How to maintain trustworthiness when doctors act as policy advocates

Journal:	*BMJ*
Manuscript ID	BMJ-2024-079929.R1
Article Type:	Analysis
Date Submitted by the Author:	28-May-2024
Complete List of Authors:	Walsh, Sebastian; University of Cambridge, Cambridge Public Health Taylor-Robinson, David; University of Liverpool, Public Health and Policy Spiegelhalter, David; University of Cambridge, Centre for Mathematical Sciences Brayne, Carol; University of Cambridge, Cambridge Public Health
Keywords:	Health policy, Public health

How to maintain trustworthiness when doctors act as policy advocates

Sebastian Walsh[1], David Taylor-Robinson[2], David Spiegelhalter[3], Carol Brayne[1]

[1]Cambridge Public Health, University of Cambridge, Cambridge, CB2 OSR
[2]Institute of Population Health, University of Liverpool, Liverpool, L69 3GF
[3]Centre for Mathematical Sciences, University of Cambridge, Cambridge, CB3 OWB

Corresponding Author

Dr Sebastian Walsh (MBChB, MPhil)
sjw261@cam.ac.uk
Cambridge Public Health, Forvie Site, Robinson Way, Cambridge, CB2 0SR, UK
Tel: 01223 330 300
Fax: +44 01223 748600

Contributors and sources

This editorial was inspired by a panel discussion at the 2023 Cambridge Public Health Showcase event. During the discussion, DTR and DS debated the legitimacy and risks of doctors and health researchers engaging in healthy policy advocacy. SW and CB were audience members. Following the event, SW (guarantor), CB, DTR, and DS developed the discussion further, and then decided to write up this piece. SW drafted the initial manuscript summarising the key points from the discussions, and all authors developed the arguments collaboratively thereafter. SW is a Specialty Registrar and NIHR Doctoral Fellow in Public Health Medicine, involved in advocacy through both service and academic public health practice, particularly related to dementia. DT-R is the W-H Duncan Chair in Health Inequalities at the University of Liverpool, and an Honorary Consultant in Child Public Health. His research has focused on highlighting and addressing the social determinants of child health, both in the UK and internationally, including co-directing Health Equity North. DS is Emeritus Professor of Statistics at the University of Cambridge. He previously chaired the Winton Centre for Risk and Evidence Communication and has written extensively on improving the communication of statistical evidence for health policy. CB is Professor of Public Health Medicine and Co-Chair of Cambridge Public Health. She is a global leader in the epidemiology and public health aspects of dementia and ageing. Amongst many public health leadership roles, she is special advisor on population health to the Royal College of Physicians.

Patient Involvement

No patients were directly involved in the preparation of this analysis article. The authors acknowledge all of the patients, members of the public, policymakers, and professional colleagues who have shaped their experiences and opinions on trustworthiness in advocacy described in the manuscript.

Conflicts of Interest

The authors declare no conflicts

Licence

Key Messages

- Health policy advocacy is a responsibility of doctors and refers to actions or activities undertaken alone or in partnership to influence policies, practices, and attitudes to improve public health outcomes
- Several potential challenges to trustworthiness exist when doctors advocate, including sensationalising, over-simplifying, straying from areas of expertise, or exaggerating the certainty of results to garner media attention or overcome counter-narratives; and facing negative media scrutiny
- Developing the skills to enable impactful policy communication whilst maintaining and building trustworthiness is an important training need for tomorrow's medical workforce
- We make five recommendations for how to maintain trustworthiness in effective health policy advocacy

How to maintain trustworthiness when doctors act as policy advocates

Sebastian Walsh *and colleagues discuss the importance of maintaining, and ways to increase, trustworthiness in the way that doctors act and communicate when acting as policy advocates*

'Scientists advise, ministers decide'. A phrase repeated many times by the Chief Medical Officer for England in recent years, including to the ongoing COVID-19 pandemic inquiry, when explaining the role that scientists have in informing government policy. But medicine, and in particular public health medicine, has a long-standing history of doing more than advising. "Medicine and politics cannot and should not be kept apart" wrote Geoffrey Rose in the early 1990s [1]. Further back still, 19th Century physician Rudolph Virchow argued "politics is just medicine on a grand scale… physicians are the natural attorneys of the poor" [2]. Doctors have a role, even a responsibility, to act as advocates for their patients and the health of the population [3].

