

# Power to change: a 21st-century paediatrician and their patient in conversation

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Dear doctor,

As a UK university student, I feel scared for my future.

Every morning, I wake to breaking news: Gaza, NHS strains, the cost-of-living crisis. I feel helpless. Today, I walk past doctors—our pandemic ‘heroes’—forced to strike for fairer working conditions.<sup>1</sup> It’s easy to forget but, just like those facing unjustly severe sentencing for peaceful protest<sup>2</sup>—doctors live in the same world as us. Tired, angry and hopeless they look on as our national public health service is distorted and defunded out of recognition.

As a patient, I am at the receiving end, watching the current cracks only get bigger. For young people like me aged between 16 and 24 years, the National Health Service (NHS) simply does not meet our needs.<sup>3</sup> Recent focus has largely been on the gaping holes in mental health provision where, according to the latest reports, more than a quarter of a million children and young people are still waiting for mental health support after being referred.<sup>4</sup> But the truth is that the picture is bleak for young people with any long-term condition. Adolescent health is often overlooked in medicine and clinicians cite this group as daunting to connect with. Adolescent DNA (did not attend) rates are as high as 15% and strongly correlated with deprivation.<sup>5-7</sup> Inequality and disengagement compound to delay access to adolescent care. As a result, young people experience the steepest health inequalities which will negatively affect their health outcomes now and into adulthood. What will this mean for me?

Contributing to initiatives such as the Well-being and Health Action Movement and Powering Up<sup>8,9</sup> allows me to attempt to bring health inequalities to the top of

the agenda and help doctors to fight back against systemic constraints. Sitting with you in parliament listening to our leaders I realised something: it’s not enough to have power; it’s what you do with it that matters.

But where does this leave us?

Yours,  
Rhea Burman

Dear young patient,

One of the biggest causes of burnout for doctors like me is the moral injury we experience when we cannot address the root causes of people’s suffering.<sup>10</sup> I write to you from behind a pile of notes, staying late to finish work that can never be done in the limited time and resources we are given. Still, I try. Housing letters, applications for benefits—there are small ways that I can use my power to make the lives of patients like you better. But what about the young people who are not cared for in this way? The at least 8000 children killed in Gaza, the more than 700 000 children under age 5 every year for whom air pollution is a major contributing factor in their deaths or the 3.7 million children who go to school experiencing food insecurity in the UK your home country in the richest economy in the world?<sup>11-13</sup>

Wars, climate crisis, austerity and the commodification of our right to health<sup>14</sup> which is tearing the NHS apart—these sicknesses are all connected. Calling out the diseased social, economic and political structures behind them all is a necessary first step to curing what has been called ‘capitalogenic disease’, the ill health caused by capitalism.<sup>15</sup> But it’s only the start.

As a paediatrician, we speak of human rights and the voice of the child, but where does the medical profession really stand on these issues? Believing ourselves to be impartial we stay silent. Yet ‘doing nothing’ is a political act, signalling complicity with those who perpetrate injustice. We cannot pretend to care about health inequalities

if our profession consistently fails to meet the needs of underrepresented groups on the one hand and allows the powers that created health inequalities to grow unquestioned on the other. It is the wrong medicine. Doctors are not heroes; young people like you are. The young people protesting worldwide whose fragile bodies are the only barrier that stand between us and a moral abyss.

Injustice is bad for our health. It impoverishes us, poisons the planet and brutalises those who are seen as expendable. Like you, I too start each morning reading the news; I feel as helpless in my clinic as you do in your university classroom. But doctors can learn from young people and take responsibility for bringing about the change necessary to secure the conditions required for the happy healthy lives of their patients. We have the power to change. We can change our clinical practices and pathways to put patients like you at the centre, and we can put those in power who promise a better world for the next generation. Collectively, organising across society, doctors can work with patients to radically reimagine health—we just need to find the courage.

Yours sincerely,  
Dr Guddi Singh

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