making healthcare more equitable and making health insurance easier to navigate.

Jarrah: We had like a tiny bit, a tiny bit with Obamacare.

Aliza: Yeah.

Jarrah: Like, I'm not saying that is perfect, but it was a significant battle to get anything there.

Aliza: I worked as a health insurance counselor literally helping people sign up for Obamacare in California. And that's the thing too. Obamacare, there were some really great things that came from that bit of legislation. Some of the main things were that health insurance companies couldn't deny patients based on preexisting conditions, you couldn't be denied healthcare. Also, there were certain caps of like you couldn't pay more than, say, $4000 or $2000 per year, depending on your health insurance coverage. And actually, there was one, I think, big cap that every health insurance plan has to stick to, and then there's tiers within that. So, yeah, it wasn't perfect, but it did help to at least give us some baseline protections as patients. But again, as a health insurance counselor, I can say it was very complicated to help people through the process of signing up for it.

Laura: And that's that complication-- Well, not the complication of signing up, but the complication of providing equity is never going to go away. In the 1960s and 1970s, we had in North America and Europe what was called death panels. And these were groups of--Yeah, terrible name. Groups of physicians who determined who could get hemodialysis for people in kidney failure because there just weren't enough dialyzers. These were enormous machines that had to be the filter to replace the kidney had to be built by hand for each patient, for each treatment, which was required three or four times a week. So, there was just no way to provide this life saving treatment for everyone.

But as the technology improved, it got cheaper. When I worked in dialysis in the 1980s and 1990s, we had disposable dialyzers that we just connected to intravenous tubing. We didn't have to build anything. So really, anyone in Canada who needed dialysis got it, and I'm optimistic that's the same thing.

But then fast forward to 2021, when we first got vaccines to help prevent COVID, there wasn't enough of them to go around. So, who should go first? And let me tell you, everybody thought that they had a good reason for going first. We should give it to the old, we should give it to the young, we should give it to the people to look after the old and the young. We should give it to the firefighters because if your hospital burns down, you're not vaccinating anyone. No, we should give it to the police because we have to keep society operating. With every new advance, there's going to be inequities, at least at the beginning, and there's going to need to be champions for increasing equity.

Jarrah: Hmm. That's a great point. And actually, that connects to the one thing I wanted to talk about, which was Tebbis, the character of Tebbis. So Tebbis is a miner whose dad was a miner before him, very classic kind of cased system on this world. And he has an aptitude for medicine and he's dying of this virus that is treatable with this medicine. And the Doctor is just so impressed by how earnest and intelligent he is, and that's one of the real motivating factors for everything the Doctor does. And I understand for the purposes of a story, you need to personify the issue and it's easier to get folks to empathize or sympathize with a face. But it does raise the issue of, he knows there's like 12 other people that also have this illness, plus anyone else on red level that had was dying of something else. Plus, I forgot

there's a green level below red level and then the white level which is the morgue. So, anyone on green level.

But he becomes really fixated on just like, “I need to prevent another Tebbis,” because in some ways it reinforces this idea that an individual actually does deserve treatment based on their value to society because he's convinced that he's being incorrectly assessed because he's so smart and should be able to be a doctor even though this planet doesn't allow it. And it's like, would he have reacted the same way? I think yes, because of his programming, but we don't get to see him react to a patient that we have in our society, like folks who get blamed for their own illnesses, usually unfairly. But you don't get to see him dealing with a case that's a little bit more gray, but I understand why. But that was just an observation.

Laura: Bother anyone else that Tebbis was conventionally attractive, as were all the patients on the blue level, whereas the administrator was obese and splotchy? Which was a deliberate choice. Theres no coincidence in the casting.

Jarrah: Yeah. Well, and there’s also a point where the whole, the woman that’s run off with Gar who is just called in the light credits, she’s just called the adulteress. She talks like, “Of course, I left my husband because he’s fat and depressed,” and it's just supposed to be like, “Oh, lols.”

Sue: Yeah, quite a bit of fatphobia in this episode as well.

