



IMO Role of the Doctor Series

The Doctor as Advocate

April 2013

Irish Medical Organisation

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IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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Mission Statement

The role of the IMO is to **represent** doctors
in Ireland and to **provide** them with all relevant services.

It is committed to the **development** of a caring,
efficient and effective Health Service.

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Doctor as Advocate

The Role of Advocate has been identified as one of the most important duties and responsibilities of each and every doctor.¹ Doctors as professionals are expected to provide the best possible care to patients and to do what they can in the interest of their health. Doctors therefore advocate at different levels whether it is to secure the most appropriate care for individual patients, to ensure the provision of adequate health services at a local or national level, to promote healthy lifestyles or to address broader societal issues that impact on health.

Doctors have a duty of advocacy as laid out in the Medical Council *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*.²

“Doctors must always be guided by their primary responsibility to act in the best interests of their patients, without being influenced by any personal consideration. They should act independently in the service of their patients and have a responsibility to advocate with the relevant authorities for appropriate healthcare resources and facilities.”

At the same time doctors have a duty to respect patient autonomy and patient confidentiality. Doctors must also balance patient expectations with knowledge that resources are finite.

“I strive to advise them as best I can and also to direct them to the service they require. If there is a difficulty accessing a service, I advocate on their behalf”

Patient advocacy is also about ensuring that patient's rights are respected. It is about making sure that patients have the right to autonomy and to make informed decisions about their care. It is also about helping patients access the appropriate care which they are entitled to and not accepting when care falls below standard.

“Advocacy “involves protecting a patient’s right to be empowered to make decisions about their care” and “supporting and promoting a patients choices and right to autonomy often in difficult situations”.

“Advocacy means “speaking up for and defending patients’ right to treatment in a fair and equitable way”.

“It is “to ensure that the patients whose healthcare I am responsible for have access to the most appropriate therapies, provided for in a timely fashion and to a sufficiently high quality standard”

“Patients are often vulnerable and bewildered by their illness and their treatment. Hospitals are daunting places. Some are not aware of their vulnerabilities and are slow to make a fuss. Advocacy refers to identifying their problems and helping them come to a therapeutic solution which is in line with a patient’s wishes and circumstances.”

Defining Advocacy

In July 2012, the Irish Medical Organisation (IMO) carried out a survey of IMO members on the role of the Doctor as Advocate. The aim of the survey was to find out what the advocacy role means to Irish doctors, what are the qualities and attributes required, what advocacy activities IMO members engage in and what barriers, if any, prevent IMO doctors from fulfilling this role.

Advocacy plays a significant role in medical professional life in Ireland from patient advocacy through to more public advocacy roles.

For doctors in their individual area of practice, advocacy is primarily about acting in the best interests of their patients without self-interest or influence from third parties.

“It means putting the patient first, aiming to achieve the best possible outcome for each patient” and “that you interact and influence other bodies in the patient’s best interest”.

Advocacy is *“to promote the patient’s best interests within a disjointed system of which sections often have competing priorities”*.

Advocacy is about navigating patients through the health system or representing patients, particularly vulnerable patients and speaking out on their behalf.

It's about *“assisting patients in their contacts with the HSE and other health professionals”* and acting as *“mediator, supporter”*.

“Doctors act in the interests of patient and intervene to help them deal with the overriding bureaucracy of the health system”

Advocacy is not just about ensuring patients get the most appropriate medical care, it is about treating the patient in a holistic manner.

“It means doing everything I can to promote the physical, social and psychological health of my patient”.

“Getting things done for patients, driving the system, pushing for appointments, managing their journey through many systems,”

This can mean recommending lifestyle changes or engaging with non-health public services.

“It means to promote health by advising patients and recommending healthier lifestyle options.”

Or it can involve *“supporting, facilitating, representing and speaking for patients in a wide range of scenarios such as social welfare, housing, court, ancillary services etc.”*

For Irish doctors, advocacy also involves a more public role pushing for adequate health and health care as well as promoting the health of patient groups, communities and the general public.

Advocacy is about *“lobbying, pushing for better health for public and patients”* and *“endeavouring to influence policy and services to the benefit of the health of the population”*

“in its broader sense, we as doctors need to collectively advocate on behalf of the health of the nation to shape policy and the development of the health services in Ireland”

It is about lobbying for adequate resources and services at local and national level or for specific patient groups.

“The process of working with and/or on behalf of patients to obtain services or resources for them that would not otherwise be provided, to modify existing policies, procedures, or practice that adversely impact on patients, and to promote new policies that will result in the provision of needed resources or services.”

“It means to me that I should continue to argue for additional resources and services and highlight the deficiencies in present service provision so that I can help to bring about a material improvement in the health of my patients.”

