Doctors as advocates- Exploration of the positive and negative implications of doctors taking these roles

In this essay I will be discussing Social and Direct advocacy in the Medical Profession. According to the Royal College of Paediatrics and Child Health, Advocacy is described as speaking up for somebody else who may not have the power to do so themselves. There are two forms of advocacy, the first being direct, which is when the decision of individuals or specific groups of named individuals are represented to the relevant party by an TRG

advocate. In comparison to this Social or Public Policy advocacy is when an advocate seeks to change an aspect of a system that would benefit patients and society as a whole [1] .

The Doctor- patient relationship is unique to that of any other as medical professionals are bound by professionalism, confidentiality and always work by the ethos ' do no harm' , altruism plays an important role in solidifying the trust that is essential in a doctor- patient relationship [2] . It is imperative that doctors utilise this trust to advocate on behalf of patients and those most vulnerable in society, for example children, who might not be receiving the services or help that they require. Advocating can further enhance and strengthen the doctor-patient relationship.

Direct advocacy is a regular occurrence in the working lives of doctors, an example of this could be requesting timely diagnostic results for an individual patient, this may be patient specific to ensure that they receive the best care with regards to their individual case, however other patients may not understand this and may expect to receive the same treatment in cases where it may not be required, which could lead to distrust and a changed doctor-patient relationship [3] .

Certain patients may require more support from their doctor to help secure their own choices for treatment, especially in cases where the preferred treatment is not always selected by the patient. In this situation the advocate could help clarify the patients set desires in a coherent treatment plan which other members of the medical team could follow. Patients can often be excluded from their own treatment plan therefore having a doctor as an advocate would ensure that their thoughts and input are being heard even if they are unable to express them themselves [4] .

In terms of social advocacy, having medical professional as advocates is vital for the promotion of health and wellbeing, preventing illness and disease where possible and tackling any cases of social inequalities when it comes to healthcare and services available, through a multi disciplinary approach. There have been many public health success stories in which doctors advocated on behalf of the public to seek changes in laws and regulations, for example compulsory seat belt wearing which in the UK alone is estimated to save over 2000 child injuries and deaths each year [5] .

Without having doctors promoting public health, people to this day may not have been truly aware of the effects of smoking. The smoking ban and campaign has been hugely successful in highlighting the damage that smoking can cause to your health and well being, and is the reason that many people have either stopped or are trying to stop the habit.

A big problem with having medical professionals as advocates is that there is no clear cut definition or picture of what exactly an advocate is, therefore there are no regulations with regards to safeguarding if one was to go beyond their professional role. The definitions of advocacy in healthcare can differ and this may cause confusion as to what is actually expected from a medical professional and what their limits are, which will confuse both the patient and the doctor [4].

Advocating could have many adverse effects. In cases where doctors choose to advocate on behalf of their patients unconditionally, they could discover that they are going against their professional judgement which can lead to compromises, both professional and personal that they are not willing to undertake. This could lead to conflict with patients and even other healthcare professionals.

In many situations advocating both socially and directly can often conflict with one another. Doctors are often expected to advocate on behalf of their institution, which in this case would be the NHS, and at times what is better for the NHS, perhaps financially, may not be good for the patient. For example encouraging weight loss through a healthy diet and regular exercise is the preferred method with regards to public health and social advocacy, however, an individual patient may benefit more from undergoing bariatric surgery rather than a non surgical method. Medical professionals are told to encourage prevention rather than treatment in terms of disease. This could be ethically and clinically disastrous for many patients and clinicians alike, therefore it is more important for doctors to focus on what really is best for an individual patient.

Many medical professionals and students alike consider advocacy to be a fundamental part of the profession, however there are many barriers that can prevent fulfilment of the advocacy role. Fear of punishment or disciplinary action from employers, alongside lack of support from senior management and colleagues can deter doctors from being effective advocates especially if it could impact their reputation or career progression. In the current environment of the NHS it might be increasingly hard for doctors to find the support and time to fulfil the advocate role to its full potential [6] .

In summary, Doctors already play a huge role in social advocacy and public health, and should continue to try to improve the health and wellbeing of society. I do believe that patients need an advocate, especially when they are unable to advocate for themselves, to ensure that their voice are heard and that they receive the support that they require, and as medical professionals we have a duty to society to be solid social advocates without compromising the care of individual patients. Theoretically in order for this to be both effective and durable legislation and regulation is required to provide a clear definition to meet expectations of what an advocate can or can't do, however this does not eradicate the fact that there is a definite lack in resources and time for doctors to be effective advocates socially and directly.

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