Aliza: Yeah. And yeah, going back to wrapped up with that, what you're saying, Jarrah, about this idea that some people are worth saving because of their potential, because of their intelligence, I feel like that's something-- Like I said, I'm disabled. I was already disabled knowing that I'm disabled with fibromyalgia, but I also recently found out that I'm autistic and have ADHD. And so, that's another disability that I didn't know I had. And yeah, learning that because I'm high masking and because I've been “high functioning” my whole life, not only did I not get resources I needed, but I struggled and people couldn't see that because I just like slipped into the system and I'm high achieving. So, they were like, “Well, you're high achieving. You're doing great. Look at all you've achieved.” And yet, I'm struggling underneath.

But what if I wasn't high achieving? Like, would people-- Now that I know I'm autistic, I'm starting to get support and things, but would people care as much or try as hard to help me if I wasn't this high achieving person and have all this “potential”? It's really sad to think as a disabled person, I constantly have to prove my worth to get the resources I need, but it's like, which comes first, the chicken or the egg? Like, how do I have energy and support to prove my worth if I'm not getting the resources I need because I don't show that I struggle, but if I show I struggle, I don't get hired for jobs where people shun me. Literally, these are all things that go through my head week by week as I try to navigate health insurance and the workforce and all of that.

Sue: I don't know if protections for you in Canada are different than here in the US, but when I had to put in-- I decided to put in for accommodations in my workplace for my ADHD and I was afraid when I did it, when I finally made that choice, because even though the law says there can't be repercussions, there can be repercussions.

Aliza: And there often are. Like, most of the time-- At my last job I actually did, they had this little worksheet they us all fill out and share with each other, which is like, “some things about me.” And I was waiting to get assessed for ADHD and didn't know about my autism at the time. So, I did write, I was like, “I'm pretty sure I have ADHD. Here are the things that I kind of manage with that.” And even though that was in the sheet and supposedly they all read it,

there were still some miscommunications and things that they kind of like blamed on me even though it was not my fault that these happened, it was that I didn't receive the proper instruction and I did something differently than they wanted because this is the way my brain works. And they made that, they were like, “Oh, well, that choice was bad and wrong.” And I was like, “Oh, I'm sorry. Can you teach me the right way?” And they kind of just didn't want to. It was like they gave up on me.

So, it’s just like that kind of stuff happens all the time where you ask for accommodations, you tell people, “Hey, this is how I work this. This is how my brain works. I might need more time or more instruction or just clarity.” And people resist that. They don't want to have to take the time to do that. It's really--

Yeah, Sue, I feel that. And I'm unemployed right now and I'm scared. I'm very public about my diagnosis and I don't regret that, but I'm also scared about how that's going to impact getting my next job. Anyway, Tebbis.

[laughter]

Sue: As you go through this system, as you were saying, Aliza, you're constantly proving yourself, but you're constantly proving yourself in multiple directions.

Aliza: Mm-hmm.

Sue: You have to prove that you are worthy enough and have the potential to achieve the things so people give you the resources. But at the same time, you have to prove that you're, “disabled enough” to deserve the resources, to deserve the support. And it's like living through cognitive dissonance. And I’ve had some other medical stuff recently and admittedly, I have a great deal of privilege, and I have really good health insurance, but it has been very difficult to navigate and get the tests I need and see the doctors I need. And whenever I’m frustrated through the process, I think about the people who don’t have the resources that I have, who are trying to deal with the same thing, and it's just a bunch of bullshit.

[laughter]

Jarrah: One thing that I thought was interesting. We don't really see Dinaali society and their attitudes, but I remember studying in university about how universal entitlements, universal benefits are harder to dismantle than targeted benefits based on “need.” Because you foster this idea that the privileged are, “My tax dollars are going to pay for this person that doesn't really deserve it,” and there needs to be all these layers to ensure that the tax dollars of the “valuable” are not being wasted.

So, one thing I was surprised by in this was how easy the Doctor found it to convince Dinaali, who had lived in this system their entire lives, that like, “No, your first duty has to be to take care of the patient in front of you.” Not because I think that they would have been heartless or something, but I know my friend went to go work as a foreign nurse in New York. She's Canadian, she went down to New York and she said just the level of resistance from other staff who had worked in this system to the idea that maybe you shouldn't make people pay out of pocket for $30 every time you use a thing to track your pulse, that thing that finger clips on your fingers, and people are like, “Well, how would it even work?”