¹ IMO. The Role of the Doctor in Ireland. IMO Position Paper 2007

² Medical Council 2009: Guide to Professional Conduct and Ethics for Registered Medical Practitioners

"for me, it is the ongoing fight for the best facilities to provide the best care for my patients - this includes staff, infrastructure, access to facilities, efficient use of facilities, competent staff etc"

Advocacy is also about promoting health to the wider population and addressing the social, economic and environmental determinants of health.

Advocacy involves the "communication of important health messages to patients and the public at large" and "promoting proven strategies particularly in preventive health interventions".

"To go the extra mile in terms of effort and time in providing and communicating the evidence base and / reasoned argument input to policy for change that promotes improved health of the population or for at risk subgroups of the population."

It's about "combating negative influences on population health" and "seeing and addressing the many political aspects that underpin health status and needs in our patients, on an individual basis but also as a whole"

Advocacy is "Representing society to help make Irish people healthier and make Ireland a healthier island".

Professional Qualities and Attributes

Because of their professional qualities and attributes, doctors are often best placed to advocate on behalf of patients and the public.

Advocacy is "Bringing professionalism, knowledge, skills and compassion to the fore to give patients the voice and right to opportunities that they deserve."

Doctors are charged to be altruistic and trusted to act in the best interests of their patients without political, economic, commercial or organisational influence. Doctors not only have a duty to advocate on behalf of their patients but patients must be able to trust that their physicians are looking after their best interests.

A recent survey commissioned by the Medical Council shows that doctors are the most trusted profession in Ireland with 92% of respondents stating they trust that doctors would tell the truth.³

"Professionalism is to be visible and inspire trust"

Doctors have a unique understanding of their patient's needs. The trust which is central to the doctor-patient relationship allows doctors gain a unique insight into their patient's personal and family history as well as their symptoms and expectations about their illness and their treatment. A doctor has the clinical knowledge and familiarity with the health system and knows what is the best treatment for their patient or when their patient is not receiving optimal care. Doctors also have a knowledge of the socio-economic and environmental factors that affect the health of a patient, a community or a population.

Doctors communicate that knowledge to communicate to present medical evidence for the betterment of the patient's health and their "position of authority to advance scientific knowledge and good health practices"

"Doctors are privileged members of society and it is incumbent on them to promote healthy lifestyles, a fairer society and the political means of achieving a better, more equitable health system."

Doctors must also be progressive, believing that change is possible and persistent in their endeavours as advocacy can be a lengthy process. Advocacy can be a rewarding aspect of medical professional life.

"Increasingly more, the more experienced I get, it is one of the most fulfilling aspects of my job."

Levels of Advocacy

Doctors advocate at different levels, either as individuals or collectively, at individual patient level, community level or at national and international level.

At individual patient level everyday examples of patient advocacy include advising patient on accessing health and social services or writing to the HSE or Social Welfare Services on their behalf or if a patient's case is urgent, doctors will call to have them afforded priority or if care is inadequate a doctor may encourage the patient to seek a more appropriate intervention or may make representation on the patient's behalf.

In addition to accessing health and social services, doctors promote the health of their patients by advising patients on immunisation, hygiene and infection control or recommending healthier lifestyle choices.

Home, school or work life can all impact on a patient's health and doctors regularly engage with parents, relatives, partners and friends or write to schools or employers to ensure a patient's health needs are optimised. Doctors may also help represent patients in their dealings with other agencies from insurance companies and financial institutions to local housing authorities or the justice system.

Many doctors engage in advocacy at community level either promoting health issues at community meetings or campaigning for local services.

For example, some doctors have promoted child health issues at parent-teacher association or childcare committee meetings, participated in free screening clinics, health education, parental drug awareness courses or local drugs task force. Many support their local sports club with first aid guidelines, medical advice or treatment while others have campaigned on environmental issues.

Doctors are often involved in the planning or establishing local services, engaging with or sitting on hospital boards, setting up local services, such as out-of-hours services, elderly care services, health clinics for homeless people or a local rape crisis centre. Others have campaigned against the closure local services, raised funds for much needed services or written to authorities when care was below standard.

Many doctors have written to their local councillor or TD on a local health issue.

At national Level and international level doctors advocate individually and collectively on health issues.

Many doctors have written to the Minister for Health or contacted the media in relation to an issue of national importance. Doctors have contributed to government consultations, or written to and spoken before the Oireachtas on a health matter. Some doctors have advised TDs on health matters while other have taken up political roles and been voted into the Seanad or Dáil.

Doctors have raised health issues to the general public for example by arranging a conference on health issues for disadvantaged persons or promoting research and awareness of breast cancer or have provided medical advice to patient support groups.

Many doctors are involved in the development of national services providing professional advice or leadership on the development of hospital or community projects. Some doctors engage on the development of clinical standards and some have been nominated to statutory bodies.

