

1. Do you need to know an individual's trauma history in order to care for them? Or rather, are there universal precautions we can/should take when caring for all our patients in an effort to resist re-traumatization?
2. How do you think routine medical care (eg. serial abdominal exams, assessments every four hours including in the middle of the night when they are sleeping, etc) affects patients with a history of sexual or physical abuse?
3. In teaching hospitals, there are many levels of trainees who need to gain experience taking care of and treating patients, in addition to supervising physicians. When patients present with complaints of pain, however, is it appropriate that everyone examines the patient within the span of a few moments to confirm that, yes, pressing on the belly does indeed still hurt? How do we balance the educational needs of future doctors with the repeated harm inflicted on our patients from simple/routine physical exam findings?

Key themes: safety; trustworthiness and transparency; medical trauma