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Hope is not passive—it needs action

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The dog days of August have given way to a brat summer or a demure summer, depending on your point of view, with Kamala Harris's spectacular entrance into the US presidential campaign. Even more striking was its delivery of a healthy dose of hope: hope for unity amid divisive politics and fractured communities in many countries, including the UK, where hateful far right riots have proved destabilising at a time when global solidarity—like hope—is needed more than ever (doi:10.1136/bmj.q1809).¹

Hopefulness isn't a neutral position, as the musician Nick Cave said in a recent talk show interview that's gone viral²—it is adversarial. Unlike cynicism, hope is hard earned and makes demands on us, he said. Hope requires action.

In the US, action to recover women's reproductive rights couldn't be more urgent. The removal in 2022 of abortion access by the Dobbs ruling has caused lethal harms to women and children, say Terry McGovern and colleagues (doi:10.1136/bmj.q1729),³ as well as compromising healthcare providers and doing nothing to reduce abortion rates, compounding decades of policies that have eroded women's bodily autonomy and choice.

Advocacy for progressive health policy is a powerful form of action, and all doctors have a responsibility, argue Sebastian Walsh and colleagues in an analysis laying out strategies to maximise trustworthiness in advocacy (doi:10.1136/bmj-2024-079929.r2).⁴ This may mean serving in parliament, as did the recently deceased rheumatologist Richard Taylor, an independent MP and "old fashioned physician" who entered politics when outraged by plans to privatise his local hospital (doi:10.1136/bmj.q1761).⁵

Doctors' advocacy needn't require elected office. From organising collective action against GPs' work conditions (doi:10.1136/bmj.q1780, doi:10.1136/bmj.q1794)^{6,7} to mobilising dissent towards their professional association (doi:10.1136/bmj.q1772)⁸ to campaigning for global awareness of antimicrobial resistance (doi:10.1136/bmj.q1644),⁹ health professionals can embrace a range of advocacy roles. Clearly communicating evidence and its complexity is a vital advocacy tool for doctors, especially against hype, as in the case of psychedelics for depression, where new research shows just one MDMA intervention to be superior to placebo (doi:10.1136/bmj-2023-078607).¹⁰

Training for advocacy work is too limited and should be incorporated into medical education, but that system is failing badly. Teaching capacity is compromised to meet current NHS needs, while workforce plans and the role of physician associates have been questioned, and burnout is rife: more than

half of NHS trainers and two thirds of trainees are operating at high or moderate risk of burnout, reports Adele Waters (doi:10.1136/bmj.q1556).¹¹

Under these circumstances, tragically, the burdens become unbearable for some. Suicide rates among doctors have declined over time, but still one doctor dies by suicide every day in the US and one about every 10 days in the UK. Worryingly, rates of suicide among female doctors are higher than those in the general population, finds a meta-analysis of evidence from 20 countries (doi:10.1136/bmj-2023-078964).¹² Burnout is one risk factor, along with barriers to timely mental healthcare and a lack of supportive work cultures (doi:10.1136/bmj.q1758),¹³ which must be urgently lobbied for.

In any time of uncertainty and instability, we must hold on to hope. Hope needs action, and it's all our responsibility to act.

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