

Health advocacy in emergency medicine: a resident's perspective

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The word advocate as a noun is defined as

1. a person who supports or speaks in favour;
2. a person who pleads for another;
- 3a. a professional pleader in a court of justice;
- 3b. a barrister.

As a verb it is defined as

1. recommend or support by argument (a cause, policy, etc.);
2. plead for, defend.

As emergency physicians (EPs), part of our job will be to act as health advocates for individual patients, specific patient populations and the general public. Health advocacy is a responsibility that is an important aspect of the Canadian Medical Association (CMA) Code of Ethics^{1,2} and is reflected in the mission statement of the Canadian Association of Emergency Physicians (CAEP).³ It is also one of the key competencies in the Canadian Medical Education Directions for Specialists Framework.⁴

Emergency physicians are perfectly positioned to bridge the gap between the public and the medical system. A visit to the emergency department (ED) is often a poignant time in an individual's life. Patients in the ED may be acutely unwell, have difficulty coping or simply feel they cannot manage alone. Such times are also some of the most influential from the perspective of health promotion.⁵

Emergency physicians are often the initial physician contact for patients entering the hospital system. Beyond our ability to manage a wide range of medical and psychosocial issues, prevention is an important tool to help us reduce the societal burden of illness. As EPs, we have a unique vantage point for recognizing and acting on the social, environmental and biological factors that determine the health of individuals and society.

The goal of the physician advocate is to actively support and educate practices, behaviours and beliefs that improve health and well-being of his or her patients. In a parallel manner, a physician advocate must also discourage unhealthy and negative activities and educate patients accordingly. It is useful to view health advocacy as an activity that is comprised of 4 components: the target, the vehicle, the goals and the tools. These are further discussed below:

1. The target includes the individual patient, a specific population (e.g., homeless patients) or the general population.
2. The vehicle includes the physician, the department, the governing bodies and, ultimately, health policy.
3. The goals can be short- or long-term in nature, but ultimately they link to the well-being of the patient and society.
4. The tools can involve activities on a wide range of fronts, including the following examples:
 - Colleagues: for example, discussing management of specific fractures on academic rounds with orthopedic surgery.
 - Ancillary services: for example, holding multidisciplinary meetings where nursing, administration and medical staff strive to improve efficiency and quality of care.
 - Administration: for example, developing and implementing overcapacity protocols to relieve ED overcrowding from admitted patients.
 - Research: for example, examining factors involved in potentially preventable visits by specific populations, such as pediatric toxic ingestions.
 - Education: for example, defining areas of weakness

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in training EPs to improve quality of care, such as rural or wilderness training.

- **Government:** for example, lobbying for increased long-term care facilities to improve systemic issues such as lack of acute care beds.
- **Media:** for example, improving public awareness of influenza prevention and vaccination through television programs.
- **International:** for example, increasing activities in developing countries to improve medical care and disaster relief.

If you are interested in working toward playing an active role in this arena or playing a leadership role in health advocacy, getting in the gates is not as hard as it seems. Numerous organizations are involved in health advocacy in Canada. Those of particular relevance to emergency medicine residents are listed here as a starting point:

CAEP: any resident can become a general member and attend the annual conference at a resident rate. The Residents' Section Executive includes 4 positions: President, Vice President, Secretary and Communications Liaison. www.caep.ca

CMA: collaboration of provincial divisions to advocate for health promotion by physicians on a national level. Resident representatives include 6 positions. www.cma.ca

The Trauma Association of Canada: its mission is to foster professional and community education in the field of injury prevention and in the care of the injured patient. Residents can join as general members, they can register to be advanced trauma life support instructors and have the opportunity to get involved in committees and subgroups. www.traumacanada.org

Provincial medical associations (e.g., the Ontario Medical Association, the British Columbia Medical Association): the mission of the provincial chapters encompasses advocacy of physicians' views to the provincial and federal governments. The province has representatives from different specialties. The Emergency Medicine Section often has a resident representative position. Check your provincial division website for details.

The Canadian Association of Internes and Residents advocates the collective interests of residents in Canada in educational, professional and well-being issues. This national

association of residents has representatives from across the country and from all specialties. www.cair.ca

Provincial housestaff organizations (e.g., the Professional Association of Internes and Residents of Ontario, the Professional Association of Residents of Alberta and the Professional Association of Residents of British Columbia offers representation for physicians "advocates excellence in education and patient care while striving to achieve optimal working conditions and personal well-being for all its members." Representatives from all specialties are involved in the general council and as executive members. See the specific provincial organization website for more details.

Advocacy is optimized when it arises from a foundation of passion or experience. Often this involves situations, positive or negative, encountered in clinical practice. As emergency medicine residents we should always strive to keep our health advocacy role in mind when we encounter situations where change or intervention is warranted. This will ensure that health advocacy is engrained into our role as EPs, to the benefit of our future patients and society at large.

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