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## Advocacy in action: a journey toward systemic change Plaidoyer en action : un parcours vers un changement systémique

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A core component of the Canadian Medical Education Directives for Specialists (CanMEDS) framework is the expectation that physicians act as health advocates. Physicians are uniquely positioned to drive systemic change, leveraging their power and privilege to improve healthcare on a broader scale. However, discussions within medical training often fail to explore the complexities of systemic advocacy.

This year, I was honored to represent the University of Calgary at the National Day of Action, where over 100 medical students from 15 medical schools convened to advocate for policy changes with Members of Parliament (MPs) and Senators in Ottawa. Our discussions centered on rethinking healthcare spending in Canada, with an emphasis on creating sustainable policies that reflect the needs of our increasing population.

As a student in the Class of 2026 at the University of Calgary, I have firsthand experience advocating within an evolving medical education system. The implementation of the Re-Imagined Medical Education (RIME) curriculum at my school emphasizes patient-centered learning, integrating advocacy into clinical practice. Weekly patient cases challenge students to go beyond pathophysiology and clinical decision-making, encouraging us to consider social determinants of health and systemic barriers. With this being said, many students are more familiar with advocating within individual patient interactions than broader policy-level change.

During the National Day of Action, I encountered one critical question that challenged my approach to advocacy: How does a medical student effectively engage policymakers from diverse electoral districts, each with unique healthcare priorities?

In my first meeting with an MP, I quickly realized that data and prepared talking points were not enough. While I had

meticulously studied relevant healthcare data, I found that meaningful engagement required a human connection. Advocacy is more than presenting facts—it is about crafting a compelling narrative that resonates with decision-makers. By sharing personal stories and finding common ground with MPs, I transformed a policy discussion into a persuasive call for change.

Later that day, during a meeting at the West Block of Parliament Hill, I confronted another crucial aspect of advocacy: perception and privilege. One MP questioned how medical students, a group often perceived as economically secure and highly educated, could credibly advocate for healthcare reallocation. This discussion underscored a reality that is often overlooked in medical training: advocacy is shaped not just by the needs of the communities we serve, but also by how those communities perceive us. Medical students and physicians are frequently taught to advocate for marginalized groups based on factors such as ethnicity, race, geographical location, and income. However, we are seldom encouraged to reflect on how our own professional status influences these interactions, including whether people will trust us. Acknowledging privilege is not just an academic exercise—it is essential to effective advocacy.

By the end of the National Day of Action, I had gained a deeper appreciation for the intricacies of advocacy. It is not limited to physician-patient interactions but extends to legislative discussions, policy reform, and systemic change. True advocacy requires adaptability, self-awareness, and an understanding of the perspectives of both policymakers and the communities we serve. Moving forward, my approach to advocacy will be informed by these experiences. Medical students must not only learn the science of medicine but also develop the skills to influence the agenda of healthcare in a future for all Canadians.