Paging All Physicians as Health Advocates

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Hippocrates, the Greek physician and philosopher traditionally described as the father of medicine, sagely advised physicians to make a habit of two things: to help or at least do not harm. However, over the centuries since Hippocrates wrote, determining precisely how to help and how to avoid harm have become increasingly complex. Most recently, discussion and debate has centered on what counts as “harm,” while decidedly less attention has focused on what it means to “help.” Here, we examine three critical — if sometimes overlooked — helping roles that physicians play as health advocates.

Directing patient care is the most visible demonstration of physicians helping patients. It is well accepted that the patient’s health and well-being are the most important aspects of medicine. A prominent role physicians play in achieving that goal begins at the bedside, where good communication and establishing a relationship of trust serve as the foundation.

The next step is developing a shared decision-making process between the patient and physician. This process involves the physician providing information about treatment options based on the patient’s medical history and current clinical indications. The patient participates by communicating personal values, treatment preferences, and ultimate goals. When the physician is confident that the patient understands the treatment options, along with the associated risks and benefits, the physician can provide recommendations that align most closely with the patient’s expressed values, preferences, and goals.

When the shared decision-making process leads to an agreement, the next step is to develop a care plan to achieve the goals. However, if doctor and patient don’t reach agreement, the physician continues to help as clinician and educator by communicating the risks and benefits associated with treatment, as well as the consequences of the patient’s refusal.

The role of physician as educator has proved to be a crucial public education tool during the pandemic. Due to lack of information combined with misinformation, some segments of the public have been reluctant to act in their own best interest, failing to follow public health guidelines and avail themselves of life-saving practices. Many factors have likely created this lack of trust, including limited access to treatment, historical disparities in care, or belief that physicians are driven by other motives, such as research or financial benefit. Nevertheless, physician experts have widely disseminated reliable scientific information and physicians involved in local, state, and federal government have played significant roles in promoting safe practices to the public at large. Their efforts have been essential to reducing the spread of illness and saving lives.

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Trusted physicians also have championed safe practices and vaccine safety to individual patients and their families looking for guidance. For many people, reliance on an established relationship with their doctor goes beyond the power of noted experts.

Developing policies is a vital way in which physicians promote the health and well-being of our society. The American Medical Association’s Principles of Medical Ethics calls out the physician’s responsibility to seek changes in legal requirements that are contrary to patients’ best interests. It also specifies a doctor’s responsibility to participate in activities that contribute to community and public health improvement. In other words, it is a doctor’s professional obligation to advocate for societal improvements for the betterment of all patients. This includes working to create appropriate policy within a healthcare organization and to advocate for changes to local, state, and federal laws and regulations, including those that affect healthcare access. As part of their policy-developing responsibilities, physicians are obligated to act as prudent stewards of the shared societal resources with which they are entrusted.

Physicians’ policy-making role was called into immediate action in response to the organizational challenges of the COVID-19 pandemic. Revised and expanded treatment guidelines and policies were needed to determine how best to respond to a new and critical crisis.

Negotiating systems is often overlooked as a physician contribution to patient care. However, it cannot be overestimated as helpful for patients in navigating the sometimes daunting challenges in healthcare. These negotiations can be wide and varied. They can include developing a safe discharge plan for a patient when leaving the hospital, helping to ensure appropriate medical care after discharge, and calling a patient’s insurance to secure treatments or medications necessary to improve health outcomes.

Physicians also connect patients with providers beyond the physician’s own practice, such as primary care providers, specialists, social workers, and counselors. Patients have a much greater likelihood of positive outcomes when their physician provides these often-recognized examples of guidance and support.