Moreover, as the world recovers from the pandemic and faces up to grand challenges such as widening social and health inequalities, conflict, and climate change, the importance of doctors speaking out is as important as it has ever been [4]. But policy advocacy can be complex and, if done without due care and sensitivity, has the potential to damage public trust in the profession. In the urge to be trusted, it is easy to overlook the need to deserve that trust – by demonstrating trustworthiness (the ability to be relied on as honest, truthful, competent, and reliable[5]). We consider how doctors can act as trustworthy health policy advocates.

The value of doctors acting as health policy advocates

Policy development, including health policy, is a complex process which weighs up many considerations alongside the 'scientific evidence'. These include political, ethical, cultural and economic implications, alongside public and media perception [6]. The process is rarely rational in most settings, and compelling narratives can be more influential than the scientific evidence [7,8]. When striving for policy change to support the health of patients and populations, effective advocates must therefore go beyond simply presenting evidence for debate (box 1).

Many types of academics, including epidemiologists, economists and statisticians, may have a voice in summarising evidence, health needs, and the potential upsides and downsides of policy options in any evidence-informed policy development process. But doctors stand out from other disciplines in being professionally justified in going beyond this appraisal role into policy advocacy. This responsibility is rooted in the many centuries that doctors have held a unique vantage point into the lives of their patients, and into the community conditions that act as determinants of health and disease. From their position as leaders, doctors have a moral and professional obligation to give voice to (or amplify) those whose concerns may otherwise go unheard, and to strive to health-promoting societal action. Public health physicians have a particular role in advocacy to affect societal action such that it is health and equity promoting [9].

There are many examples of successful health advocacy. Historical public health advocacy led to significant improvements in water and sanitation systems in the 19th and early 20th centuries, particularly in urban areas. This movement was pivotal in reducing outbreaks of diseases such as cholera and typhoid [10]. More recent examples include the coalition involving the Royal College of

Physicians (RCP), British Medical Association (BMA), and Public Health professionals, alongside others including charities and community activists, whose concerted efforts in the early 2000s, including media campaigning, political lobbying, and local action, contributed to the adoption of 'smoke free' legislation in England [11]. Or the development of 'Marmot Places', where local areas have adopted whole system approaches to promote health equity, following the research and advocacy of Professor Sir Michael Marmot [12].

Numerous medical bodies have validated the role of advocacy for doctors. The BMA has outlined how physicians can be "strong advocates against the negative effects of poverty on health" by engaging with local politicians or participating in professional health organisations, community initiatives, or educational boards [13]. The RCP's core mission is to "drive improvements in health and healthcare through advocacy, education and research" [14], and many other Royal Colleges define their aims through similar statements.

Communicating in a way that reflects the complexity and uncertainties of a given evidence base, whilst achieving impact with policymakers and the public is a complex skill which must be learned and refined over time. It is imperative that tomorrow's doctors are supported to acquire and hone these skills in order to navigate these challenges successfully and ultimately improve the health of the public. This has been recognised by some UK medical postgraduate curricula, whilst other specialty curricula tend to require advocacy without a focus on developing the skills required to do this well (box 2). This represents an opportunity for development for the royal colleges. These commitments, where they do exist, must be operationalised and valued.

What are the challenges to be aware of?

'Reflexivity' is the practice of examining one's own preconceptions and biases when conducting and communicating research. Though long entrenched in social science disciplines, reflexivity and constructivism (the idea of subjective truth, e.g. that personal preferences for interventions are not based solely on scientific evidence) has not always permeated across medical research disciplines, which are historically positivist (the idea of a single objective truth e.g. that agreed scientific knowledge alone can determine the appropriate policy). Without conscious effort, advocates may be more willing to selectively focus on research that appears to definitively support policies for what they perceive to be the *greater good* – so called 'white hat bias' [15]. For example, citing study A because it supports your position whilst ignoring study B of equal quality which is null; or overclaiming the strength of evidence based on the findings of subgroup analyses, without due mention of more conservative results in primary analyses of the whole cohort [15].

Newsworthy communication can contradict trustworthy communication. When striving to attract media attention to a topic, particularly when aiming to influence policy, there can be a temptation to sensationalise or overstate the confidence in, and implications of, research findings [16,17]. Moreover, commercial actors may leverage scientific uncertainty to undermine efforts to improve health [18]. When adopting advocacy roles, particularly when supporting causes that we have deep professional and even personal connections to, it is easy to minimise acknowledgment of uncertainty in favour of a clearer narrative that 'cuts through' – particularly if it is felt that those on the other side of the debate are guilty of the same. Ongoing waves of populism around the world remind us that there will always be a risk from those who present simple solutions to complex problems, and this will always appeal to at least some sections of the public, presenting a significant challenge. Evidence is still developing to inform effective public health communication strategies that specifically address over-simplified counter narratives and other tactics used by commercial actors [18].

