

That's “not medicine” — when doctors advocate for safer roads, gun bans or reducing poverty

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The day after 17 people were shot and killed at a high school in Parkland, Florida, the American Academy of Pediatrics issued a [statement](#) calling for stronger gun laws and a ban on assault weapons, to protect children. “We also call for stronger background checks, solutions addressing firearm trafficking, and encouraging safe firearm storage.” The Canadian Paediatric Society also has a [position](#) on guns: Doctors should routinely ask families whether there are firearms in the home and educate patients about risks.

But doctors aren't experts in firearms or gun laws. Should they voice opinions about them?

It's widely accepted that advocacy relating specifically to medicine — speaking out in favour of vaccines, say, or calling for affordable drug prices — falls within a doctor's professional purview. But topics that are less closely related, like gun policies, economic justice, parenting habits, and city planning can be more controversial.

“Advocacy is medicine,” said Dr. Gary Bloch, a family physician at St Michael's

Hospital in Toronto, adding that he is reluctant to draw a line between what is acceptable advocacy and what is not. There are many varied components to health care, he said, and it is the responsibility of physicians to be aware of them.

Bloch is known for developing a tool that doctors can use to help socially disadvantaged patients access money to which they are entitled — “prescribing income,” essentially. Bloch said that sometimes fellow physicians will comment in meetings or in online forums that, although they accept the link between low income and poor health, fighting poverty is not medicine. Bloch disagrees. This sort of intervention, he said, is as much a core part of health care as measuring blood pressure and prescribing antibiotics.

Bloch believes his work with policy makers may have a bigger effect on his patients' health than what he does in his clinical office. “We can use our social capital and privilege to bring about big changes for our patients, even if these are not traditionally considered health issues.”

Dr. Paul Atkinson, an emergency department physician at the Saint John Regional Hospital in New Brunswick, has been vocal on issues regarding road safety. He has written editorials and blog posts arguing that, among other things, there should be no vehicular right turns on red lights, that yellow lights should never be used to stop traffic at pedestrian crossings, that speed limits in residential areas should be reduced to 30 kilometres per hour, and that undivided highways need at minimum a “double double” (two sets



Is calling for a ban on assault rifles within the purview of a physician association?

of yellow lines, totalling one metre in width, running down the middle).

“I’m an ER physician,” he said. “I’ve seen several cases where people have been badly injured.” He feels he owes it to society to share what he knows — that road design matters, and it could be safer. The only kind of advocacy he doesn’t endorse is the type that leads to personal gain.

Thunder Bay pathologist Dr. Prashant Jani has focused on food. He spearheaded an affordable, volunteer-run, nonprofit vegetarian meal catering and takeout service. He sees a lot of cases of

cancer and he knows the contribution of diet to many cancers. With fast-food so prevalent and cheap, he felt he had to act. He’s now raising money for a food truck so that healthy food can be made available to schoolchildren and college students.

Screen time, helmets, urban walkability, refugee care, Indigenous justice — doctors have been active in all these issues. Yet, according to some, the problem is not that doctors are overreaching, but rather that too few are reaching at all.

According to [a study](#) that surveyed internal medicine residents at the Univer-

sity of British Columbia, although most students understood what advocacy is and why it is important, 76% were not engaged in any kind of advocacy, and 34% didn’t think they were likely to be in the future. Dr. Roger Wong, one of the study’s authors, said he’d observed that those who set advocacy aside during training tend not to pick it up again. Another [Canadian study](#) found that many medical students viewed advocacy as charity, or as going above and beyond their regular duties.

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