[laughter]

And if the society does have scarce resources, you're not really offering an alternative or a solution there. So, I just was surprised that he didn't have more institutional resistance other than just the Allocator is always right.

Sue: But as the Doctor points out, the resources aren't scarce, they're just being diverted elsewhere.

Jarrah: Mm-hmm. But generally, in a society that has that kind of system, there's like a bit of a mythical narrative that makes people feel like there's scarcity. It's very Ferengi.

Sue: Yes. Yes.

Laura: Well, I mean, our boy, Tebbis, was easy to convert because he's a paragon of virtue. But our blue level doctor, I don't remember his name, but the actor is Gregory Itzin.

Sue: Dysek.

Laura: Dysek. So, he was easy to convert because the Doctor appealed to his greed essentially saying, “You need to order more of these globulin injections because otherwise you won't get enough next year,” whatever the supply was they were talking about. Tebbis was just a model of virtue. And the blue level doc was-- the Doctor appealed to his greed. So, it wasn't necessarily that he was willing to treat the masses. He just wanted to keep his budget.

Aliza: Yeah. He was basically tricked into helping to treat the masses, right?

Laura: Yes. And what then? In this society, well, I suppose there's never such a thing as unlimited resources. So, if you provide blue level healthcare to everyone, then what? Is that going to last indefinitely? Is it going to last for six months? And then, Tebbis doesn't actually go to medical school? He goes back to the refinery or apprentices with Gar? Like, we're treating people based on a calculation of their worth, but surely that's a dynamic thing. And just because Tebbis has potential to be a doctor or a medical innovator doesn't mean he's going to do that if he's given the opportunity.

Jarrah: It also doesn't—Like, who says that a doctor is more valuable than a miner?

Laura: Exactly. Exactly. There'd be no doctors without miners.

[Crosstalk]

Jarrah: And the Doctor. And like *Star Trek*, to be totally frank, *Star Trek* has a lot of classism or elitism baked in, at least in earlier eras, and I don't think it's intentional. But when they do tend to show tradespeople and miners in particular, they're always drunk rabblerousers who are killing Horta eggs, and they don't talk about, actually, someone needs to do this job to get us the minerals that move our ships, and maybe we should not be all uppity about we're so much better because we're in Starfleet. Thank you for coming to my TED Talk.

[laughter]

Sue: There is also the Allocator itself, a literal computer program making these medical decisions.

Aliza: Yeah, I wanted to talk about that in a little bit more depth too.

Sue: Yeah, it's not feeling, it's not sentient that we're aware of. I mean, it's this-- You hear the same thing today about doctors ordering things that patients need and healthcare administrators, insurance administrators being the ones to decide that no, they actually don't.

Aliza: That's the part that I wanted touch on for a second. Yeah, Sue, you're right. We don't know if this is an actual, like an AI, is it an algorithm that's deciding these things, or is it a program that they've just put in, what are the parameters and let it calculate?

Laura: Was the allocator-- That Dinaali administer-- the Chellick, didn't his people program the Allocator? or--

Sue: Yes.

Aliza: They were involved in implementing it somehow.

Jarrah: Right. There's definitely some type of programming involved, but we don't know if it's the type of AI that, like you teach it to make decisions on its own based on feeding in a lot of data or if it's just running off of specific code programs. But anyway, doesn't matter because I wanted to just mention that. We talked about how there's a lot of correlations with our current day, our current healthcare system that still exists, that this episode encapsulated 25 years ago, and this is one of them, because we-- Like you said, Sue, you touched on this too. We have health insurance companies, humans making these decisions, but they're also using AI tools to make these decisions as well in the health insurance industry, I don't want to get too broad. I'm an AI-- not enthusiast, because I'm not enthused by it most of the time. But we see this in other industries, most notably credit card companies and loan companies, making decisions about people's futures, whether to lend them money to build a business or buy a home based on algorithms.

Laura: Actuarial science.

Jarrah: Yeah, yeah, based on AI. And this is, you know, the allocator I feel like is a really great encapsulation of that in this episode and how unethical it is. It's very clear to me that the *Star Trek* writers and the *Star Trek* world, the point of view here is that this is unethical. Like, we shouldn't be making human decisions or decisions about humans' lives and worth based on an algorithm.

