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The Power of Physicians in Dangerous Times

Alice T. Chen, M.D.,[1] and Vivek H. Murthy, M.D., M.B.A.[1]

As physicians, we have sworn an oath to reduce human suffering and protect the dignity and well-being of our community. These values are at the heart of medicine. What do we do when this moral code is under threat?

In recent months, unprecedented policy changes and massive, blunt cuts to U.S. federal funding and the federal workforce have created grave new dangers to health. These seismic shifts have compromised our nation's outbreak response apparatus, veterans' care, and medical research from basic science studies to clinical trials. These changes have undercut food and drug safety, disaster response, climate change action, and chronic disease management and have decimated America's global work to save lives from malaria, tuberculosis, HIV, and countless other threats. Congress has passed a joint budget resolution directing the House committee in charge of federal health spending to cut $880 billion, an amount so great that it will effectively require major reductions in Medicaid coverage and in access to care for economically disadvantaged patients. Work to address disparities in health — to ensure that health and well-being are within reach for everyone — is now being disparaged as political, leading health institutions to censor their language and shutter programs out of fear. There is no doubt that changes are needed to strengthen the nation's health apparatus. But such changes must be evidence-based and carefully considered, and most importantly, they should improve health.

All this comes on the heels of a pandemic that pushed health care workers to the brink, as well as an increasing corporatization of health care that too often puts profits ahead of patients and leaves the people providing care feeling devalued and dehumanized. Add to these crises a societal failure to adequately address root causes of disease, and it's no wonder that so many of our colleagues are feeling beaten down and demoralized.

Standing up to defend the health of patients and our community is not easy under normal circumstances, much less when physicians are feeling short on hope. The onslaught of disturbing news may make us want to tune out and focus on ourselves. But one of the greatest dangers in times like this lies in silence. Silence in the face of harm has consequences that can be measured in lives damaged and lost.

The history of our profession tells us that advocating for those in harm's way can have a meaningful effect on people's lives — and can help ease our own despair as well. During the Freedom Summer of 1964, a hundred health professionals from the Medical Committee for Human Rights traveled to Mississippi to provide emergency medical care to civil rights workers and to document the ill effects of a segregated health care system. During the Cold War, Physicians for Social Responsibility shifted public opinion and played a key role in the creation of the Nuclear Non-Proliferation Treaty. And since 2012, doctors have worked side by side with patients to win Medicaid expansion in 40 states, which has translated to measurable improvements in cancer detection, chronic disease management, and maternal and infant mortality.

Just as our predecessors rose to meet those moments, now is the time for today's physicians to act. This crisis is bigger than politics. It's about the health and lives of our patients and communities. So what should we do?

We start, as always, with the patients in front of us. As social services are curtailed and as patients face new barriers to care, we will need to draw on our resourcefulness to help our patients get what they need. Some days we will fall short. On those days, it will help to remember that our compassion and care can be vital sources of strength and hope for our patients who may be anxious and scared.

Beyond our direct care for patients, our engagement with legislators is more important than ever. As worrisome as recent developments may be, many Congressional offices have told us that they don't have a clear understanding of where their constituents stand on the many policy changes affecting health. That is why physicians' vocal and sustained advocacy in public statements and in calls and visits with elected officials are imperative. Despite an erosion of trust in institutions, physicians remain one of the more trusted professions, with a unique perspective on health policy. Even when our elected representatives seem rooted in their positions, the patient stories and health data we share can shape how strongly they fight for or against policies — and even slight shifts in a narrowly divided Congress can make all the difference.

Our advocacy should extend to state and local governments as well, which can help protect residents who are at risk of being hurt by federal measures. These levels of government can also advance broader health care reforms, as New Jersey did earlier this year with prior-authorization legislation and as Boston recently did by investing in community health workers. Furthermore, we can encourage and support our colleagues who seek to enter public service themselves, recognizing that physician voices are needed in elected and appointed office at every level.

In addition to engaging with government, we can speak directly with our communities about the effects of new policies and the changes needed to improve health. These conversations can take place in one-on-one visits, small group gatherings, town halls at our local school or house of worship, and media interviews. Hearing directly from doctors can help people cut through the dense fog of misinformation and understand what is really at stake. We can also advocate in our own institutions to extend extra help to patients at high risk for harm. We can ask community-based organizations how we can support them, whether that means setting up free health screenings or a food drive. Undertaking and celebrating tangible, positive actions — whether they help one person or many — can remind us of our agency and rekindle our hope.

