The roles and responsibilities of students and clinicians in political issues related to health

Jonathan Coleman

New Zealand has just experienced a year like no other in its history. Throughout 2020 and now into the new year, health has been thrust to the forefront of public and political affairs in a manner unprecedented in living memory. We are, of course, in an extremely fortunate position with regard to coronavirus disease 2019 (COVID-19) relative to nearly every other nation in the world. Politically, the stance on the Government’s management of COVID-19 has been largely united, although there has inevitably been a range of views on some of the details about how the crisis should have been managed.

What has been interesting throughout the pandemic is that the voices of doctors have been heard in the media in a way that doesn’t usually occur to any great extent. At various points in the crisis, governments have been urged to take whatever steps have been deemed appropriate by expert opinion. We’ve seen examples of prominent individuals from the medical profession stating their views, most notably immediately before the first lockdown in March 2020. Statements by Sir David Skegg, Sir Peter Gluckman, and Professor Michael Baker have all helped shape the Government response at crucial points.

COVID-19, of course, provides a striking example of an issue on which medical voices absolutely need to be heard, but it raises the wider question of the extent to which the medical profession should involve itself, either individually or collectively, in political issues containing a health dimension. Some would argue that the perspective of a medical professional carries an obligation to speak out on issues that go beyond health. Indeed, many would say that the health of an individual and population is inextricably entwined within the context of wider societal issues.

There are a range of ways in which it is possible for the medical profession to play a political role, and of course, individual doctors will have vastly differing levels of interest in politics (not to mention differing political beliefs). At times, though, the absolute urgency of the situation pushes doctors who would normally shun political involvement to leave their comfort zone and speak out. Right throughout 2020, doctors in the United States felt compelled to speak up in the face of Federal Government denial of the extent of the COVID-19 crisis. The human toll of the pandemic confronted them every day in the course of their medical duties, and issues like access to personal protective equipment (PPE) compounded the danger that frontline health professionals were facing. Without taking a stand and speaking out, many of those issues around COVID-19 may have slipped by with little pressure on officials to address them.

Prior to diving into political waters, it is of value to understand a little of the nature of politics itself, as it is a field with its own unique characteristics, and a potentially brutal field on which to play. There are no particular rules, but there are definitely skills which can be applied to achieve a desired political outcome.

At the level of national politics, just because your argument may be morally correct (at least in your view) you still may not win the debate. Formal political structures are not a true meritocracy, either. Many a thoroughly decent and competent person has struggled in politics because their face doesn’t fit, they lack the natural charisma, or maybe they’ve made too many enemies along the way to gain support for their ideas. Yes, politics is a very unforgiving game.

Politics is essentially about the art of compromise, and this inevitably comes as a disappointment to idealists and purists. It’s never easy to drive through all of your agenda in the form that you might like (unless, of course, you are running a military dictatorship). Frequently, there are tradeoffs, in an effort to gain the support necessary for any given initiative.

In government, there is always an opportunity cost in the delivery of any particular initiative—spending public money on one thing inevitably means that there is less money to be spent on another. As a politician, you always receive less money than you would like for your initiatives, because, of course, your colleagues have portfolio priorities that require funding as well. There is never a limitless pot of money, and this is an aspect of government decision-making that many members of the public struggle to accept. This is no more keenly illustrated than in the area of pharmaceutical funding.

This is a key point. When you strip it all away, politics comes down to decisions about the allocation of resources. The health portfolio in government is, in many ways, a function of the finance portfolio; more effective allocation of resources, driving for productivity, and finding new ways to do things will take a health system to a certain point in terms of improvement. However, beyond this, increased funding is required to keep up with health inflation, population growth, and demographic change.

In short, as one former Prime Minister used to say, “if you are seeking perfection, you won’t find it in politics” (meaning, effectively, that for all the reasons listed, it is very hard to achieve everything you would like to, in the manner that you envisaged).

Given these caveats, what role should the medical profession play in political debate, and how can doctors influence policy outcomes for the public good?

The most direct and obvious role is for more doctors to seek to enter Parliament. Currently, there are record numbers of medical doctors in our parliament, on both sides of the House. This brings a breadth and depth of experiences which will be invaluable in informing debate. Certainly, to successfully negotiate the health portfolio, one needs a prolonged period during which to study the portfolio (usually as a health spokesperson in opposition), or some degree of clinical background. Given that I became Minister of Health after six years in other portfolios (although with a 3-year stint as an associate Health Minister), I found it invaluable to be able to draw on my medical background as I dealt with the notoriously tricky portfolio.

Obviously, we can’t have a parliament full of only doctors, and most clinicians would express very little interest in heading into the
parliamentary setting. All political parties have doctors as members, which is a great way for individuals to help shape the policy of their chosen party. It also provides direct access to senior politicians, and is a way to make a behind-the-scenes contribution. Parties often welcome the input of experts as they look for new ideas and ways of meeting the challenges of providing a sustainable public health system.

Doctors are also able to play an important role in raising public awareness on matters of vital public interest related to health, and this is probably where the most value is able to be added to the public debate. To speak out effectively, it is important to have some understanding of the media, because they are the conduit for transmitting your message to a wider audience. Don’t fret though—the basics of media communications are fairly common sense and can certainly be learnt up to a certain level. The rest comes with experience.

Of course, pandemics are (thankfully) rare events; more often, the medical profession’s role is to highlight gaps in public policy or an area of social or medical need that needs to be urgently addressed. The late Professor Diana Lennon advocated strongly for some of the most vulnerable in the community during her career, including children from socio-economically disadvantaged backgrounds, constantly highlighting the links between poverty and ill health.

