

WALKING THE TIGHTROPE

Physician Advocacy and Institutional Fidelity

By DAVID SALTMAN, MD, PhD

The American Medical Association defines physician advocacy as action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise.¹ The spectrum of opportunities for physician advocacy in our society is very broad. It ranges from advocating on behalf of a single patient, to advocating for a community or for society as a whole.

Despite the public endorsement of advocacy by medical educators, national accreditation bodies and professional medical associations, evidence suggests that physicians infrequently get engaged in advocacy activities at a local or national level. There are some notable exceptions. Probably the most famous is Dr. Helen Caldicott, the Australian pediatrician and antinuclear activist. Dr. Fernand Turcotte from the University of Laval has been a strong advocate for banning tobacco products and the mining and sale of asbestos.

Physician advocacy groups include the International Physicians for the Prevention of Nuclear War, an organization that was awarded the Nobel Peace Prize in 1983. The Ontario College of Family Physicians and many individual doctors advocated successfully for banning cosmetic pesticides in Ontario. The Canadian Association for the Protection of the Environment (CAPE) has more than 5,000 members and advocates for a number of environmental issues that affect Canadians. Physicians in Northern Alberta have spoken publicly about the concerns of possible increased rates of cancer in communities near or downstream from oil sands projects and uranium mines, despite opposition from within the medical profession, Health Canada, industry and governments.

There have been many ideas put forward as to why more physicians don't engage in advocacy activities. Perceived barriers include a lack of advocacy training, physicians' busy lives and concerns about the negative effect public advocacy may have on career advancement.² We are more likely to endorse and celebrate physicians who are involved in direct patient care, basic sciences, drug development and education

but less likely to acknowledge the efforts of physician advocating for changes in public policy or protection of the environment. These views may often be in conflict with the values we try to instill in medical students and residents.

The vast majority of oncologists in Canada are salaried employees of healthcare institutions. Many have clinical or full-time university appointments. Those who do advocate internally or externally may find that their cause or agenda could be at odds with their employer and academic institution. Many of these institutions have either formal or informal fidelity agreements, which severely limit an advocate's ability to speak publicly about a number of issues, even those that do not involve confidentiality issues. Advocacy activities may result in physicians being in conflict with government healthcare priorities and agendas. In an era when hospitals and cancer centres are run as big business, corporate loyalty and other values may sometimes override the best interests of society and the environment.

The recent endorsement of community and societal advocacy as a requirement for successful completion of undergraduate medical training in this country by the Medical Council of Canada and by some residency programs, will hopefully lead to more physician advocates. Healthcare administrators and Deans of our Medical Schools need to encourage and facilitate advocacy activities. Public discourse about how cancer drugs are funded in Canada, concerns about secondhand smoke, the use of cosmetic and agricultural pesticides and other relevant issues should be welcomed by our hospitals and universities and not seen as an attempt to undermine those institutions or the political process.

David Saltman, MD, PhD is the Chair and Professor of the Discipline of Oncology, Faculty of Medicine, Memorial University.

References

- 1 American Medical Association. Declaration of Professional Responsibility: Medicine's Social Contract with Humanity. Available at: <http://www.ama-assn.org/ama/upload/mm/369/decofprofessional.pdf>. Accessed February 9, 2011.
- 2 Earnest Ma, Wong SL, Federico SG. Physician advocacy: What is it and how do we do it? *Academic medicine* 2010; 85:63-7.