Sue: Also, it's implied that the-- Whatever the name of the stat is they use, I think it's TC.

Laura: Treatment coefficient. Mm-hmm.

Sue: Treatment coefficient. Yeah, it seems like that also is linked to their broader stuff they're able to do in society, because when they basically are trying to raise the guy's TC, and Voje says it doesn't matter. Even if you did, he would never be able to be a doctor. Maybe it isn't linked, but it did make me wonder whether the Chellick's people were brought in to basically make the system for the entire planetary economy labor force system, and not just the healthcare system.

Laura: He did say they were brought in to make the hard decisions, which is, I think, what every manager has said ever.

[laughter]

Jarrah: Yeah. Oh, I also liked one other thing that I think mirrors actual issues. So, the Doctor gets brought in, they're all skeptical. As soon as the Doctor shows he actually knows what he's doing, they're like, "Oh, great. You're scooped for the best patients or whatever." And even though it's-- you encounter the same thing when you have two-tier healthcare where you worsen healthcare professional shortages, because people go to the place where they're not under as much pressure, they get paid better, they get more work-life balance, you have more support to deal with harassment and the risks of violence. And instead of

looking at what are the factors that led people to change into those roles and maybe we could make the other stuff better, it's like, “No, we just need to broaden the for-profit arm.”

Sue: And there's a tiny scene, they don't talk about it, but once the Allocator takes over, it integrates with the doctor and takes over where he has to go and who he has to treat. You start hearing it say, “You have six minutes to treat this patient. You have one minute to treat this patient.” And it's just another commentary on how much there is to do and how little time there is to devote to each patient.

Jarrah: Yeah.

Aliza: And the commodification of that care too. Like, as if it can be boiled down to just, “This is a ten-minute procedure,” or, “This type of patient gets a 15-minutes follow-up appointment,” which literally is, like, how things work, at least in the US.

Jarrah: Can I mention one small other nitpicky thing that just irks me is the way that the doctor treats the nurse on level blue, when he's basically everyone else, he talks to, trying to convince them to do the right thing in one way or another. And with her, he's just like, “Okay, I'm going to trick her that I'm actually prescribing this.” And then when she questions him, He's like, “Do you want me to tell Dysek that you're not doing your job?” And it's like, did you not think this person was also worth trying to persuade to do the right thing? Or were you just like, mmm, women?

Laura: Yeah, the nurse-doctor game. And I'm very pleased that there's not so much of that where I work now, but in the hospital, it was alive and well. And God help you if you, as a nurse, questioned a doctor.

Aliza: I wonder if that was intentional in any way by the writers, like, to put that little bit in as a bit of a commentary on that dynamic. I don't know.

Jarrah: I don't know. My guess is that they were trying to show the Doctor adjusting to the system and then his different ways of gaming the system, and that was one of them. And I get maybe his read on the doctor-nurse dynamic in that hospital was such that he's like this is the most effective way forward, I don't know. But it is just an interesting episode from a doctor character perspective. And yeah, I mean, I don't know how I feel about that whole--And hey, you poisoned a guy, but your ethical subroutines are fine.

Sue: I do think in that instance that the nurse there is basically a representative of the system that he's trying to trick. But I think we have fewer questions about it if there were more women just in the story and not just the nurse and the adulteress.

Jarrah: Yeah, like Voje or Dysek could have been a woman easily.

Sue: They do sort offhandedly mention that one of the patients being treated on blue level is a woman who is the chief engineer of, I think, a processing plant. But for the most part, this story is a bunch of white men making decisions as well.

Aliza: Again, commentary?

[laughter]

Sue: Commentary of the late 1990s**.** I don't know.

Aliza: It's hard still.

Jarrah: What do you folks think of the ethical debate there around what the doctor did?

