Patient Advocacy as a Required Competency of Professionalism

"The good physician treats the disease; the great physician treats the patient who has the disease."[1] This quote by Sir William Osler refers to treating the patient within the context of his or her life circumstances with consideration given to social determinants of health, including various statuses such as socioeconomic, employment, and immigration. Congdon and colleagues make an excellent case for the essential role of a physician as patient advocate and present a comprehensive table of options entitled "Creating a Trainee-Led Advocacy Coalition and Institutional Culture."[2] The goals listed in the table include formalizing leadership within your organization, fostering an institutional culture of advocacy, expanding your advocacy network beyond your institution, and rallying your advocacy network to take action on specific issues.[2]

The case made to harness our collective power for patient advocacy is well stated but requires an engine of change strong enough to empower those interested in implementing the options presented. This concept of empowering action is step 5 in Kotter's 8-Step Process for Leading Change[3]: (1) Create a sense of urgency; (2) Build a guiding coalition; (3) Form a strategic vision and initiatives; (4) Enlist a volunteer army; (5) Enable action by removing barriers; (6) Generate short-term wins; (7) Sustain acceleration; and (8) Institute change.

One way of empowering change is to require a protected option of choosing advocacy training within residency or, better yet, make it expressly required under the professionalism competency. Many of us feel our curricula are already stretched and unable to accommodate more requirements. However, if this is a skill we truly consider part of providing the best care—either at the individual patient level or the policy level, like Mona Hanna-Attisha, MD, did with the water crisis in Flint, Michigan—we should make this an essential milestone on the path toward becoming an effective physician.[4] Our Canadian colleagues have a ready-made scaffold upon which to build this vision and power it into action.[5]

It is incumbent on us to anticipate that learners who are compelled to go beyond treating disease may benefit from exposure to skills they can use to advocate on behalf of their patients, during and after formal training.

Louito Edje, MD, MHPE, FAAFP
Program Director, St Luke's Hospital Family Medicine Residency
Faculty, Michigan Medicine, Master of Health Professions Education Program

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