Youth activism for health: taking the future into their own hands

From climate change to healthcare, young leaders are taking a stand and making their voices heard, writes Juliet Dobson

This September, Greta Thunberg, a 16 year old Swedish schoolgirl and activist, took to the stage at the United Nations Climate Action Summit in New York to tell the world’s leaders that they were failing to tackle the climate emergency.

She called them out for their “betrayal” of young people—the generation that has most to lose from their inaction.

In 2018 Thunberg had started school strikes, with pupils worldwide skipping class to demonstrate for action to prevent further global heating. Thunberg has since become a poster girl for the cause, inspiring millions of people of all ages to protest.

The strike before the UN summit was estimated to be the largest climate protest ever, with over four million people marching around the world.

And polling in September showed that the public in seven out of the eight countries surveyed views the climate crisis as the most important problem facing the world.

Increasingly, young people are taking their future into their own hands, frustrated by government inaction on issues that will affect the younger generation the most. Jamie Margolin and Nada Nazarin founded Zero Hour in 2017, when they were 15, to campaign about the climate emergency. Amy and Ella Meek, 16 and 13, set up a charity, Kids Against Plastic, to fight single-use plastic. They have been joined and supported by many other young people who are fed up that those in power are constantly ignoring issues they feel strongly about.

Social media has helped spread and amplify their message and coordinate action. Ahead of the UN climate change conference in December, the UN secretary general, António Guterres, compared youth leadership and mobilisation with government inaction, arguing that although the world has the means to tackle the climate emergency, politicians lack the will to make it happen.

Health champions

Healthcare too has increasingly vocal and influential young leaders. Take the Young Forum Gastein initiative run since 2007 by the European Health Forum Gastein, an annual conference of politicians, decision makers, and experts in public health and healthcare. The “young Gasteiners,” are aged 35 and under with a masters degree in a health related topic. They receive scholarships to speak or facilitate at the conference and become part of the health policy network.

The global advocacy organisation Women Deliver runs a programme that supports advocates in their late teens and 20s worldwide to improve sexual and reproductive health and reduce gender inequality, with 700 participants from 138 countries since 2010. It provides its young leaders with a platform at its conference, a digital university, grants, and workshops. Its alumni have had an impact. For example, law student Kobe Smith, 21, led negotiations on a new policy in Guyana to make it mandatory for schools to support young mothers to continue their education, and Humphrey Nabimanya, 31, repealed a national ban on comprehensive sex education in Uganda.

Such programmes can provide young people with training and networking. Moa Herrgård, a former medical student and organising partner at the UN Major Group for Children and Youth (https://www.unmgcy.org/), which helps youth engage with UN bodies, says that such opportunities “give young people experiences and skills that no degree will give them. They have to learn to deal with the frustrations and power dynamics of working with other leaders, which provides them with valuable skills for later life.

Youth involvement can make organisations more inclusive and representative of the wider community. Young people bring innovative thinking because they
have spent little time constrained by current systems, says Herrgård. But they need support to make sure their ideas are feasible. Their attitude and language can bring fresh approaches that move conversations on, she says.

Pierre Cooke, a 19 year old health advocate and law student in the Caribbean region, recently represented Barbados at the One Young World conference in London, a global forum for young leaders across all sectors including healthcare.

He wants youth advocacy to change society’s attitudes towards non-communicable diseases. Prevalent childhood obesity in the Caribbean inspired him to act. Policies made by adults often don’t resonate with young people, he says—for example, reducing sugar in fizzy drinks.

Younger age groups often see such moves as authoritarian, missing the obesity reduction message. Cooke emphasises the need to consult with young people in policy making and to ask how this will affect them.

A project led by youth advocates in Barbados asked schoolchildren to guess the number of teaspoons of sugar in soft drinks. They all substantially underestimated, but, Cooke says, participants engaged with the message because it came from other young people.

Cooke also maintains that using social media is key to communicating to a younger generation. He suggests designing public health messages for mobile phones with attention grabbing images.

“Being a young activist can take substantial effort. The International Federation of Medical Students’ Associations (IFMSA) trains students to participate at high level meetings, locally and internationally. It organises meetings before events such as the World Health Assembly to coordinate the messaging, prepare what the students will say, and plan how to get the best outcome.

