

# **Introduction: The Political Beliefs and Civic Engagement of Physicians in an Era of Polarization**

**Eitan Hersh**  
Tufts University

Physicians and medical professionals have no choice but to confront politics in their careers: their industry is highly regulated, the government pays them for the care they provide to millions of Americans, and many of the most controversial domestic policy issues in the United States—reproductive health, sexual health, gun violence, drug abuse, and more—are closely connected to medical treatment. Few may enter the field of medicine finding politics to be an important part of their professional lives, but politics pushes its way in.

My own interest in the relationship between medical care and politics came out of a partnership with psychiatrist Matthew Goldenberg of Yale School of Medicine (Hersh and Goldenberg 2016). The increasing availability of granular public data in the field of medicine, made possible both by improvements in computer power and by the government's increasing involvement in medicine, grants researchers new opportunities to study health care and health care professionals. That is what inspired my collaboration with Dr. Goldenberg. Data as simple as the free, downloadable National Provider Identifier file (a list that includes the name, practice address, and specialty of nearly every US physician), made public by the Center for Medicare and Medicaid Services, enables researchers to link individual doctors to data on reimbursements, prescriptions, and external data like voting records.

The political orientation and engagement of physicians are particularly important as the United States navigates through a period of change and

uncertainty in health care. Physicians enter politics on issues like Obamacare and the opioid crisis. They are informed by their professional expertise, their leadership in their communities, and their own personal political values. They act alone as community members, and they act together as organized professional groups. Because of physicians' expertise and the central role they play in health care, their political views and behaviors are worthy of our attention.

It is in this context that the *Journal of Health Politics, Policy, and Law (JHPPL)* releases this special issue. The articles in this issue began as invited presentations to a conference held in December 2017 at the Tufts University School of Medicine. The conference was generously sponsored by the Tisch College of Civic Life at Tufts and by *JHPPL*. Jennifer Costanza, managing editor of *JHPPL*, deserves recognition for her work in organizing the conference. Like many small conferences, this conference offered the rare opportunity for scholars to engage with one another's work and to receive helpful and critical feedback.

The conference especially benefited from detailed remarks by Andrea Campbell of Massachusetts Institute of Technology and Jeffrey Berry of Tufts, who served as discussants. One of the conference attendees, Paul Beninger, director of the MD/MBA and MBS/MBA programs at Tufts University School of Medicine, provided insightful comments as well. He was generous enough to share a written commentary in this issue.

The articles in the special issue examine physicians as solitary political actors and as organized interests. The issue begins with two articles on organized advocacy. Michael K. Gusmano studies three different physician groups and examines the positions they take on a number of controversial subjects, from care for undocumented immigrants to fracking. He uncovers the motivations behind position taking by these organizations and the connection between physicians' expertise and their organized political advocacy.

Sorcha A. Brophy's article picks up on the question of how organized groups of physicians advocate, through her detailed study of the American Academy of Family Physicians (AAFP). Brophy charts how the AAFP entered into more politically sensitive issues than it had previously taken positions on. She focuses particularly on same-sex marriage and shows how organizational members with conflicting viewpoints focus arguments on the relationship between position taking and the good of the organization. Taking a controversial stance can benefit an organization by making it relevant to the outside world but can harm an organization by sowing division among members.

Miriam J. Laugesen's article maintains the focus on physician organizations, but rather than studying their political advocacy, as in the first two articles, Laugesen reveals how the most important of these associations, the American Medical Association, has retained political power and relevance in spite of declining associational membership. Laugesen sheds light on tactics that have failed and succeeded to make the association a central player in health care even though the overwhelming majority of physicians are not dues-paying members.

The two remaining articles shift attention to physicians as individual political actors. Phillip M. Singer studies letters to the editor in dozens of newspapers across the country on the topic of Medicaid expansion. These letters explore the ways that physicians, as respected leaders in their communities, leverage their credentials to inform public debate. Singer shows that, compared to nonphysician letter writers, physicians are more likely to describe evidence as well as their personal experience in advocating about health policy, lending credibility to their advocacy.

Diana J. Burgess and her colleagues use a panel study design to investigate the political attitudes of first-year medical students who were reinterviewed in their fourth year. Political liberalism and conservatism may both be associated with attributes that lead to better and worse health outcomes. In this examination, the authors focus on the relationship between conservatism and survey measures of implicit bias and empathy that could be signs of differential care. The article suggests further research on the relationship between political worldview and health outcomes, as well as medical education focused on political attitudes and bias in the provision of care.

Following the articles, Paul Beninger provides an insightful commentary from his vantage point as a medical school faculty member and clinician. Beninger places the five articles in the context of the physicians who are focused mainly on their work with patients at a time when their expertise is increasingly in demand in the political sphere.

I am hopeful that the articles in this issue, which all address the engagement of medical professionals in political activity or the relationship between politics and medical care, will inspire future work in these important areas. As physicians organize and advocate, and as they counsel patients in their offices on politically impinged personal health issues, social scientists ought to continue investigating how physicians affect politics and how politics affects them.

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Eitan Hersh is an associate professor of political science at Tufts University. He is the author of *Hacking the Electorate* and a number of scholarly articles. His research focuses on civic participation and the relationship between election rules, strategies, and the behavior of voters. His next book, to be published by Scribner in 2020, is on the topic of political participation.

eitan.hersh@tufts.edu

### Reference

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