As physicians act, so too must medical societies, health care systems, and educational institutions. Though many organizations may be thinking twice about voicing concern for fear of being targeted, it is critical to visibly stand up for patients and to support individual physicians in doing the same. A joint statement recently released by five major medical societies on the negative health effects of Medicaid cuts is a start. So are the lawsuits by medical and public health organizations seeking to stop cuts to research grants and reinstate critical health information on federal websites. Much more is needed. The time to stand up for science, patient care, and human dignity is when those values are under threat. Failing to take a stand amounts to a failure of leadership that will damage health and further weaken public trust in the scientific and medical community.

To meet this moment, there is one more thing we need: each other. In moments of hardship and despair, community is everything. It diminishes our pain and sustains our action. This is a time for us to reach out and support each other — to check on each other, listen to each other, and help each other in small ways, whether at home or at work. We can remind each other that we are

not alone. There will be times when we need to step back to gather ourselves. That is OK. We can support others who are taking action on the front lines, just as they will support us when we step forward.

In the end, the moral test of society is how well it cares for all its people, especially the ill, the forgotten, and those who have been left behind. But societies don't pass this test by default. They require people who are willing to speak up boldly and unapologetically for the dignity and well-being of others. Physicians have the power to be these people. When we summon the strength to act, our courage becomes contagious. Our actions encourage others to find their voice, and together we build collective power to protect the health of our patients and our nation.

An audio interview with Alice Chen is available at NEJM.org

A few years ago, when our son was having terrible nightmares, we began whispering into his ear as we put him to bed, "You are brave. You are strong. You are kind." Over time, it became a ritual to remind him who he really is. But these powerful qualities don't apply only to him: we see them so clearly in our brothers and sisters in medicine. You are brave, you are strong, you are kind. Your commitment to the dignity and well-being of all people, a promise you have defended with strength and honor through dark and difficult times, is the backbone of our profession. It is the moral code that unites us. It is what will guide us through the pain and hardship of today to the hope and promise of a better tomorrow.

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[1]Washington, DC.

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Sixty Years of Community Health Centers — An Anniversary at a Crossroads

Alexander E. Jacobs, M.D.[1]

Let's call her Ms. B. She was one of my patients early in residency, memorable chiefly because she was the first with what would become a familiar phenotype: poverty as pathology. She presented to the emergency department (ED) with a cough and turned out to have pneumonia. As with many patients, Ms. B.'s risk factors were social rather than physiological — unstable housing, narcotic dependence, a history of incarceration, survival of assault.

After administering a course of antibiotics, my colleagues and I prepared Ms. B. for discharge, though we had few solutions to the material circumstances that made her lungs so hospitable to infection. Attempting to ensure that she had a more reliable connection to the health care system, I added her to my primary care panel.

Ms. B. never made it to an appointment. For the next few months, I followed her course by means of her electronic medical record. The many ED visits at hospitals throughout Boston; the admissions for cellulitis, overdoses, withdrawal.

Although her admissions never stopped completely, their tempo eventually slowed. There may have been any number of explanations, though I suspect the primary driver was that she began receiving care at a federally qualified health center (FQHC). Ms. B.'s clinic, Upham's Corner Health Center, is located in her native Dorchester, a working-class enclave in Boston's southeast. At Upham's Corner, Ms. B. received Suboxone (buprenorphine and naloxone) and attended group counseling. These services, augmented perhaps by the familiar setting, seemed to provide the stability she so evidently needed.

Upham's Corner is no different from the other approximately 1400 FQHCs in the United States, which is to say that it offers a remarkable amalgam of social and medical programming under one roof, an approach that contrasts with ever-more-siloed models of health care delivery that often make care inaccessible. The Health Center Program, under the Health Resources and Services Administration (HRSA), supports FQHCs with federal grant funding. The program has matured into a deeply entrenched and far-reaching feature of U.S. health care. FQHCs draw funds from HRSA grants, sponsor organizations, private insurance, Medicare, and Medicaid and have a mandate to provide