Everyday Advocacy and The Many Faces of Vulnerability

As SCMS President, I wanted to take this opportunity to write about one of our SCMS "Pillars" -- Advocacy.  SCMS members have the opportunity to advocate at many levels - and every year we advance advocacy both locally and at the state level through the WSMA.  We submit resolutions and work toward better healthcare for the residents of Washington as well as advocacy for improvements in healthcare delivery and to support our SCMS members (physicians and physician assistants).  As we look to the end of the Governor's mask mandate, I have had several experiences that made me think about  "vulnerability" and everyday advocacy.  Vulnerability through the lenses of COVID mask mandates, disability/equity, one aspect of patient vulnerability, and finally Brene Brown's take on vulnerability.

I've been in multiple meetings discussing the impact of the end of mask mandates.  Many people are excited by the prospect of not having to wear hot, tight, restrictive masks.  Of course, many "healthcare heroes" have been desperate for appropriate PPE and have worn masks for 12-hour shifts (and more). In clinic, I wear an N-95 for 4-5 hours straight, and by the end I am hot and thirsty.  However, I also know many people who are "vulnerable" - they are immunosuppressed and haven't had a robust antibody response or can't get vaccinated (young children).  To keep it short - we must remember and protect those individuals from ridicule.  Lest you think this is unlikely, last summer a 3rd-year medical student was masked in a grocery store in rural [state] at the beginning of the delta surge.  A woman cornered him and started yelling "you are disgusting."  While I don't know what her assumptions or rationale were, I know it really rattled him.  My ask? Please speak up and remind people to be kind and not to make assumptions. Please advocate to protect the vulnerable among us.

Similarly, a student with an uncommon, but not rare, environmental allergy, was exposed to the allergen in at a [state] university. The student became sensitized to the point of requiring high-dose steroids for a Steven's Johnson-like condition.  Excluded from the learning environment, the university (unlike my institution, WSU) did not provide excellent online alternatives and s/he spent hours each day trying to access learning materials to keep up with classes.  When classes were finally moved to eliminate exposure to the offending chemical (the following semester), both students and professors regularly approached he/her, commenting that they were inconvenienced and blaming he/her for upsetting a wheel-chair-bound student.  That student actually defended the vulnerable student.  As healthcare professionals, I think we often assume that people are supportive of people with "disabilities" but we have so far to go! My ask - please  advocate for access to education, and other societal benefits, for our patients with both obvious and hidden "disabilities"!

 I also recently had a personal experience as a patient that made me rethink "vulnerability" at the most basic level. My annual eye exam confirmed that I have "moderate" dry eyes (I don't have an autoimmune condition) - enough to make long hours at the computer uncomfortable despite OTC eye drops and time-consuming hot packs. My ophthalmologist recommended another type of eye drops (or tear duct plugs, no thank you).  Because appointments always seem to be rushed, and I (silly me) felt vulnerable about the future of my eyesight (with other words like "important," "risk," cataracts, glaucoma, etc., floating around), I didn't ask enough questions. At the pharmacy, my new prescription was over $600, or over $5000/year!!!  The drops are cyclosporine - not a new drug. Why so expensive?  I called to find out if I had "inflammation" and therefore really needed the drops, but the clinic did not respond to my question despite two phone calls and messages.  The next week in my clinic I was lamenting, "How do people afford their medications?" and the nurses said, "Oh, just sign up for GoodRx." A specialist friend relayed that she tells all her patients to sign up for GoodRx and has a handout telling them how to handle expensive prescriptions and to contact their Representative/Senator to complain about why they have to sign up for discounts, etc. rather than just having lower prescription costs.  My ask - advocate for simplification of prescription medication access!

Finally, the famed author/speaker Brene Brown has talked about the importance of being "vulnerable," but experience and research have shown that women and people of color who are "vulnerable" at work may actually be further disadvantaged.  My ask - when colleagues reveal vulnerabilities, support them and be careful not to make assumptions about their abilities and skills! Advocate for policies that work toward inclusion for all of us.

I encourage you all to read the article by Ravneet Waraich in this edition of The Message. Her words should give us all hope that the next generation will move us towards a better world.

Thank you for everything you do to advocate for improvements in our systems and your advocacy for your patients.



Dawn E. DeWitt MD, MSc, MACP, FRACP, FRCP-London

2022 SCMS President