Doctors can propose motions with their professional representative body. Many doctors have founded or are involved in national associations and societies relevant to their specialty.

At international level, many doctors engage on international issues through European bodies and international organisations and networks. Many doctors have worked and volunteered with international NGO's to help improve access to medicines and health care in developing countries.

Barriers to Fulfilling the Advocacy Role

While advocacy is a significant function in the professional role of doctors, many doctors are confronted by barriers to their role as advocate. Lack of time and dwindling resources presents a major impediment to fulfilling the role.

Fear of retribution and negative consequences from employers can act as a major deterrent. Many doctors feel they may get a defensive or unsupportive response from management and colleagues or that there may be some impact on career progression or on their reputation. In the past attempts were made to limit the physician's advocacy role through the consultant contract. In negotiations the IMO fought hard to maintain the physician's right to advocacy.

While some doctors do not necessarily want a public profile, many doctors are unsure of how to approach the issue, lack understanding of the political process or feel they have insufficient training in advocacy skills or media skills.

Some doctors feel there is little support for research or that access to data is poor. Others feel their efforts may be futile.

Advocacy Achievements

Since 1900, the ten greatest achievements of public health advocacy, leading to greatest amount of health and social gain and increasing life expectancy have been identified as⁴:

1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

While a great deal has been achieved, there is a lot more that needs to be done. Among the issues that most concern IMO members are universal healthcare and equity of access, health inequalities, lifestyle issues and mental health.

⁴ CDC, Morbidity and Mortality Weekly Report. 1999; 48(12):241-243

Advocacy and the IMO

As the representative body for the medical profession, the IMO in its mission statement is committed to the development of a caring, efficient and effective Health Service and thus a key activity of the IMO is advocacy. The IMO advocates on a wide range of Health Service and Societal issues and aims to influence Government proposals in a constructive and practical way through:

- Motions passed at the IMO's Annual General Meeting
- IMO Policy Position Papers
- Policy Submissions and interaction with the Government and other relevant bodies
- Strategic Alliances with other organisations
- Engagement with the media

The current objectives under the IMO Strategic Plan 2011-2014 are:

1. The IMO will champion and campaign for an affordable, high quality health care system for all
2. Lobby for the implementation of minimum quality standards
3. Promote the Role of the Doctor and ensure that every person has the right to see a Doctor
4. Engage on the practical application of Continuous Professional Development

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IMO Guidance on Public Advocacy (Adapted from Friedlaender and Winston, 2004)⁵.

- **Do your research.** Review the literature for evidence to back up your position. If the research is not available consider carrying out research yourself. If this is not possible clearly define the problem and the rationale behind your solution.
- **Identify /choose your audience.** Identify your target audience, whose behaviour you want to change. Then identify your secondary audience who can support you, help influence your target audience or who can implement policy to bring about change.
- **Know your audience.** Find out about your audience, their background, interests and priorities. Tailor your message to your audience. Choose evidence that your audience can identify with and action that they can reasonably undertake.
- **Keep your message clear and concise.** Choose a maximum of three points and repeat and reinforce them over again. (Friedlaender and Wilson suggest the points should be as follows: 1. introduce your audience to the subject; 2. use evidence that links your introduction to the action; 3. Call on your audience to take action). Adapt your language to the audience and the given format. Leave written material behind.
- **Be prepared but know your limitations.** Be prepared for questions but stay within your area of expertise. Approach other professionals for their relevant expertise.
- **Follow-up.** Evaluate your efforts and monitor your progress. Look for feedback on your efforts to see if the message has been understood and if action has been taken. Use this feedback to strengthen your message.

For further guidance on advocacy, The Public Health Alliance for the Island of Ireland has produced an

5 Friedlaender E and Winston F, Evidence Based Advocacy, Inj Prev 2004;10:324-326

Position Papers published by the Irish Medical Organisation are available on www.imo.ie

Social Media	Apr 2013	Co-Location and Acute Hospital Beds	July 2007
Child Health	Oct 2012	Role of the Doctor	Apr 2007
The Market Model of Healthcare – <i>Caveat Emptor</i>	Apr 2012	Medical Schools	Aug 2006
Health Inequalities	Mar 2012	Obesity	Apr 2006
Doctor Patient Confidentiality	Apr 2011	Care of the Elderly	Jan 2006
Mental Health Services	Nov 2010	Health Service Funding	Mar 2005
Universal Health Coverage	Apr 2010	Acute Hospital Bed Capacity	Mar 2005
Suicide Prevention	Sep 2008	Medical Card Eligibility	Mar 2005
Lifestyle and Chronic Disease	Sep 2008	Road Safety	Mar 2005
Protecting the vulnerable – A Modern Forensic Medical Service	Mar 2008	Accident & Emergency	Mar 2005
Disability, Ages (0-18 years)	Nov 2007	Manpower	Mar 2005