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A call to action

Must be more than just “slacktivism”

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While it is always time to act,1 it can be hard to know where or how to start in a world facing unprecedented crises. This can be demoralising and frustrating, but there is one form of action we can all turn to at times like these: the call to action.

A title, abstract, and keyword search (with no date restrictions applied) of Scopus for “call to action” in October 2022 yielded over 6000 results, as did a full text search of The BMJ archive. The call to action is clearly a durable and important facet of medicine that has preoccupied doctors and researchers for decades. In fact, one of the first calls to action recorded in The BMJ was in 1913.2 Looking to more recent history, calls to action have been made for many important reasons, including to prioritise patient experience in nursing practice,3 to reform academic global health partnerships,4 and to expand universal health coverage.5 Close relatives of the call to action also pepper the literature, including the “call for an end,”6 and the arguably more humble “urge”7 and “demand” for action.8

What is unknown of course, is what follows the call to action. While we don’t have anything approaching a randomised control trial, one influential study published in a previous BMJ Christmas issue found no conclusions could be drawn on whether the frequent appeals to “act now” resulted in action.1 The call to action, however, has several obvious advantages over actually acting. Making that call allows you to salve your conscience, to “do something” without the hard work of actually doing something.

The call to action can be bold and decisive without requiring extensive or time consuming collaboration with others (open letters with multiple high profile authors6 being the exception here). No compromise is needed, and you do not have to worry about nuances such as how to achieve or implement the action you are calling for, only about how things ought to be: we should all eat better, help refugees, and take the bus rather than driving, for example.

Beyond words

It naturally follows that the call to action is also less onerous and comes with fewer costs than action. This is particularly important when many of us are already busy acting. Best estimates (by the author) suggest that an average person could make several if not dozens of calls to action in any one day. Some are more time consuming than others, of course, and come with far greater risks. For example, scaling a bridge to demand government action on the climate crisis9 is both time consuming and risky. It’s also an example of action calling for action. We should therefore be careful not to dismiss all calls to action as mere “slacktivism.”10

The complex relationships between calls to action and action (along with their relative advantages and disadvantages) deserve far greater scrutiny from researchers and bioethicists. But calls to action are arguably most problematic when they divert well meaning people away from acting, and care should be taken to mitigate this risk. Fortunately, numerous options exist for readers who want to do something instead of calling for something to be done. They could donate to The BMJ’s appeal for the International Federation of the Red Cross to support people facing humanitarian crises (https://bit.ly/IFRC-TheBMJ). Or join others to campaign against the ongoing neglect of the NHS (https://keepournhspublic.com) or any number of critical issues from racism to militarisation (www.medact.org/get-involved). Over the next few months, action may simply involve standing in solidarity with colleagues working through what will undoubtedly be an extremely challenging winter for healthcare in the UK.

Observant readers will have noticed that this article is little more than a call to action calling for action to think carefully about calls to action. Ultimately, though both action and calls to action have their place in medicine and in life, and perhaps they cannot be disentangled. We should embrace the call to action and where we can, act.

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Iacobucci G. NHS is "withering away" as result of government policies, open letter from 140 senior doctors says. BMJ 2015;350:. doi: 10.1136/bmj.h1893 pmid: 25858433

Hussain Z. Climate crisis: doctors found not guilty of public disorder over Lambeth Bridge blockade. BMJ 2022;379:. doi: 10.1136/bmj.o2783 pmid: 36396146

Christensen HS. Political activities on the internet: slacktivism or political participation by other means? First Monday 2011;16. doi: 10.5210/fm.v16i2.3336