

Episode: *Author Interview: "Should Clinicians Be Activists?"*

Guest: Kristen Pallok, MD

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Kristen Pallok, a resident physician in internal medicine at the Medical College of Wisconsin Affiliated Hospitals in Milwaukee, Wisconsin. She's here to discuss her article coauthored with Dr David Ansell, [Should Clinicians Be Activists?](#), in the April 2022 issue of *The Journal*, [Health Equity in Latinx Communities](#). Dr Pallok, thank you so much for being on the podcast today. [theme music fades out]

DR KRISTEN PALLOK: Thanks so much for having me.

HOFF: What's the main ethics point that you and your coauthor are making in this article?

PALLOCK: I think the main point that we're trying to make is a lot of us, when we go into this position of being a physician or any health care practitioner, to be honest, is you do it for a particular reason. And you take that oath in the very beginning, and you try to adhere to it as much as you can. But inevitably, throughout our careers, I think the system kind of dictates that occasionally, we stray away from it, mostly for financial reasons and whatnot. But the question is, how do you stick to that oath without being an activist, I think, for me. And I think for a lot of physicians and other, like I said, practitioners, the question becomes what's our lane, and what's not our lane? And what goes beyond the walls of the clinic? And I think we tend to use this phrase that something is "above and beyond us."

HOFF: Hmm.

PALLOCK: And I think in this case, when it comes to activism and trying to uphold that oath to give everyone the standard of care that they should receive, it really shouldn't be above and beyond to be an activist. That should be the standard.

HOFF: Hmm. And what do you see as the most important thing for health professions students and trainees who are at the beginnings of their careers and trying to figure all of this out to take from your article?

PALLOCK: I think that the training, particularly on structural humility, the accompaniment, and the allyship, are really, really important. There's five pieces that we outline for the students in general, and that includes core competencies like recognizing structural racism and other forms of marginalization and how they shape our clinical practices and our clinical interactions with patients. We look at how we develop a language around these structures, we talk about how we imagine interventions, and then we develop this humility. And that humility is an awareness that professionals have to be led by the community to solve problems. You can't just do it on your own in a paternalistic approach.

HOFF: Mmhmm.

PALLOCK: That's just not possible to really be successful, I think. And that's where allyship and accompaniment kind of come in. We have the ability to intervene with positions of power, to be quite honest, within our profession, oftentimes with other knowledge that people in the community may not have, and they have knowledge that we don't have. And the idea that we can use our position to help them is really important for, I think, medical students and other health care professional students that are up and coming: that this can be learned early, and it can be practiced and perfected to some extent in the longevity of their careers.

HOFF: And finally, if you could add a point to your article that you don't feel like you had the time or space to explore, what would that be?

PALLOCK: There's a couple of points that I think would be great to add if we had the room to do so. One of them is something called micro-advocacy, and that's something a medical student had actually brought up at Rush Medical College recently.

HOFF: Mmhmm.

PALLOCK: The idea that you can personalize advocacy on a much smaller level. And I think that is quite useful to talk about for individuals who wonder, how do I get involved in something that's so big, something that's very daunting, and it's hard to take on, a task, like for instance, the kidney transplantation in this case. You don't have to do it in that way. Advocacy can be very personal. It can be practiced on levels that an individual is good at. Not everybody has to go out on a street corner and hold up a sign or show up on TV or even go petition their local government. That's not always the case, and it's not always realistic for everybody. But I think that on a small scale, even within your own clinic, you can make little changes that actually contribute. So, I like this idea of that.

And then I just want to give a quick shoutout to Michelle Morse, who kind of talked about something she calls a Healing ARC. And that's a great point, I think, to make to kind of tie up this article: this idea that you acknowledge that people are being excluded, and then you actively act to make re-dress. It's not so much about preventing this from happening again. But what can you do to repair what has actually already been done? And I think that for this population in particular, that's really important. And then there's a sense of closure, the C that comes with it, and that's actually dependent on the community. And I think that bounces back to accompaniment, that we have to take the lead from the community and partner with them. [theme music returns]

HOFF: Dr Pallok, thank you so much for your and your coauthors' contribution to the Journal and for being on the podcast with me today.

PALLOCK: Thank you so much for having me.

HOFF: To read the full article, as well as the rest of the April 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.