Medical training, and the privilege of working with people at their most vulnerable, affords doctors a perspective on health issues that no other profession holds. Many would argue that this creates a responsibility to speak out on issues that are a matter of public interest. This is not only to raise awareness on key issues, but also to help shape the decision-making of governments. Informed comment on cancer rates and treatment from medical experts has helped keep cancer care in the public eye and created political pressure for increased funding for new treatments.

Speaking out in such circumstances will seem intuitive to some doctors, although many will prefer to stay out of the spotlight. What may be less clear-cut is where the limits of a doctor’s responsibility lie with regard to wider, yet no less important, issues. For instance, should doctors, either singularly or collectively, be taking a stance on climate change initiatives? At what point does an issue acquire a health-related dimension? It could be said that any political issue ultimately has a health-related consequence for individuals and populations. With the emergence of climate change as a political issue, more doctors are speaking out on this issue, as they perceive a very real threat to public health, and a range of wider social issues that may result.

Indeed, a number of medically-related bodies internationally have issued position statements on the issue. Some would see it as a presumption for any professional body to make a statement that professes to represent the views of all its members; others would argue that some issues are so clear and pressing that a stake has to be put in the ground. What is clear is that claiming to represent the unified views of all one’s members risks disenfranchising a significant minority at the very least. It would seem that stances on political issues are best taken on an individual basis, although numbers always add heft to any argument.

While many of us in the profession may be clear about the role we wish to play with regards to political involvement, some may have less clarity about the extent of responsibility they desire. Many would see protests and the raising of issues as the totality of that responsibility, but perhaps that requires more careful examination. Raising issues is the easy part—developing constructive and implementable solutions is where the real difficulty lies.

There were many times during my tenure as Minister of Health when I would have liked to have instantly pushed the “yes” button in response to the case for funding new treatments and services. An excellent example was the campaign for the funding of Keytruda for metastatic malignant melanoma in 2016; I absolutely had the deepest sympathy for the patients involved, and it was clear that the drug delivered outstanding results for many patients. It was a compelling case, but the money still had to be found either within the PHARMAC budget, or via a new injection of Government money. Both involved tradeoffs, as of course the money would not be available for other projects. I was conscious too that delays in public funding would have very real consequences for those whose survival depended on it. Further complicating this was the independence of PHARMAC, and the (somewhat opaque) processes that it follows. A Keytruda equivalent was funded by PHARMAC, and sometime thereafter, Keytruda itself became publicly available.

The medical profession, through the Cancer Society, played a role in raising the profile of this issue, and it was absolutely right that that happened. Many would argue that finding the solution is not within the medical profession’s remit, and indeed, that is what politicians are paid to do. That is certainly a valid viewpoint, but there does need to be some understanding of the choices that have to be made whenever decisions around health funding are taken.

The Government’s budget is limited, and there are myriad pressures on it; each year in May, the spending decisions for the year ahead are announced by the Minister of Finance at the Budget. Arriving at those decisions is a complex process, involving negotiations between Ministers as they each lobby for the portfolio interests for which they are responsible. Those discussions are always held behind closed doors, and the public have very little line of sight on the nature of what is said. Let me assure you that Ministers of whatever party that happens to be in power always face difficult decisions on where to invest the public purse.

Fortunately, health is consistently the biggest winner in terms of money allocated at budget time, but even within the Health portfolio, there are always tradeoffs. Increasing investment in primary care makes absolute sense as we try to move to a system that deals with problems earlier and takes pressure off hospitals. However, the combination of population growth, an ageing population, and increasing costs of technology and medicines means that the amount of money required for hospital system operations is increasing year-on-year. The result is that new money needs to go into both of these annually.

Raising awareness about an issue in Parliament is not even half the work done—constructive engagement on the solution is where real progress is made.

What is the role of medical students in political issues? Students have traditionally been a voice for change in society. Many decades of life stretch before you, and political decisions taken now may affect your lives in a range of dimensions for years to come. It’s important to take an interest in the issues of the day, and in the political environment in general. Students, as with the rest of society, will vary in their degree of interest in political issues, but keeping informed is important. Political views may change over the course of a lifetime, but engaging in debate, rather than just complaining in private, is the most productive approach.

Students are also free of many of the encumbrances that people sometimes feel limit their ability to get involved in issues and speak out in later years. It’s a chance to express strong views and brave opinions, while of course staying within the law. Student voices (and those of younger people in general) are especially important to ensure that the interests of future generations are properly considered in the decision-making equation. Policy makers need to be forced to look forward, beyond the horizon of their own life span, and the involvement of younger people keeps up the pressure to do so.

In the end, the extent of any individual’s involvement in political issues is of course a judgment call. What one person perceives to be a crucial matter might be met with indifference by another. It is not easy to define the point at which one must get involved and speak out; on some issues, it will be clear that action needs to be taken; and on others, the distinction is not so clearly defined.

What is clear, though, is that doctors have much to constructively add to the debate on a wide range of political issues relating to health and beyond. The onus is on the individual to exercise their own judgment on when to step up and take action.
About the author

Dr Jonathan Coleman is a medical doctor who graduated from The University of Auckland Medical School and holds a MBA from London Business School. He served as the Member of Parliament for Northcote from 2005–2017, and was Minister of Health from 2014–2017. Over nine years as a cabinet minister, he also held the Ministerial portfolios of Immigration, Broadcasting, Associate Health with responsibility for mental health, Associate Tourism, Defence, State Services, Associate Finance, and Sport and Recreation.

Correspondence

Dr Jonathan Coleman: drjcoleman@gmail.com