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Open Peer Commentaries

Political Activism is not Mandated by Medical Professionalism

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Jon Tilburt (2014) explores the conception of professionalism articulated in the American Board of Internal Medicine (ABIM) Physician Charter (ABIM Foundation 2004) and finds it to be, at the least, insufficiently specified. Beneficence to individual patients potentially conflicts with commitments to social justice, and there is no guidance as to how these priorities are to be reconciled. Physicians who heed the call to care about both priorities involve themselves in "dual agency," agency on behalf of both patients and society. Yet it is unclear how physicians are to serve both of these masters without slighting one or the other. Tilburt identifies a "commonsense consensus" among physicians that social justice is in fact of limited relevance to physician identity and that serving individual patients is at the heart of medical professionalism. He rejects that consensus in favor of finding a way to preserve for medical professionalism a more robust commitment to social justice while acknowledging the importance of individual service. He rejects various attempts to square this circle before settling on a delineation of separate professional roles in which the two priorities may respectively bear without interfering with each other.

He is correct to note the difficulty of including social justice among the ideals of medical professionalism. He is mistaken in positing a citizen professional role for physicians in which they engage in mandatory advocacy on behalf of social justice. Any such suggestion mistakes the kind of authority and expertise that physicians can properly claim and places improper constraints upon allowable physician political expression (or lack thereof). Tilburt does not fill out the content of his putative physician-citizen role, but he does offer some suggestions as to that content: Physicians should seek the good of all patients by defending "the just allocation of health care resources as they see it." They should advocate "for policies that fairly extend the benefits of basic health care and bolster the efficiency and sustainability of health care coverage for those who would not otherwise have access to it." The first formulation leaves open the possibility that physicians might legitimately favor any or no public provision of health care; the second is the more usual adjuration of those who would urge physicians to agitate for social justice: Physicians must work in the political arena to gain more or better health care for the underserved on pain of failing in professionalism. This is the position actually defended (albeit somewhat hesitantly) by Tilburt.

All of us in our polity have a stake in how health care is provided and in the arrangements constraining physicians as they act on behalf of patients. As citizens it behooves us to ensure that the framework in which physicians act is as charitable and just as it may be. At least for those friendly to some form of civic humanism (Moulakis 2011), such an obligation to seek justice in a health care system borne by citizens of a polity is readily intelligible as one of many obligations that we should acknowledge as part of our civic responsibility. There is a difficulty, however, in positing a professional rather than a citizen-specific obligation to advocate for social justice interpreted as more or better health care for the underserved, as favored by Tilburt. Such an obligation implies that professional knowledge and identity offer a privileged avenue to determine what justice in health care comes down to. But they do not. To suppose otherwise is to mistake the nature of professional expertise. Physicians know about health and disease and are well placed to advise those charged with devising public systems of care or public health measures. Providing such advice is indeed a traditional service that the profession has rendered to policy makers. Expertise may usefully inform policy. The bridge too far is to suppose that expertise may or should determine policy.

Physicians have no privileged insight as to the content of social justice, a highly controversial concept. Whatever their views as to how far health care should be conducted as a public rather than as a private activity, or as to how far collective resources collected for public purposes should be devoted to health care for one societal group rather than for another, these views do not deserve any special respect on account of the professional identity of those who hold them. On such political questions, physicians speak with no more authority than any other citizen.

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And they are exactly the questions to which Tilburt's position implies there are professionally determined answers that physicians must champion in the political arena. Claiming a professional imprimatur for physician opinions on such matters or valuing their expression as a sign of professional virtue is to mistake ordinary politics for professional work and, in so doing, to degrade both. Pretending that professional norms mandate a political position is to misleadingly lend the profession's authority to disputable political goals. And turning politics into professional work gives aid and comfort to those who would problematize such work by viewing it primarily as a vehicle for power seeking or power wielding.

The physician's role in advocating politically tracks not our role as professionals but our role as citizens of a polity, citizens whose political opinions gain no additional merit from their holders' occupational status. I suspect that most if not all physicians in the United States favor access to basic health care for all. Some of them may regard such access as a matter of social justice. Such a stance is perfectly proper as one of many permissible political stances that physicians may take. Physicians after all are citizens and as such should participate in the political process as they deem proper. No doubt there are constraints on acceptable political positions that physicians should observe. The profession would look askance, I would hope, at groups of physicians advocating for national socialism or communism in the name of medicine. If such extremes are excluded, physician political activity and organizations should be viewed as any other political activity and judged both by fellow physicians and by the public on their political merits apart from their professional identity—because the proper scope of political action and the proper breadth of acceptable political positions for physicians is the same as it is for other citizens.

The opposing contention, that a particular account of social justice must be championed in the political arena by physicians, is, as I have argued, a category mistake (Huddle 2011; Huddle 2013). Medicine is not (or ought not to be) politics, and political advocacy is not professional work. Our profession is of course politically situated and its place in the larger society will necessarily be settled politically. From that it does not follow that our work, qua professional work, should involve political activity. In fact, we should be careful to avoid any such identification of our professional work with political activity. It is of course tempting to succumb to the syllogism advanced by partisans of social justice advocacy for physicians; social and economic forces "delineate the face of the profession"; it is therefore incumbent upon physicians to engage in advocacy and activism so that those forces may be aligned in accord with justice (Hixon et al. 2013). Any such blending of professional work with politics will undermine the necessary distinctiveness of who physicians are and what they do. It is solely the professional task of taking care of patients that makes the physician role determinate and intelligible. And it is solely excellence in execution of that task that justifies the privileges and support that American society has granted to its physicians. To the extent that societal resources conferred upon our profession are expended not in research, education, or patient care but instead in political agitation, we betray our fellow citizens who entrusted those resources to us.

Tilburt is right to draw attention to the incoherence at the heart of much recent discussion of medical professionalism. Instead of trying to reconcile incommensurable putative commitments to patients and to society, he would do better to recognize that in this instance, the "commonsense consensus" of physicians is wiser than the authors of the Physician Charter. Physicians owe patients the best care that they can offer; that is also what they owe society as professionals—the best care that they can deliver to patients under the conditions of practice that society has laid down. Whether and how much care is provided collectively for those who cannot pay cannot and ought not to be determined by the medical profession. It must be determined by all of us together in the political arena. Of course physicians should participate in that discussion, and they, like others, should seek that our society be just. But physicians' policy recommendations should be taken by the public for what they are: opinions of those who are close to the problem but who also have immediate monetary interests at stake in any decision about public expenditures on health care. Concerned citizens who happen to be physicians should be active in politics, but such activity must not be confused with professional work. ■ Q1

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