Although it takes time and training to plan and coordinate efforts, Stijnjte Dijk, a sixth year medical student who has taken time out of her studies to be part of IFMSA, says, that “it is easier than you think, and every effort counts.” She recounts how a member of the European Parliament told her that sending politicians letters really can change their opinion. The more the same message is repeated, the more MEPs are likely to hear what students are saying and adopt a cause, she says.

Avoiding tokenism
Youth engagement should not be merely a tick box exercise because it’s expected or seen as trendy.

Donya Nasser, a youth advocate for the reproductive health non-governmental organisation International Planned Parenthood Federation told the 2019 Women Deliver conference in Vancouver that meaningful youth engagement means enabling young people to participate fully—not just allocating them five minutes at the end of a discussion.

IFMSA’s Dijk says, “People don’t always take you seriously. They tell you to stop worrying.”

The onus is on youth advocates to express a clear, considered, and specific aim. The risk of being poorly prepared is that students won’t be asked to participate again.

Meaningful youth representation means hearing a range of views, says Dijk. Writing in The BMJ in February, a group of young doctors said: “No single individual can represent all youth voices so including balanced gender and geographic representation with adequate involvement of vulnerable and marginalised groups is crucial.”

Herrgård says that meaningful engagement from young leaders requires long term capacity building. They need time to learn strategic approaches, to assert themselves and be heard, and to grow from their mistakes, she says.

Young leaders should bear in mind that they are representing a constituency, not just themselves, she says.

Language and a lack of financial resources can be barriers to engagement by youth from some parts of the world, she says.

Youth engagement can be limited also in countries that do not allow free speech. A medical student in Iran, who asked not to be named, told The BMJ about her climate activism, which she does with a “mixture of love and fear.”

She spreads awareness of the climate emergency with her peers and encourages them to live more sustainable lives, but says she has to be careful “not to cross red lines.”

She wants to attract students’ attention—but not that of the authorities. “I know what sensitises the system. I share only as much as the political climate allows me, as I wouldn’t want to risk my future or lose my freedom of speech.”

Can’t just leave it to young people
Young people’s activism is heartening and inspiring, says Dijk, but it’s not their responsibility alone to solve all the world’s problems.

“Politicians enjoy the image of supporting you. But it is not just about supporting the strikes, it is about implementing meaningful action.

“Youth are the future, but this can be used as an excuse not to solve things now, to stop being accountable,” she says.

Thunberg and other youth activists spoke to this ahead of the global climate strike on 20 September, calling on adults to join them: “To change everything, we need everyone... We’re counting on you.” It is time for us to listen and act.

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In the summer of 1914 the British War Office turned down a generous offer from a Scottish physician, Elsie Inglis, to set up a military hospital entirely staffed by women. She was told to “go home and sit still.” Undeterred, Inglis found a willing host in France. Against all odds, the all female organisation she set up established the longest serving voluntary hospital treating French soldiers on the western front, holding together in the face of horrendous waves of casualties.

By the war’s end, they were back home and exhausted. And there it might have all ended. But the bonds forged at Royaumont Hospital—a generation before those recounted in Stephen Ambrose’s Band of Brothers—were so strong that the women continued to meet for more than 50 years. Now their newsletters are available online, providing fresh insight into their experiences.

Inglis founded the Scottish Women’s Hospitals with the help of the National Union of Women’s Suffrage Societies (NUWSS). They strove not just to be good enough but to be the very best.

Volunteers and money poured in from Britain and around the world. It created valuable opportunities for medical women, who were barred from joining the Royal Army Medical Corps at the time. By the end of the war, women staffed 12 Scottish Women’s Hospital units in Serbia and around Europe. France provided the medieval abbey of Royaumont, north of Paris, and the first contingent—led by a Liverpool surgeon, Frances Ivens—arrived in December 1914.

Gusto and ingenuity
Lesser souls would have been daunted by the challenges of creating wards, kitchens, food supplies, and living quarters from the rundown abbey. But these women set about things with gusto and ingenuity.