Health policy is often deeply political, and high-profile advocacy campaigns and campaigners can face significant scrutiny and backlash from their engagement with the political arena. For example, the National Rifle Association in the US, closely aligned with the Republican party, instructed "self-important anti-gun doctors to stay in their lane" [19]. Beyond political heat, doctors advocating for climate change policies through protests have been arrested. High public trust in the profession, and the 'shock factor' has been offered by the protesters as part of the rationale for being visible (e.g. wearing stethoscopes and being arrested) at such protests [20]. We are not aware of any direct evidence estimating the effects of such acts on public trust, though it may be predicted that it is likely to depend on an individual's pre-existing views on the policies in question.

In using their voice to advocate, doctors must be cognisant of their trusted and privileged role within communities. Change movements can be inclusive of many actors, with many motivations, and advocates must be aware of who they may be sharing a platform with, and in doing so, whose voices they may be amplifying. The proliferation of social media and the internet into society has significantly increased the speed with which such movements can grow, and removed historic barriers to who can participate in them. Doctors must ensure that any advocacy role they take on is kept quite distinct from the direct doctor-patient relationship and that such activity does not inappropriately affect their standing within the community. They should avoid areas in which they have little expertise. These considerations are particularly relevant to highly controversial issues like imposition of pandemic lockdown measures, or the ongoing conflict in the Middle East.

Recommendations for trustworthy and effective advocacy

Acknowledging the responsibility and value of doctors taking active roles in shaping health policy, but also the challenges to trustworthiness therein, how can doctors ensure they are effective and trustworthy advocates? We make five recommendations.

1. **Make an informed choice**.

There are many ways to advocate (box 1). When choosing to engage in a specific policy debate, doctors should make a conscious judgement what role, if any, is appropriate for them to play given their expertise, personal views, and the issue at hand. To promote trustworthiness, doctors should be explicit about the role they are playing (e.g. 'looking beyond the evidence, my personal view from the interactions I have had with my patients is that…'), where appropriate.

2. **Practise reflexivity.**

In order to be trustworthy, doctors must ensure they are conscious of the biases and prejudices that we all bring to our research, practice, and advocacy work. Doctors engaging in advocacy should regularly take time to reflect on their actions in order to maintain high standards of research integrity, minimise white hat bias [15] and avoid overclaiming what the evidence does and does not tell us [21]. Interdisciplinary collaboration and open dialogue with other stakeholders such as academics, policy experts, community groups, and third sector organisations, can ensure that varying perspectives are considered and can help ground advocacy in constructivism and inclusivity.

3. **Be honest about uncertainty.**

Trustworthy science must embrace uncertainty. Some evidence, from experiments testing the effect of providing estimates with and without measures of uncertainty on public perception, suggests that it is possible to communicate uncertainty, particularly quantitative measures of uncertainty, in a way that is understood whilst maintaining public confidence [22–25]. This should give advocates confidence that being honest about the uncertainties inherent to any complex health policy or intervention is unlikely to significantly undermine trust in their argument; and may increase perceptions of trustworthiness, particularly amongst those who already understood the policy debate to be complex [22,25].

4. **Be cognisant of responsibilities.**

As outlined in the recently updated 'Good Medical Practice' guidance from the General Medical Council [3], doctors must at all times act in a manner that justifies the public's trust in them and in the profession (box 2). This extends to social media, particularly when citing medical credentials to give legitimacy to arguments. When joining advocacy movements and sharing platforms with other activists, doctors should consider whether their presence alongside collaborators with more extreme views fulfils these professional obligations. To be trustworthy advocates, doctors should be open about their motivations, including personal commitments to particular aims for society, should ensure they stay within their areas of expertise, and must be proactively transparent about any professional and commercial conflicts of interest. Particularly when engaged in controversial topics with high media scrutiny, doctors must also fulfil their responsibility to themselves which may require them to take time away from advocacy to protect their mental health.

5. Actively develop advocacy skills

Advocacy can be a complex skill, and doctors may not necessarily feel they have been trained (box 2) to fulfil any professional obligations that they have to engage in it. Taking steps to up-skill in recommendations 1. to 4. can help doctors to develop the toolkit necessary for trustworthy and effective advocacy. Training on understanding statistics, media communication, and public policy should be included in medical education curricula, postgraduate training programmes, and continuing professional development.