Laura: Caught a win in a limited fashion. I mean, he thought he'd won with Tebbis, but the Allocator wasn't defeated. And when Tebbis had a relapse, his TC didn't allow for any more medicine, so he died. So, he lost his pet paragon of virtue. He was able to earn blue level privileges for a dozen or so red patients. So, in that small instance, he won. But do his means justify that? Because we don't know, and we'll never know what happened in Dinaalian society after that. If they suddenly woke up and said, “Gosh, everyone has worth, everyone deserves a high TC and everyone deserves blue or blueish level care.” We don't know that. And that's the *Star Trek* of it.

Sue: Yeah, I thought it was really interesting that the very last scene where the doctor asks Seven to basically give him a physical to check all of his subroutines, and she tells him that there is nothing wrong with his ethical subroutine, that it's been functioning correctly. It sort of feels like that the episode is trying to tell us that the Doctor made the right choice and yet he is still sort of torn up over it.

Laura: Rammed his ethical subroutine.

Aliza: Yeah, I agree. And my take on this is, I feel like the end of this episode, including that scene with Seven and checking the ethical subroutines, is very revolutionary to me on two levels. Number one, again, I haven't seen what came directly before and after this episode, but I do know that the Doctor starts to gain sentience just throughout this series, and that's kind of part of the doctor's character arc. So, as someone who just dropped into this episode in the middle of season 7, that's kind of what I saw that as. It was like, “Oh, no, your subroutines are working. You know the ethics. You're just choosing-- You're making decisions outside of your subroutines,” which to me shows his sentience that's developing. He's developing his own consciousness. And yeah, the way that humans do, we know we learn the rules of society, but we have freedom to make choices outside of those rules. So, that's one level that I think it's kind of revolutionary the way this episode ends.

The other level is literally on a social level. The Doctor showing that his subroutines are working, the ethics are in place in his programming, and saying it was ethical to challenge this system in the extreme way you did, to me, that's revolutionary. And it's showing why some people get called terrorists and others get called activists or the rebellion or whatever.

Jarrah: Freedom fighters.

Sue: Freedom fighters.

Laura: Freedom fighters.

Aliza: Exactly. To me, that's what that was. It's like sometimes extreme measures are needed, and it's very-- I know this makes me sound probably even more leftist than I actually am. But yeah, this is where my brain goes, where it's like, sometimes you do need to cause harm, unfortunately, to the people who are harming swaths of people, marginalized people, and people who are already repressed and oppressed.

Jarrah: Mm-hmm. And then, Seven has that comment, “You are willing to sacrifice the individual for the sake of the collective.” And he talks about like, “Oh, I don't know if I'm super comfortable with that Borg thing,” but that's a classic *Star Trek* debate about the whole the good of the ones versus the good of the many and that kind of thing.

Yeah, I'm not saying I'm comfortable with the decision, but it is like a little bit of a different decision than like the *Strange New Worlds* episode that's based on the Ursula K. Le Guin

story about the innocent child being tortured for the rest of the society to be like, I extorted this partial win for twelve patients by making a bad dude sick, but it's not unproblematic.

Laura: Making use of the principle of-- or acting on the principle of the allocation of resources, you could say justice. I imagine that 25-year-old me seeing that episode for the first time, I would have been cheering the Doctor as he poisoned the mean old administrator. But beneficence, well, he did provide some good to the people for whom he provided healthcare. But nonmaleficence, he failed.

Jarrah: Yeah. And also, I would be worried. Because we don't know what the impact is in terms of the long term, but I would be specifically worried about the people that he put in situations like Dr. Voje, who very easily could lose his job or worse for assisting the Doctor as soon as the Doctor's gone. And it's kind of implied that's not going to happen but I don't know. I don't trust Chellick and the Allocator and all this.

Sue: Well, it sure seemed to me on this most recent rewatch that Tebbis-- the impression that I got from the exchange after he realizes that Tebbis had died, is that it was a reinfection, that he was being punished. They murdered this child to prove a point to the Doctor, is what I took from it on this rewatch.

Jarrah: Definitely possible.

Aliza: Mm-hmm. I think that's a valid take too. And my take was slightly different, but it's kind of in the same line, which is, again, because the Doctor made these individual decisions to try to fix or game the system, there was no systemic change that happened. So, Tebbis just kind of fell right back into the same crappy system of care that he was in before. And because he wasn't-- he didn't have high enough TCs, he couldn't get continued treatment. So then, he regressed and he died from his illness.