Among those joining Ivens was Cicely Hamilton, a celebrated actress, author, and feminist. Her fluent French and book keeping skills saw her appointed hospital administrator. Hamilton had been roped into the project by her friend Vera Collum, head of the NUWSS press office. At Royaumont, the freelance journalist Collum made herself useful by becoming a highly proficient radiographer, under the supervision of other radiographers at the hospital. She was a tough cookie, returning twice after serious injury with radiation burns and after her ship was torpedoed.

Royaumont wasn’t the first all female unit in France. Flora Murray, another Scottish medical pioneer, and the physician Louisa Garrett Anderson set up a military hospital for French troops in Paris, operating out of the new Claridge Hotel on the Champs-Élysées.

In 1915, when the War Office relaxed its ban on women, Murray and Garrett Anderson established a hospital at Endell Street in London’s Covent Garden. It was more overtly suffragist in its approach, a message probably not lost on the British patients—old enough to sacrifice life and limb for king and country but not to vote. The Representation of the People Act 1918, which enfranchised women over 30, also did the same for 40% of the British male population who were not...
property owners and were hitherto also excluded.

Most of the all female staff at Royaumont were suffragists, but not all. One of the cooks, Dorothy Littlejohn, didn’t approve of female doctors either—contrary to the views of her father, Henry Littlejohn, who was Edinburgh’s first medical officer of health.

It was new and daunting work. Many staff had never treated male patients, and no one had experience of battlefield wounds. Language was also a challenge: most patients were ordinary French soldiers drawn from metropolitan France, north Africa, and Senegal.

And it was no place for prissiness. One new orderly was particularly aghast that white women were nursing black soldiers. Matron judged her to be useless, and she wasn’t missed when she left.

**Off-duty fun**

In quiet periods the staff treated local civilians and had the time to explore and have some off-duty fun. Daily life was also recorded on canvas by the orderly Norah Neilson Gray, one of the “Glasgow Girls” school of artists, including a striking picture of Ivens inspecting a patient in the cloisters of the 13th century abbey (p 504).

Royaumont Hospital rapidly grew from 100 beds to 600, taking in another hospital at Villers-Cotterêts nearer the front.

Lulls in fighting didn’t last long. Major offensives brought endless convoys of bloodied, broken bodies. The women worked for days with little or no sleep, sometimes operating or amputating under candlelight and under artillery or aerial bombardment. It also wasn’t a place for pulling rank. Surgeons, nurses, radiologists, drivers, cooks, and orderlies all worked together as a team.

Fame brought recognition. The French president, Raymond Poincaré, and his wife visited in 1916. A film made in 1917 by the French army’s propaganda unit was unpopular with the women, not least because it featured a faked operation and gave the impression of a relaxed holiday camp—far removed from their reality.

Ivens and her colleagues pioneered new techniques to treat the dreaded scourge of gas gangrene, including efficient cleaning of deep wounds, assisted by radiographical diagnosis.

After the war, annual dinners were held in London alongside local meet-ups throughout the year. The women’s children were affectionately known as the Royaumontite “cubs.” Pride of place was given to Ivens, “la Colonelle.” When she married in 1930, Royaumontites made up a guard of honour at Liverpool Cathedral.

Female doctors were still patronised, marginalised, or ignored in the years after the war, but the lasting contributions made at Endell Street and Royaumont were immense. These were the first women to contribute hospital based research papers to *The BMJ* and the *Lancet*. They strove not just to be good enough but to be the very best.

**Post-war honours**

The medical student Margaret Fairlie, for example, was one of the original orderlies in 1914 and rose to be the first female professor of any discipline at a Scottish university, being appointed chair of obstetrics and gynaecology at St Andrews in 1940.

There were no British medals for the Royaumontites, although a grateful France festooned them with 30 Croix de Guerre. Ivens was one of the first foreign born women to receive France’s highest award, the Légion d’honneur.

Laurence Binyon’s poem *For the Fallen* resonates every Armistice Day. As a volunteer ambulance driver in 1917 he had visited Royaumont, and he wrote: “If there had been diffidence at first, it was amply made up for by the warmth of recognition when it was seen how admirably these women could administrate, organise, operate and nurse.”

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Hello, I’m Dr Quigley. My pronouns are he/him. How would you like to be addressed?”