Doctors have a well-established responsibility to engage in advocacy. Doing so is of value to society, the populations they serve, and to themselves. There are challenges, and advocacy must be respected as a set of skills that can be learnt and refined. But, by following the five recommendations above, we encourage all doctors to be cautiously bold, to fulfil the responsibility as trustworthy and effective health policy advocates.

Box 1 - What is policy 'advocacy'?

Advocacy in health policy refers to actions or activities undertaken alone or in partnership to influence policies, practices, and attitudes to improve public health outcomes. It involves championing of health-related causes and working towards systemic changes that promote the well-being of populations. This includes, but is not limited to:

- Research and evidence sharing to inform policy decisions
- Using media coverage of research findings to call for more policy attention to be paid to a specific topic or population subgroup
- Highlighting concerns about potentially health-harming commercial interests, where this has not been studied as a specific research question
- Critiquing a current or past policy
- Lobbying for the pursual of a specific policy change
- Using legal channels to challenge unjust health policies or to push for legal reforms that facilitate better health outcomes [26]
- Engaging and empowering communities and partnerships to take action on health-related issues [11]

Box 2 – Are we equipping tomorrow's doctors with the skills needed to do advocacy well?

Mentions of policy advocacy and media training in the General Medical Council's 'Good Medical Practice' and selected UK medical specialty training curricula

Good Medical Practice [3]

- If patients are at risk because of inadequate premises, equipment or other resources, policies or systems… you must raise your concern in line with your workplace policy and our more detailed guidance on raising and acting on concerns about patient safety
- You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession
- When communicating publicly as a medical professional – including using social media…you must make sure any information you communicate is accurate, declare any conflicts of interest, and make sure what you communicate is in line with your duty to promote and protect the health of the public *[paraphrased for brevity]*

Public Health Medicine [27]

- Use influencing and negotiating skills in a setting where you do not have direct authority to advocate for action on a public health issue of local, national, or international importance.
- Work collaboratively with the media to communicate effectively with the public
- Influence or build healthy public policies across agencies, demonstrating an awareness of structural determinants to health, and different social, cultural, political and religious perspectives on health
- Be an advocate for public health principles and action to improve the health of the population or subgroup
- Advocate proposals for improving health or care outcomes working with diverse audiences
- Build consensus around a public health position, perhaps because of uncertainty, opinion imbalance or gap in knowledge and understanding

General Practice [28]

- As a GP, you have an ethical and moral duty to influence health policy in the community
- Identify the opportunities that this expanded role provides for reducing inequalities and improving local, national and global healthcare

Paediatrics [29]

- Advocate on public health issues at the individual, local and national level to promote lung health
- Identify opportunities and show commitment for child health advocacy in daily practice, including examples of injustice, empathy and political influence

Psychiatry [30]

- Promote mental well-being and prevention of mental disorders within the context of societal change and social technology, identifying and challenging stigma and discrimination against people experiencing mental disorder

References

1 Rose GA, Khaw K-T, Marmot M. *Rose's strategy of preventive medicine: the complete original text*. Oxford University Press, USA 2008.

2 Lange KW. Rudolf Virchow, poverty and global health: from "politics as medicine on a grand scale" to "health in all policies". Global Health Journal. 2021;5. https://doi.org/10.1016/j.glohj.2021.07.003

3 General Medical Council. Good Medical Practice 2024. 2023. https://www.gmc-uk.org/-/media/documents/gmp-2024-final---english_pdf-102607294.pdf (accessed 29 November 2023)

4 Brayne C, McKee M. A Spartacus moment for public health physicians? BMJ. 2023;382. https://doi.org/10.1136/bmj.p2233

5 O'neill O. What we don't understand about trust. 2013. https://www.ted.com/talks/onora_o_neill_what_we_don_t_understand_about_trust (accessed 28 May 2024)

6 Smith KE, Stewart EA. Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'? *Soc Sci Med*. 2017;189. doi: 10.1016/j.socscimed.2017.07.014

7 Dahlstrom MF. Using narratives and storytelling to communicate science with nonexpert audiences. *Proc Natl Acad Sci U S A*. 2014;111. doi: 10.1073/pnas.1320645111

8 Shonkoff JP, Bales SN. Science Does Not Speak for Itself: Translating Child Development Research for the Public and Its Policymakers. *Child Dev*. 2011;82. doi: 10.1111/j.1467-8624.2010.01538.x

