

# Getting Political: The Role of Politics in Physician Advocacy

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During my first week of medical school, in a presentation about professionalism, we were given a clear message: physicians and trainees should remain apolitical. I found the concept peculiar. As it was, my medical schooling began in the fall of 2020, when just south of the border, one of the most pivotal elections of our time was unfolding—one that would sway the fate of several medical issues.

The notion of political neutrality is rooted in the goal of maintaining patient safety and preserving the physician-patient relationship. For years, many have argued that there is no role for politics in medicine and that remaining politically neutral is necessary to ensure adequate patient care.<sup>1</sup> However, since 2020, amid the fallout from the pandemic and the emergence of an increasingly divided society, medicine has become ever more political. Issues like women's reproductive rights, end-of-life care, and the privatization of healthcare have become hot topics of debate. More than ever, decisions affecting healthcare spending, access, and legislation are made not by healthcare professionals in hospitals but by politicians in parliament.

While the Canadian Medical Association (CMA) and Royal College of Physicians and Surgeons (RCPS) are less explicit about their stance on physicians' role in politics, the American Medical Association has deemed political involvement suitable, so long as it does not interfere with patient care.<sup>2</sup> But how exactly can political involvement impact patient care? A recent American study found that patients prefer physicians with similar political views and have less trust in those with different views.<sup>3</sup> One could argue that preventing any outward support (or dissent) for a particular party or its policies could help preserve the trust that patients have in their physicians, leading to better health outcomes. On the other hand, politics may have already eroded the patient-physician relationship. In

the same study, they found that, overall, the medical community was perceived as more left-leaning following the COVID-19 pandemic.<sup>3</sup> As a result, those on the right of the political spectrum endorsed less trust in physicians and the healthcare system than ever before.<sup>3</sup> These findings suggest that the medical profession as a whole has become politicized and that blurring the lines between politics and medicine has the potential to further break down the trust that patients have in their physicians and medicine as an institution.

On the flip side, there has been a recent push to promote advocacy in medicine. The RCPS outlines Health Advocate as one of the fundamental CanMEDS roles.<sup>4</sup> In this role, the RCPS highlights that physicians should be competent in advocating for patients “within and beyond the clinical environment” and advocate for “system-level change in a socially accountable manner”.<sup>4</sup> While there is no direct reference to political advocacy in the description of this role, it is hard to imagine implementing system-level change without some level of political involvement.

These ideas also raise further questions about which topics exactly fall within the realm of physician advocacy. I think most would agree that a physician speaking on topics such as legislation that directly impacts healthcare is well within their scope of practice. This type of advocacy may be more easily separated from politics and seen as “neutral advocacy”. For example, a Canadian physician advocating against the push to privatize healthcare may not be seen as a politically charged act, even if a particular political party proposes these ideals. I think the real question lies in the more politically charged topics that, on the surface, aren't directly related to healthcare. For example, Canadian physicians supporting calls to action for a Universal Basic Income or publicly dissenting to potentially harmful

projects, such as when the People's Health Movement Canada wrote a letter opposing the implementation of the Coastal Gaslink Pipeline, may appear outside of the scope of physician advocacy yet have significant downstream effects on the health of individuals and particular marginalized groups.<sup>5</sup> It is the speaking out on these more nuanced issues impacting the social determinants of health that is more often met with questioning looks outside of the medical community and seen as overtly political statements. So too is advocacy related to larger global issues, such as conflicts and injustices worldwide that affect healthcare and the safety of groups of individuals.

Of course, one could argue that the best way to approach advocacy is to remain as politically neutral as possible. Grounding advocacy work in facts and evidence, with direct ties to medicine, may limit the broader implications of this work. Still, as the world becomes progressively divided and as medicine and politics become even more intimately intertwined, it is becoming increasingly challenging for advocacy efforts to be seen as solely apolitical. Furthermore, staying silent and remaining neutral on politically charged topics is now viewed as a political statement in and of itself.

As the world, and healthcare, is becoming increasingly politicized, it is important that physicians learn tangible skills about how to advocate appropriately while balancing the needs of their patients. While classes and modules throughout Canadian medical training emphasize the importance of advocacy as an essential role of the physician, rarely do they teach such practical skills. Instead of pushing the politically neutral agenda, medical training needs to embrace the changing societal landscape and revamp its curricula to explore what it means to be a physician advocate in increasingly political times. Whether it be through providing more opportunities to get involved in political advocacy during medical training, the exploration of case studies of physician advocacy gone right (and wrong), or more seminars highlighting the overlap between policy and medicine, curricula should evolve to teach medical trainees how to balance broader advocacy efforts with individual patient care, rather than treating advocacy as an abstract concept. Navigating the professional duties to individual patients and to society is challenging, yet it is a balance that must be struck to uphold our role as health advocates.

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## Conflicts of Interest Disclosure

There are no conflicts of interest to declare.