“Welcome to our meeting. Before we begin, we’d like to go around and share our names and personal pronouns.”

Increasingly, doctors and patients are expected to share pronoun preferences. Do you want he/him/his, she/her/hers, they/them/their, the non-gendered ze/hir/hirs, or something else? The gender neutral pronoun revolution is well under way. Despite this, the vocabulary used to describe doctors remains stubbornly masculine. A patient recently greeted me by saying, “The new medical assistant thinks you’re a man!” The assistant said, “When you see Dr Loder, be sure to tell him about your new medications.” ‘Dr Loder is a woman,’ I said, but a few minutes later it was the same thing again: ‘When you see Dr Loder, make sure he sees your blood pressure reading.’

I’d be outraged—except that I’ve done the same thing many times. Last week, for example, a patient told me his cardiologist had some questions about a treatment I had recommended. “I’ll give him a call,” I said. “Her,” corrected the patient.

More women than men

The medical assistant and I can defend our choice of “him” and “he” on the grounds that most doctors are men, so that “he” is more likely to be correct than “she” when referring to an unknown doctor. Not so long, though. Soon, most doctors in the US, the UK, and Europe will be women; this is already the case in many countries.

But medicine is not leading the way in gender equity. Gender discrimination and harassment are serious and pervasive issues in academic and clinical medicine. Language reflects and is part of the problem. The stereotype that doctors are men persists at a time when almost half of physicians are female—and it has been internalised by women physicians like me—so it’s a problem that needs to be fixed.

How to do this? It would help to retire “he,” “him,” and “his” as the default pronouns for doctors and make a deliberate switch to “she,” “her,” and “hers.” Pronouns are in flux, and it’s possible that “they,” “them,” and “theirs” will become standard. Until that happens, I have a proposal: when in doubt, and the gender of the doctor is unknown, let’s use female pronouns to send a message and open minds.

How will people react? That’s the point. The pronouns we use betray our biases. They also shape our view of the world and what’s possible. Pronouns are chosen unconsciously for a reason. Some languages, such as Hungarian or Finnish, don’t have gendered pronouns. But for those who speak English, it’s often necessary to choose a pronoun for a doctor whose gender we do not know. Until recently, it was considered perfectly fine to use a gender specific pronoun for men and say it included everyone, yet proposing the reverse sometimes elicits charges of sexism.

“Degendering” with “they,” “them,” and “theirs” or alternatives isn’t the solution—not yet, anyway. Instead, women deserve and need a chance to own the default pronoun, at least for a while, because many people take words literally. When the pronoun used is mostly “he,” our fast thinking mental picture is of a man. If we have an opportunity to think more carefully, some of us will realise this includes women, but many will not.

Using female pronouns for doctors would force everyone, on a regular basis, to remember that women can be doctors

This is the basis for the well known riddle about a father and son who are in a terrible accident. The father is killed and the son is taken to the hospital for emergency surgery, but the surgeon enters the room and says, “I can’t operate—that boy is my son.” When asked who the surgeon might be, a surprising number of people can’t imagine that the surgeon might be the boy’s mother.

Change the way people think

Disruptive use of female pronouns can help. When someone says, “I went to the doctor today,” consider replying with “What did she say?” You’ll get some startled looks. That’s how you know your educational point has been received—and there’s evidence from Sweden that changing pronouns can change the way people think.

Using female pronouns for doctors would force everyone, on a regular basis, to remember that women can be doctors. Soon the default use of female pronouns will make sense for the same reason we’ve defaulted to male pronouns: it will be the best reflection of reality and the new gender makeup of the physician workforce. Furthermore, in situations where most doctors are male (surgical subspecialties, for example), it’s then even more desirable to use a default pronoun of “she” to expand people’s ideas of who can be a doctor.

Female pronouns and women can be powerful if we work to make them so. When people stop looking surprised, and when the riddle about the woman surgeon loses its power to perplex, then it might be time to advocate for genderless pronouns. In the meantime, let’s assume that doctors are women until we know otherwise. I’ll go first. About that doctor of yours: I’ll give her a call.

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Time’s up for he and him as the default pronouns for doctors

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