



True Advocacy: Realistic for a Pediatric Provider?

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Helping bright, energetic, and idealistic medical students and pediatric residents with their research projects and articles is stimulating and rewarding and really “gets you thinking.” In my neonatal intensive care setting, I spent most of my time thinking about stabilization and acute management. After reading an insightful article about access to pediatric mental health care by Dr. Joseph Lee,¹ a second-year pediatric resident at The University of Chicago, I began to feel guilty for not fulfilling what he described as “a physician’s obligation extends beyond the clinic, to include advocacy for our patients.” Although I agree with Dr. Lee, I contemplated whether busy pediatric providers can truly advocate for their patients the way in which Dr. Lee describes. As a clinician, I have been able to provide specific specialty access and advocate for patients on a case-by-case basis, but I fell short on the policy level.

These thoughts led to a conversation with medical student, Tae Yeon Kim, MS, from The University of Chicago Pritzker School of Medicine, who is interested in pediatrics with a special interest in advocacy. Here are her thoughts about advocacy:

I see my attendings and residents bring evidence-based medicine to patient care every day. It would be my dream to be a physician and to work with others who approach advocacy with a similar evidence-based rigor. As a future physician, I think I have much to learn from colleagues in many disciplines and professions — those in the social sciences and humanities, law, policy, social work, and advocacy groups who have years of experience researching issues and pushing for changes.

For me, advocacy is rooted in seeing medicine as a profession that foregrounds a commitment to the humanity of all human beings. I believe this can be achieved by navigating through law, policies, institutions, and daily clinical practice. The most obvious issue that pediatricians are involved with advocating for is basic health insurance for children. “The US Senate’s health care legislation, at last unveiled, fails to meet children’s needs,”² said the American Academy of Pediatrics (AAP) President Dr. Fernando Stein. “The bill fails children by dismantling the Medicaid program, capping its funding, ending its expansion and allowing

its benefits to be scaled back. The bill fails all children by leaving more families uninsured, or without insurance they can afford or that meets their basic needs.² In another article, Dr. Sandra Hassink, a pediatrician in Wilmington, DE, and the Immediate Past President of the AAP, said “It’s the individual voices and advocacy of each pediatrician that will raise the value of children in society.”³ This is how we as pediatricians can advocate for our patients’ clinical care at the level of the community, as well as at a national level.

Dr. Phil Verhoef, a pediatric intensivist from The University of Chicago Pritzker School of Medicine, provides his thoughts on clinician advocacy:

Pediatric providers can absolutely be true advocates, at all the levels (on a case by case basis, within the community, and at a national level) and I’ve engaged in all three. However, I think it’s also important to have perspective on the work that we do on a daily basis as clinicians and realize that for many patients, simply serving them as a health care provider is advocacy enough. I’ve tried to “activate” physicians employed by the county hospital to become outspoken advocates because they witness, firsthand, how misguided health policies lead to a fractured, inefficient, and ineffective health care system. I often find that they’re just too tired. Serving patients that depend on safety nets is exhausting and often depressing work,

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and they simply don't have the energy to fight the uphill battles of advocacy. On the other hand, I spend a significant amount of time working with medical students and residents to instill in them the notion that advocacy is a critical component of their professional identity and deserves as much time and attention as keeping up with the literature, patient care, CME (continuing medical education), billing, or anything else that occupies our time. Advocacy isn't something to be done when you have the time; it's something to be done be-

cause you make the time and you make it a priority. My hope, then, is that when medical students and residents become practicing physicians, they will remember that advocacy is a part of their professional identity, and they will take back this power and advocate for comprehensive and effective health care access for children (if not everyone).

In summary, based on all that I have read and the insightful colleagues I have spoken with, it is important that, as pediatric providers, we work to

be true advocates for our patients at whatever level we are able to commit.

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