Letter

How Does the Comfort of Outpatient Care Environments Relate to Patients' Ethical Values? — Raising Questions in an Underexplored Area —

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Outpatient care is the form of healthcare most frequently utilized by the public. Outpatient care depends heavily on patients' ability to communicate openly within limited time and space. Patients are often expected to discuss sensitive matters, express preferences, participate in healthcare decisions, and undergo examinations or procedures involving privacy and vulnerability. Environmental and operational conditions may therefore influence whether ethical values such as dignity, privacy, autonomy, and meaningful participation can be realized.

In this letter, comfort refers to environmental and operational conditions that enable patients to participate in healthcare without unnecessary physical, psychological, or communicative barriers. Existing research has established that healthcare environments influence a wide range of patient-related outcomes, including safety, stress, satisfaction, waiting experiences, and overall quality of care.[1,2,3,4] Moreover, communication, participation, and responsiveness are central components of patient-centered care.[5] Research on dignity in healthcare has further suggested that privacy protection, communication, staff attitudes, and environmental conditions play important roles in preserving patients' dignity.[6,7] However, these bodies of literature have not sufficiently examined how comfort may support the realization of ethical values in outpatient care. In particular, little attention has been paid to how comfort may support patients in communicating openly, maintaining privacy, preserving dignity, and participating meaningfully in care, or to how experiences of comfort and discomfort may reflect the ethical quality of healthcare environments.

Like ethical values, comfort often remains unnoticed when present and becomes most visible when absent. Patients and families do not necessarily interpret such situations in terms of dignity, autonomy, or privacy. Instead, they may experience them as discomfort, embarrassment, difficulty speaking openly, or a sense that something is "not quite right." These experiences may reveal how patients perceive the ethical quality of healthcare environments. The environmental and operational conditions that give rise to such discomfort can shape how patients experience privacy, dignity, and

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participation in healthcare decisions. In this sense, experiences of discomfort may provide an important clue to ethical shortcomings that might otherwise remain unnoticed.

Privacy protection and respect for dignity are ethical obligations in themselves and cannot be regarded merely as matters of patient comfort. Nevertheless, comfort may function not only as a condition supporting the realization of ethical values but also as a lens through which patients and families experience the ethical quality of healthcare environments. If experiences of comfort and discomfort are meaningfully connected to the realization of ethical values and the recognition of shortcomings in care, they may offer an overlooked perspective for evaluating outpatient care.

These considerations raise three important questions. How does comfort support the realization of ethical values in outpatient care? How do experiences of comfort and discomfort reflect the ethical quality of outpatient care? And how should outpatient care environments be evaluated from an ethical perspective?

Reconsidering comfort in outpatient care may strengthen connections between medical ethics and healthcare environment research and contribute to the development of more ethically responsive and patient-centered healthcare environments.

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