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ACUTE PERSPECTIVE

David Oliver: Being labelled an “activist” is a badge of honour

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I was recently part of a webcast panel event discussing the freedom of health professionals to speak out fearlessly, especially during the pandemic, and whether we were being silenced.¹ That same week I and other doctors on social media had been called activists, as if this was an insult. The discussion, hosted by Scotland’s WS legal society, also touched on advocacy, both legal and clinical.

I’d say that activism and advocacy are two sides of a coin. Without activists we’d have no votes for women, no abolition of slavery or capital punishment, no prison reform, no nuclear disarmament, no labour laws or unions, no push for gender or racial equality, no action on pollution or global warming, no slum clearance, and probably no NHS. The label “activist” is a badge of honour.

Doctor activists have campaigned relentlessly on many issues: child health; eradication of tuberculosis, malaria, and polio; sanitation and health inequalities; working conditions for staff who care for patients; and better care and research for neglected patient groups or conditions. Without activism we’d have far fewer women entering medical school, much less awareness about racial or gender discrimination in medicine, and little recognition of poor access for working class students.

As for advocacy, it’s instructive that the nursing profession, in defining its crucial and distinct contribution to healthcare, has long promoted “patient advocate” as a key role.² Nurses are often well placed to look out for patients who may be too weak, scared, or confused to speak up or may feel an imbalance of power or knowledge.

But doctors also advocate for patients—for their views and interests to be respected and for better care, evidence, and training for the people who look after them. We advocate for the services or specialties we work in and for wider health systems and population health. Sometimes we use advocacy to wade into wider political and socioeconomic debates to challenge unhelpful attitudes, correct misinformation, or make the case for more resources or better policy. Our professional medical societies and colleges, our union, our journals, and our healthcare charities and patient organisations all include advocacy, public information, media influence, and activism as key missions alongside the other work they do.

As Roddy Dunlop QC, dean of Scotland’s Faculty of Advocates, reminded us during the panel debate, it’s bizarre for us to be shackled and to let unfounded claims go unchallenged when misinformation, propaganda, and hostile commentary towards health services abound and when clinicians are excluded

from the debate by non-medics. Doctors have always engaged in public information and education campaigns: beyond our professional roles, we’re private citizens who are entitled to be as “activist” as we want in areas away from medicine. And I say, Good! There’s nothing incompatible between activism and our clinical roles or our professionalism. (It’s a shame that NHS managers are put in a position where they can’t claim this too and are often the ones silencing the clinicians.)

I’d go further and say that, while I’d never expect every individual healthcare professional to feel comfortable in vocal activism or obliged to engage, it’s a positive moral duty for clinical professional groups to engage in activism, in advocacy, and in challenging threats to health services. It’s an abdication of responsibility not to.

If “activist” is an insult, then keep on abusing us. We might even enjoy it.

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- 1 Pandemic Special Event. Have we silenced the medics? The freedom of health professionals to speak during the Covid-19 pandemic. 21 Oct 2020. <http://www.wssociety.co.uk/eventsdata/2020/10/21/pandemic-special-event-silencing-the-medics>.
- 2 Gerber L. Understanding the nurse’s role as a patient advocate[Login needed]. *Nursing* 2018;48:55-8. doi: 10.1097/01.NURSE.0000531007.02224.65. https://journals.lww.com/nursing/Citation/2018/04000/Understanding_the_nurse_s_role_as_a_patient.15.aspx. PMID: 29561371