9 Faculty of Public Health. A Vision for the Public's Health. 2024. https://www.fph.org.uk/media/eddjjvyb/a-vision-for-the-publics-health.pdf (accessed 28 May 2024)

10 Association of Directors of Public Health. History of Public Health Timeline. 2022. https://www.adph.org.uk/resources/175th-anniversary-timeline/ (accessed 28 May 2024)

11 Arnott D, Dockrell M, Sandford A, *et al.* Comprehensive smoke-free legislation in England: How advocacy won the day. *Tob Control*. 2007;16. doi: 10.1136/tc.2007.020255

12 Dean E. Marmot Places: the areas taking a proactive local approach to health inequalities. *The BMJ*. 2024;384.

13 Rimmer A. Doctors can act as advocates on health effects of poverty, says BMA. BMJ. 2017;357. https://doi.org/10.1136/bmj.j2976

14 Royal College of Physician's. What we do. 2024. https://www.rcp.ac.uk/about-us/what-we-do/ (accessed 28 May 2024)

15 Cope MB, Allison DB. White hat bias: Examples of its presence in obesity research and a call for renewed commitment to faithfulness in research reporting. Int J Obes. 2010;34. https://doi.org/10.1038/ijo.2009.239

16 Riesch H, Spiegelhalter DJ. 'Careless pork costs lives': Risk stories from science to press release to media. *Health Risk Soc*. 2011;13. doi: 10.1080/13698575.2010.540645

17 Dempster G, Sutherland G, Keogh L. Scientific research in news media: a case study of misrepresentation, sensationalism and harmful recommendations. *Journal of Science Communication*. 2022;21. doi: 10.22323/2.21010206

18 Lacy-Nichols J, Marten R, Crosbie E, *et al.* The public health playbook: ideas for challenging the corporate playbook. Lancet Glob Health. 2022;10:e1067–72. https://doi.org/10.1016/S2214-109X(22)00185-1

19 BBC. #ThisIsOurLane: Doctors hit back at pro-gun group NRA. BBC News. 2018. https://www.bbc.co.uk/news/world-us-canada-46186510 (accessed 1 March 2024)

20 Wise J. The doctors getting arrested for climate change: A professional duty? The BMJ. 2021;375. https://doi.org/10.1136/bmj.n2565

21 Spiegelhalter D. Trust in numbers. *J R Statist Soc A*. 2017;180:949–65.

22 van der Bles AM, van der Linden S, Freeman ALJ, *et al.* The effects of communicating uncertainty on public trust in facts and numbers. *Proc Natl Acad Sci U S A*. 2020;117. doi: 10.1073/pnas.1913678117

23 Gustafson A, Rice RE. The Effects of Uncertainty Frames in Three Science Communication Topics. *Sci Commun*. 2019;41. doi: 10.1177/1075547019870811

24 Wiedemann P, Boerner FU, Freudenstein F. Effects of communicating uncertainty descriptions in hazard identification, risk characterization, and risk protection. *PLoS One*. 2021;16. doi: 10.1371/journal.pone.0253762

25 Kerr J, Van Der Bles AM, Dryhurst S, *et al.* The effects of communicating uncertainty around statistics, on public trust. *R Soc Open Sci*. 2023;10. doi: 10.1098/rsos.230604

26 Gostin LO, Monahan JT, Kaldor J, *et al.* The legal determinants of health: harnessing the power of law for global health and sustainable development. The Lancet. 2019;393. https://doi.org/10.1016/S0140-6736(19)30233-8

27 Faculty of Public Health. Public Health Specialty Training Curriculum. 2022. https://www.fph.org.uk/media/3450/public-health-curriculum-v13.pdf (accessed 28 November 2023)

28 Royal College of General Practitioners. The RCGP Curriculum: Being a General Practitioner. 2019. https://www.rcgp.org.uk/getmedia/38f37bbe-f677-429f-90e9-37f855b0ae16/curriculum-being-a-gp-rcgp_26-10-22.pdf (accessed 29 November 2023)

29 Royal College of Paediatrics and Child Health. Progress+: Curriculum for Paediatric Specialty Postgraduate Training. 2023. https://www.rcpch.ac.uk/sites/default/files/2023-07/ProgressPlus-curriculum.pdf (accessed 28 November 2023)

30 Royal College of Psychiatrists. Royal College of Psychiatrists Core Training Curriculum (CT1 – CT3). 2022.

31 Royal College of Emergency Medicine. The Royal College of Emergency Medicine Curriculum 2021. Published Online First: 2021.