How to maintain trustworthiness when doctors act as policy advocates

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How to maintain trustworthiness when doctors act as policy advocates

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Contributors and sources

This editorial builds upon a panel discussion at the 2023 Cambridge Public Health Showcase event. SW (guarantor) drafted the initial manuscript summarising the key points from the discussion 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 pitfalls to trustworthiness exist when doctors advocate, including 'white hat bias', sensationalising results to garner media attention, ignoring uncertainty, and acts with potential to be perceived as party political
- 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 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 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 public health physicians, and doctors more broadly, 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. We consider how doctors can consider advocating whilst deserving (and even strengthening) public trust in them as honest brokers of scientific evidence.

What is policy 'advocacy'?

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 [5]. The process is rarely rational in most settings, and compelling narratives can be more influential than the scientific evidence [6,7]. 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, particularly public health physicians, stand out from other disciplines in being professionally justified in going beyond this appraisal role into 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 [8]

- Engaging and empowering communities and partnerships to take action on health-related issues [9]

What are the pitfalls to avoid, and how can we do it well?

In the urge to be trusted, it is easy to overlook the need to deserve that trust – by demonstrating trustworthiness. 'Reflexivity' is the practice of examining one's own preconceptions and biases when conducting research. Though long entrenched in social science disciplines, reflexivity and constructivism (the idea of subjective truth) has not always permeated across medical research disciplines, which are historically positivist (the idea of a single objective truth). Reflexivity is a vital skill for those operating at the interface of medical research and health policy. Without conscious effort, advocates may be more willing to selectively focus on research that supports policies for what they perceive to be the *greater good* – so called 'white hat bias' [10]. Trustworthy policy advocates must therefore examine their own biases, and actively consider how these may be influencing their appraisal of the balance of evidence on a topic.

Newsworthy communication can contradict trustworthy communication. When striving to attract media attention to a topic, particularly the publicising of research findings to influence policy, the temptation of sensationalising and overclaiming research findings must be resisted [11,12]. In contrast, trustworthy science embraces uncertainty. Some evidence suggests that it is possible to communicate scientific uncertainty in a way that is understood whilst maintaining public confidence [13]. However, 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 have some appeal with at least some sections of the public, presenting a significant challenge.

Moreover, commercial actors may leverage scientific uncertainty to undermine efforts to improve health [14]. When adopting advocacy roles, particularly when supporting causes that we have deep professional and even personal connections to, there can be a temptation to minimise acknowledgment of uncertainty in favour of a clearer narrative – particularly if it is felt that those on the other side of the debate are 'guilty' of the same. The challenge therefore is to find the balance between clear and effective communication that cuts through policy debates and ultimately drives health-promoting policy change, whilst maintaining epidemiological honesty in what the evidence does and does not tell us. More evidence is needed to understand how complex risk evidence can be communicated truthfully and impactfully.

Finally, there is a distinction between influencing policy and engaging in party politics. A 'health in all policies' approach recognises that the most important levers for health are influenced by politics and doctors have a duty to speak out on these issues. But right across medical and public health practice the importance of patient and public trust is central. This requires a perception of independence and no patient or population group to fear discrimination due to any characteristic, including their political views. It can be difficult for those actively operating as medical and public health experts to have open partly political allegiance [15]. Indeed the terms and conditions of many public health roles (particularly those in national and local government) explicitly forbid any party political public statements. In the social media age, this extends beyond professional boundaries to any identifiable online activity.

Notwithstanding this, 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 " [16]. 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 [17]. 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.

Are we equipping tomorrow's medical workforce with the skills needed to do advocacy well?

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 medical research leaders 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, for example public health medicine [18], whilst other specialty curricula tend to require

Box 1 – policy advocacy and media training requirements of the General Medical Council, 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 [18]

- 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 [19]

- 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 [20]

- 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 [21]

- 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
- Actively address systemic and structural inequalities

Emergency Medicine [22]

advocacy without a focus on developing the skills required to do this well (box 1). This represents an opportunity for development for the royal colleges. These commitments, where they do exist, must be operationalised and valued if we are to produce a medical research workforce that have the necessary skills to act effectively and with integrity in the leadership roles of tomorrow.

Recommendations

Considering the above, we make 5 broad recommendations for maintaining trustworthiness for doctors, public health professionals, and medical research leaders when acting as policy advocates.

1. **Make a conscious and informed choice** about what advocacy role you want to play in any given debate
2. **Be explicit** about the role you are acting in at any given time (e.g. knowledge disseminator, champion of the voiceless, coalition builder, policy campaigner). If citing medical credentials be conscious of employee responsibilities, professional duties and public perception. Proactively declare professional and commercial conflicts of interest, and personal commitments to particular aims for society
3. **Practise reflexivity.** Be aware of the biases and prejudices that we all bring to our research, practice, and advocacy work. Take action to mitigate the effects to maintain high standards of research integrity, honest communication, and maintain the ethical standards expected of our profession
4. **Minimise white hat bias**. Actively monitor yourself to avoid overclaiming from the evidence base, or ignoring relevant uncertainty when presenting results that support your advocacy position
5. **Don't underestimate the task** of balancing the need to communicate effectively, acknowledge uncertainty, and counter commercial tactics. Actively upskill, hone skills, be mindful of your own mental health, and be cautiously bold

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