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Hippocrates did not expound on what he intended when he counseled physicians to develop the habit of helping. However, it’s reasonable to assume that these examples would meet that dictum. The physician’s role in benefiting patients is multifold and extends beyond the bedside to include their communities and society at large. Physicians must meet these challenges every day, and especially in times of crisis. Although changing circumstances may present increasingly complex dilemmas, the physician’s helping duty remains constant and at the core of the physician’s creed.
## Tips for Communicating with Grieving Patients and Families

**GUEST CONTRIBUTION: RANDI WREN, M.A., M.A., BCC CHAPLAIN AND SPIRITUAL HEALTH SPECIALIST, MILLS-PENINSULA MEDICAL CENTER**

If you're a healthcare provider and dealing with a grieving patient or family member, here are some communication tips that can help.

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<th><strong>DON’T</strong></th>
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<td><strong>Say “I am here for you.”</strong></td>
<td><strong>Be present.</strong></td>
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> “For you” implies you’re going to do something that is not for you to enact.
> **“I am here with you.”**

| **Say “I know how you feel.”** | **Show that you’re available.** |
> You may know how you would feel in a situation. You shouldn’t assume that you know how someone else feels.
> **“I’m concerned about you and I’m here to listen.”**

| **Say “Everything happens for a reason.”** | **Demonstrate understanding and reality of their loss.** |
> Loss feels senseless; avoid empty clichés.
> **“I hear your sadness and sorrow.”**

| **Offer instant solutions.** | **Acknowledge that the process of grieving is open-ended.** |
> Grief is a deeply personal process, not something to be rushed or “fixed.”
> **“You won’t forget feelings of loss; but over time they’ll change shape and make room for memories.”**

| **Offer personal advice.** | **Talk about the person who passed.** |
> Loss sometimes provides opportunity for growth, but not always.
> Ask loved ones to share a story.

If you’re a healthcare provider and would like to contribute helpful tips for difficult patient care situations, please email us.
The team and Iris recognized that if Allen’s condition did not improve and he remained steadfast, a temporary refusal could have permanent consequences. A permanent choice to prefer the comfort of taking food by mouth while accepting the increased risks of pneumonia and short life reasonably required a more robust understanding and reflection on preferences. So far, Allen had not shown that he could either grasp or accept the relevant medical facts, but perhaps that could change with education. With time and effort, Allen might be able to make that decision for himself.

The ethicist told Iris that if, later on, the decision about the feeding tube should fall to her, part of her responsibility as a surrogate decision-maker would be integrating Allen’s own voiced preferences into the decision. Iris indicated she would try to persuade him to reconsider the feeding tube as providing the best overall outcome.

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An important role of any healthcare professional is ensuring that patients’ voices are heard when societal issues or medical conditions threaten to silence them. It also involves helping the voiceless find their own voice to the best degree possible. Sometimes that means focusing the question so that the patient’s preferences can inform care. In Allen’s case, it also meant supporting his potential recovery in the hope that he would be able to voice his preferences and capably participate in his own medical treatment.

When a patient’s preferences seem not to align with their best interests and carry potentially dire consequences, the physician’s role of patient advocate requires careful assessment of a patient’s capacity to make an informed and well-reasoned choice. If a patient is deemed incapable of doing so, then the patient’s voice and lived experience must be a guiding force in the deliberations of the family or other surrogate decision-maker in deciding what is in the patient’s overall best interest.

Taking all of the above factors into consideration, the team, Allen, and Iris agreed to a discharge plan without immediately placing a feeding tube. A few weeks later, Allen’s agitation had somewhat decreased, and he agreed to have a feeding tube placed in his abdomen.

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While the ongoing pandemic means we will again offer our annual workshop virtually and at summer’s conclusion, we’re pleased to host our bioethics education workshop for the sixteenth consecutive year. This year’s workshop will focus on the education of healthcare professionals and hospital ethics committees. We look forward to reporting back about this event.
A memorial Mass will be celebrated for Dr. Albert Jonsen on Thursday, October 21, 2021 at 1 p.m. at Saint Ignatius Church in San Francisco, located on the corner of Parker Avenue and Fulton Street on the campus of the University of San Francisco.


If you would like to attend in person, please call the Fromm Institute to RSVP: 415-422-6805. Masks are required.