Laura: That was my understanding, that in treating the virus that he had with that injection, it unmasked something else or allowed something else to proliferate. But because he'd received all this extra medication, he had no room left in his medical account, so to speak.

Sue: Medication allotment for the year.

Laura: Yes, we cannot provide him anything in excess of his allocation.

Aliza: Yikes. Yeah. So sad.

Sue: There's also something to be said for after the Doctor does make Chellick ill. And he's just so stunned, especially when the Allocator thinks that he is Tebbis, to find himself in the system he created and I think that is another point of commentary of this episode, is that the people making these decisions and running these things and putting themselves in the place to basically play God with other people's lives, never expect to find themselves within that system.

Laura: It's always a good thing for healthcare providers to have to be the patient or the family of a patient once in a while. It brings us back down to earth.

Aliza: I would imagine that being a healthcare provider and also being a health insurance person, having to make those decisions, you probably have to build up a kind of callus on your empathy in some ways in order to continue to do the job because, unfortunately, what would be great is if every decision was made after thinking, “Would I be okay with my family member being treated this way? Would I be okay with my child receiving this kind of care or this denial of coverage?” But as humans, we can't--

There's an oxymoron here where we would hope that people would treat us that way, like with the utmost empathy but in order to be in these jobs in the healthcare industry, you would burn out really quickly if you didn't have-- Like, gain some distance or learn how to have some distance. So, it's like, what's-- I think that's why the system needs to change. It's not just individuals. We need to have protocols and rules and laws that protect people in place for long-lasting change anyway.

Laura: Problem, caregiver burnout.

Jarrah: Yeah, absolutely. It made me think about also just the skills people need to advocate for themselves in the system. This is the same even in the universal-ish healthcare system here, but those barriers and inequities are compounded for folks that have language barriers, have severe mental health issues and developmental disabilities and things like that. And the folks with chronic health issues who maybe have less compounding barriers have to spend a lot of time and energy advocating for themselves, and that sucks. And then, there's people that just can't. Like, you just don't have the skills or the knowledge or the time and resources to learn how to work the system.

Can I raise a point that is completely unrelated to the general theme of the episode?

Sue: Yes.

Jarrah: Which is-- Okay, I don't know what that fabric was. So, the hockey outfits at the beginning-

[laughter]

-But also, like, Dysek's little jackety thing and the blanket that the patients in blue level had, was like this kind of thick, shiny fabric. And they must-- I feel like it was on sale that day at the fabrics.

Laura: They got a deal at Jo-Ann's Fabrics.

Jarrah: Those hockey jerseys are brutal, folks.

Sue: They're so shiny.

Jarrah: Look like they do not breathe one iota.

Sue: No.

Jarrah: No. I mean, that said, I can totally believe that Harry and Paris are playing hockey, but they're actually just mostly just hanging out and not actually moving that much.

Laura: And they're in a perfectly controlled holosuite. They're not going to get too sweaty or too cold. Not to worry.

Aliza: Oh, goodness. This is a rabbit hole for me. Like, how would a holosuite even make the ice and the friction or lower friction of having hockey skate blades on ice? Can holosuites do that? That's amazing.

Jarrah: I mean, Wesley throws a snowball off the holosuite that hits the card, not in a holosuite.

[crosstalk]

Aliza: Wow. We need more research on this.

Sue: We've also seen people eat on the holosuite and I assume that the food doesn't remove from their stomachs when they—

[laughter]

Aliza: Just dissipate.

Sue: What happens to it?

Laura: I never thought of that.

[laughter]

Jarrah: I always assumed that maybe they had a replicator built into the holosystem and that when you eat on the holodeck, you're actually consuming replicated food--

Aliza: Right. Yeah, that would make sense.

Jarrah: And force fields.

Aliza: That would be cool.

Sue: Yeah. That's the best explanation that I've ever really heard, is that it's some combination of replicator technology and holographic technology.

Laura: This is a fictional series, people.

[laughter]

Aliza: Part of what we do here at Women at Warp is taking *Star Trek* too seriously.

Jarrah: Oh, man. Why wasn't that our tagline?

[laughter]

Sue: Let's rewind the clock for ten years. So, is there any other aspect of this pretty dense episode that anybody wants to bring up or go back to?

