Advocacy—Is This Your Cause?

Jeannette E. South-Paul, MD

Whether you are having breakfast in Orlando while attending a professional meeting, teaching eager young students at the bedside in the United Kingdom, administering immunizations in Lusaka, promoting condom use in Delhi, or scanning the newspapers in Asuncion, you are likely to read about—or hear about—or see—someone who is in need. Whether need exists is not in question. The question is how you choose to respond to those needs.

Activists and physicians approached December 1, 2004, World AIDS Day, with the recognition that this pandemic remains one of the biggest health scourges of the 21st century. New cases of HIV infections continue to rise more than 20 years after the discovery of human immunodeficiency virus as the etiology of this disease in West Africa. Sub-Saharan Africa, where I sit as I write this article, remains by far the worst affected region, with two thirds of the HIV-positive people in the world, according to a United Nations report released at the end of November. Close to 60% of all adults living with the virus are women (UNAIDS/World Health Organization AIDS Epidemic Update 2004).

Not only does the world face the crisis of uncontrolled infectious disease but also the scourge of violence in many forms. Terrorism is a daily reality of societies on almost every continent. In spite of the claims by many who use this method to gain visibility for their causes, it is not an effective means for political dialogue or change. It damages the lives of the innocent, fuels anger and rage that make negotiation less likely or impossible, and destroys the infrastructure needed to build stable societies. In addition to terrorism, the rapidly increasing numbers of refugees in Sudan, Palestine, Eastern Europe, and other less publicized theaters are being brutalized by rival tribes, by those supposedly designated to protect them, and by armed combatants—while the world and designated political bodies remain immobilized.

Both of the above crises are made dramatically worse by the fact that they are occurring among segments of the world population mired in abject poverty. Without economic means, without political advocacy, without a public voice, these victims suffer unbelievable atrocities unnoticed.

A consistent theme among the least and the lowest of the world’s social strata is their lack of access to health care. Much illness and struggle can be overcome if the victims are provided quality mental and physical services. Absent these, the most minor, treatable conditions become devastating. Ironically, each of the above crises occurs in the United States to one degree or another, in one community or another, not just in the developing world. Hence, by elevating the awareness of conditions in our own communities, we can see the impact of populations in need and the opportunity for advocacy.

The recent 17th triennial meeting of Wonca—the World Organization of Family Doctors—provided a global platform to increase the awareness of the health care community regarding health care and societal disparities.

Sean David, MD, emphasized the devastation to world health caused by the tobacco industry. Bruce Sparks, MD, the incoming Wonca president, reviewed and emphasized the implications of the unprecedented growth of Wonca. When considering the millennium goals of the United Nations that have health implications, the importance of a large, competent force of family physicians to facilitate world health becomes clear. Godfrey Sikipa, MD, a public health specialist from Zimbabwe with more than 25 years experience throughout Africa, challenged the community of physicians to devise a global plan and commit to addressing the human capital needs to bring the AIDS epidemic under control. The impact of the availability of the global fund to provide antiretrovirals in developing countries has been constrained by lack of sufficient health care professionals in the neediest countries. Pekka Puska, MD, the director general of the National Public Health Institute in Finland, emphasized the importance of prevention and modi-
fying risky behaviors to effectively address the global burden of disease. Supporting a strong primary care base for health care is the only way to effectively address chronic disease prevention and management.

John Salinsky, MD, a family physician from London, shared a series of warm and inspirational patient stories from world-recognized literature as well as everyday practice. By understanding what we learn from sometimes long-winded patient stories, our daily contact with patients can become less stressful, more productive, and allow us to understand their real diagnoses.

The conference culminated with America Bracho, MD, MPH, showing how ongoing discrimination is responsible for poor health status in communities and using diabetes as a model condition. Involving the community is not optional, but essential, to achieving health status improvement.

These and the other excellent plenary speakers served to launch multiple peer sessions, seminars, workshops, and posters presented by almost 1,000 colleagues from around the globe. The advocacy theme permeated the entire meeting and was energized by the multiple opportunities for networking on an international level. However, scientific meetings should not be ends unto themselves. Rather, they must inform the attendees and then serve as a nidus for change. What will we as the academic family medicine community do with the information we have gathered, the sensitivities that have been heightened, our consciences as they have been troubled?

Will we return to our practices, our departments, our communities and remain the same? Will our intellects be challenged, and will we seek more information—trying to ensure that any data presented has truly been evidence based and not merely the product of bias and emotion? Or will we accept that we have a professional and personal responsibility to verify the data, devise a plan, and implement change? If not now, then when? If not this, then what? If we do nothing, then who will?

President Theodore Roosevelt once said:

It is not the critic who counts, not the man who points out how the strong man stumbled or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena; whose face is marred by dust and sweat and blood; who strives valiantly; who errs and comes up short again and again; who knows the great enthusiasms, the great devotions, and spends himself in a worthy cause; who, at best, knows in the end the triumph of high achievement; and who, at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.

Mahatma Gandhi said:

You must be the change you wish to see in the world.

Correspondence: Address correspondence to Dr South-Paul, University of Pittsburgh, Department of Family Medicine, 3518 Fifth Avenue, Pittsburgh, PA 15261. 412-383-2378. Fax: 412-383-2361. southpaulj@upmc.edu.