# Physician Advocacy – Beyond wellness and welfare

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## Introduction

The word "advocacy" comes from the Latin verb "advocare" which means "to speak to", "to intercede on behalf of" or "to call to one's aid" (1). It essentially signifies adding a voice of support to a cause or person. It is the act of pleading for, supporting or recommending.

Advocacy is pivotal in healthcare and often patient centered. It aims to address the inequities within the healthcare system, improving access to timely, affordable, and quality care (2). Policies and procedures are developed, introduced and or reviewed to address barriers and improve patient experience and outcomes. Physician advocacy has been defined as any action by a physician to promote social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that physician identifies through their professional work and expertise (3).

## Reasons why this may not be attractive

The act of advocacy suggests that the advocate goes out of their way, to approach a hierarchy or hierarchical system, expend resources (personal or organizational) with the hope of achieving the objective.
On the one hand, advocacy in healthcare leans heavily on the altruistic nature of the medical profession and the medical professional. The physician, in addition to the primary role of taking care of the patient, leverages expertise and influence in calling and pushing for individual or systemic change for the benefit of the patient. This usually comes at a significant cost in personal time, energy, good will and even financial loss (4). As a physician, advocacy can pose medicolegal risks (5). On the other hand, the physician typically is not formally trained unlike the legal advocate, who is equipped with these skills and make their likelihood from advocacy (6).

## Physician Advocacy as a Competence

Advocacy is one of the seven core competencies in the CANMEDS Framework that the physician is expected to have across all domains in medical practice. This is primarily centered around advocating for the health and well-being of individual patients, promoting access to resources and addressing health disparities, either directly or through system change (7,8). Physicians are expected to be very familiar with the concept of seeing patient needs beyond a biomedical model and incorporating social factors of health into patient care, which forms the foundation of being an advocate (9). While there is no specific or dedicated time in the medical curriculum for training in this role, it is left to the individual physician to informally gain the knowledge and skill required to function effectively in this role.

## Organizational Role in Advocacy

Physician advocacy has been a significant focus for professional medical associations, such as local organizations like the Kelsey Trail Regional Medical Staff Association, provincial associations like the Saskatchewan Medical Association and the Alberta Medical Association, and national bodies like the Canadian Medical Association and the American Medical Association.

These associations have primarily concentrated on issues related to physician wellness, working conditions, and compensation. Recently, however, they have begun to speak out more on matters of anti-racism, equity, diversity, and inclusion (EDI). The extent of their involvement in these issues varies by organization and is influenced by the
level of engagement from minority members and their participation in leadership roles. Our experience with advocacy suggests that the priorities of these associations

are largely membership driven.

Until recently, specialty focused organizations such as the College of Family Physicians and Royal College of Physicians and Surgeons of Canada had traditionally focused on training physicians, standardization of specialty and the accreditation of the training universities without antiracism or EDI lens. Medical societies, academic organizations and health institutions are traditionally White led and male dominated (10).

Organizations such as Black Physicians of Canada, Indigenous Physicians Association of Canada, Chinese Canadian Medical Society and Federation of Medical Women of Canada have arisen to advocating for social issues affecting minority patients and physicians, the effects of antiracism and pushing for EDI at all levels within the healthcare space.

In the wake of the COVID-19 pandemic, healthcare institutions and clinicians have become more aware of health disparities affecting racial and ethnic minorities. Community engagement, especially through trusted leaders, is essential for promoting health equity. The pandemic and events like the murder of George Floyd have emphasized the urgent need for healthcare professionals to address systemic inequities and advocate for resources that support physicians and patients' overall well-being (11).

Some individual physicians and physician led organizations have addressed several cases of systemic discrimination such as the case with Justice Clarkson in Alberta (12,13), issues related to antiracism and systemic discrimination in College of Medicine, University of Saskatchewan (14,15), the incident involving the noose at the Queen Elizabeth II Hospital, Grand Prairie, Alberta (16,17), and the request to waive the English Language Proficiency Test requirement for International Medical Graduates from countries where English is the language of primary instruction, seeking practice licensure in Saskatchewan (18), to mention a few.

## The benefits and challenges

The benefits of physician advocacy are not limited only to the positive outcomes achieved but it strengthens the organization from within and reinforces the status of the organization as a national voice on health policy matters in the future. Its members can also leverage on the organizational status to improve their relevance in the medical community and advance their professional careers as well. Training and working in an environment that is culturally diverse and safe leads to the development of a strong and healthy physician workforce that is socially accountable and capable of addressing the health needs of the population they serve (19).

Physician advocacy comes with its own challenges. In addition to the time and resources required, there remains the inherent risk of the organization or the individual "physician advocates" becoming a target for retribution. These can be mitigated by ensuring strong individual and organizational allyship.

## Conclusion

Physician advocacy should encompass more than wellness, welfare, and compensation; it needs to be holistic. It is essential to address antiracism, systemic discrimination against physicians, as well as equity, diversity, and inclusion to improve physician workforce and tackle health disparities within the healthcare system. The medical curriculum needs to be redesigned to integrate the necessary knowledge and skills. Medical institutions, organizations, and associations must prioritize physician advocacy, collaborate with one another, develop and empower physicians to participate in policy development and implementation. Individual physicians should also prioritize acquiring and developing this competency. Collaborating with allies and champions in physician advocacy can effectively create lasting positive change.

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