Laura: I think that in my mid 20s seeing this episode for the first time, I'd have cheered for the Doctor, booed the administrator and been happy with the resolution. It's just that with time and the luxury of being able to watch it and rewind things that I didn't quite catch and then look at what other people have said about it on the interwebs, it's a very different feel. And that's not a bad thing.

Sue: Yeah. When this episode first aired, I was in my teens and it definitely hits different in my 40s, [laughs] but it's wild. Also, there's, I think, I'm guessing Jarrah made this note. There's a note here about this episode being used to teach medical ethics.

Jarrah: I think that makes sense. I mean, clearly, the main topics that you mentioned, Laura, about nonmaleficence and beneficence and such are pretty easy to tease out here.

Laura: A very long time ago, when I did a certificate in palliative care, we watched the *TNG* episode, I think it might have even been called ethics wherein Worf is injured and wants his son to kill him. And it was a very, again, simplistic, Star Trek-ish, but ultimately charming look at the right-to-die movement. So, sure. It can be used in an ethics classroom, but maybe not being held up as a to-do manual, more this is how somebody used ethical principles to come to a decision, was it the right one?

Aliza: So, I just want to give a shoutout to *Enterprise*, because very different episode, but one that kind of reminds me of these medical ethics and the AI, a computer or tech making decisions about human bodies. The episode, *Dead Stop*, the ship repair station, it starts to do some medical things that it probably shouldn't be doing. So, go and watch that cross-curriculum homework. Go watch *Dead Stop* for *Enterprise* and compare and contrast.

Jarrah: It's also Roxann Dawson's directorial debut on *Enterprise*.

Sue: All right, I think we have reached that time in an episode review, podcast episode, when we give a rating. So, I am going to make Jarrah go first.

Jarrah: Okay, I am going to rate this episode-- I'll go seven and a half out of ten ethical subroutines.

[laughter]

Sue: Aliza.

Aliza: Okay, I'm going to rate this episode four out of five chromoviruses. Is that what they called them?

Laura: Yeah, I think so.

Aliza: Chronoviruses?

Jarrah: I think it's chromo. Because if they were chrono, they'd be like time, right?

[crosstalk]

Laura: Oh, that reminds me of a *Strange New Worlds* episode.

[laughter]

Laura: And I'll give it four out of five globulin injections. And that last point was for the fabrics. Plus one for fabrics.

Sue: Yeah, I'll go about seven out of nine Seven of Nine’s.

Jarrah: Oh, I like it.

Laura: Love it.

Jarrah: It's a cop out.

[laughter]

Laura: Only if you mean it.

Sue: All right, well, I think we have basically run out of our allotted time here today on this episode. Jarrah, where can people find you on the internet?

Jarrah: You can find me at *trekkiefeminist.com,* where I have a review of this episode from back in the day when I started that blogging project.

Laura: Amazing.

Sue: See if it's changed over the last ten years-ish?

Jarrah: Pretty much. I just read it and, no, I still pretty much agree. But this conversation did make me think of some new nuances that were not included there.

Sue: Nice. Aliza?

Aliza: Oh, you can find me *@AlizaPearl* on Instagram and X, *@therealalizapearl* on TikTok, and also my website, *alizapearl.com*.

Sue: And, Laura, is there anywhere that you would like to direct our listeners?

Laura: No, you can't find me online, and that's how I like it.

Aliza: Nice.

Sue: That works.

Jarrah: Solid.

Laura: Yeah, pretty much same.

Sue: Yeah, I'm Sue. You can basically just now find me over at the Women at Warp website. Or if you like cats, you can follow my cats on Instagram *@noodlebeanpotato*. To learn more about our show or to contact us, visit *womenatwarp.com.* Email us *crew@womenetwarp.com* or find us on Facebook or Instagram *@womenatwarp*. Thanks so much for listening.

[Women at Warp theme]

Sue: When people say solid like a compliment, is that offensive to shapeshifters?

Laura: Oh, stop.

[laughs]

Jarrah: We take *Star Trek* too seriously.

Sue: I was joking.

[Transcript provided by SpeechDocs Podcast Transcription]