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ACUTE PERSPECTIVE

David Oliver: Why do doctors sometimes fail in influencing medical policy?

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In February I discussed the ways in which doctors and other health professionals can, and do, influence UK health policy.¹ I wrote optimistically and didn't cover the downsides. So, for balance, now I will.

We can forget that we are just one of many professional interest groups trying to persuade MPs, ministers, the news media, and senior officials of our cause. Even within healthcare, different sectors, such as public health, primary and community care, mental health, and acute and elective care, have their own priorities and pressing challenges—as do individual specialties. With finite financial resources, capacity, and an all too finite workforce,² these sectors are not always aligned, and prioritising one will have opportunity costs for another.

For example, as we emerge from the covid pandemic, positions on prioritising investment in prevention policy, general practice, acute care capacity, elective care recovery, or social care have varied, according to which professional group is lobbying.

Wherever possible, unified, cross sector campaigns and positions on matters of common interest can help, especially if this allyship comes with constructive, practitioner led solutions for government agencies, rather than being merely a thorn in their side.

On occasion, professional groups are ignored quite deliberately and crudely characterised as having vested interests and being more concerned in their own terms and conditions or as acting as enemies of progress and opponents of change, getting between the government and “overdue reforms” intended to improve services. Changes to contracts or performance targets have sometimes been imposed in the face of open opposition from trade unions and membership organisations.³

The government's lifting of all covid health protection restrictions in England on 24 February was quite clearly motivated by political considerations and not advised by the Scientific Advisory Group on Emergencies (SAGE), nor enthusiastically endorsed by the chief medical officer for England and the UK chief scientific adviser.^{4 5}

And there have been times—for instance, the introduction in England of national waiting time targets for acute and planned care by Tony Blair's government—when the momentum for change came perhaps more from politicians and their regard for voters' priorities than from the medical profession itself.⁶

At other times politicians have listened, but only to select medical voices that reflected their own ideology and interests or disproportionately influenced their agenda, while being selectively deaf to other viewpoints. I have seen this play out most recently where doctors with ministerial access have pushed digital care models, sometimes standing to profit personally.⁷

Finally, even when our policy positions are coherent, well aligned, and evidence based, style matters. The way we go about influencing can sabotage us. The message may be right but the communication wrong, compounded by our persistence with the same approaches, instead of “reading the room” (the perceptions and mood of patients, the public, and media) and positioning ourselves as working on behalf of better patient care and not appearing too defensive or self-interested.

Recent media campaigns and political targets about better access to face-to-face medical consultations are a case in point.⁸ By acknowledging that this is a big concern for patients, that we too are distressed by being unable to offer the kind of service we want to—before going on to explain the reasons for the problems and what solutions might help us help the public—we might break the cycle of blame and reputational damage.

Sometimes, this approach may seem counterintuitive. Even if it feels less satisfying than putting our opposition forth ever more stridently, and even if it means collaborating with governments whose policy leanings we are deeply opposed to, adopting a different approach can be more effective.

None of this is easy, but I suppose what matters is what works.

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