

## **A call to action for (calls to) action**

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While it is always time to act <sup>1</sup> it can be hard to know where or how to start in a world facing unprecedented crises. This can understandably be demoralising and frustrating. There is one form of action however which stands to act as a remedy and as it turns out, it was right in front of us the entire time: the call to action.

A title, abstract and keyword search (with no date restrictions applied) of Scopus for “call to action” in October this year yielded 6,010 results. A full text search of the BMJ utilising the same ‘search strategy’ yielded 6,349 results. With at least 6,000 articles in The BMJ’s archive, the call for action is clearly a durable and important facet of medicine that has pre-occupied doctors and researchers for decades. In fact, one of the first calls to action recorded in the BMJ occurred in 1913 <sup>2</sup>. Looking to more recent history, calls to action have been made for a range of important reasons, including calls to prioritise patient experience in nursing practice <sup>3</sup>, to reform academic global health partnerships <sup>4</sup> and to expand universal health coverage <sup>5</sup>. Close relatives of the call to action also pepper the literature, including the ‘call for an end’ <sup>6</sup>, the ‘time to act (usually now)’ <sup>1</sup> and the arguably more humble ‘urge’ <sup>7</sup> and ‘demand’ for action. <sup>8</sup>.

What is unknown of course, is what follows the call to action. While we don’t have anything approaching a randomised control trial, one influential study from a previous BMJ Christmas Issue found that while it was ‘always time to act,’ no conclusions could be drawn on whether appeals to ‘act now’ resulted in action <sup>1</sup>. While this study was focused on the temporal element of action, it said little about the relative strengths and weaknesses of acting as opposed to calling for action. It seems apparent that the call to action has several obvious advantages over actually acting. The call to action allows you to salve your conscience; a way to “do something” without the hard work of actually “doing something”. The call to action can be bold and decisive without requiring extensive or time consuming collaboration with others (open letters with multiple high profile authors <sup>9</sup> being the exception here). No compromise is needed and you do not have to worry about nuance such as how to achieve or implement the action you are

calling for, only about how things ought to be: we should all eat better, help refugees, and take the bus rather than driving, for example. It naturally follows that the call to action is also less onerous and comes with fewer costs than action. This is particularly important when many of us are already busy acting. Best estimates (by the author) suggest that an average person could make several if not dozens of calls to action in any one day. This is of course is somewhat of a generalisation, calls to action come in a range of forms. Some are more time consuming and come with far greater risks, while also blurring the line between calls to action and action. For example, blocking a bridge demanding the government take action to address the climate crisis<sup>10</sup>, an example of action calling for action. We should therefore be careful to dismiss all calls to action as mere 'slacktivism'<sup>11</sup> or inaction.

While the complex relationship between calls to action and action deserves far greater scrutiny from researchers and bioethicists, it seems that despite the numerous advantages calls to action have over acting, they are arguably most problematic when they divert well meaning people away from acting. Care should be taken to mitigate this risk. On this point and to be clear, while sympathetic to the call to action I am not opposed to action, no matter how inconvenient or challenging. For those who want to do something, numerous options exist. There is of course the BMJ's annual appeal for the International Federation of the Red Cross to support people facing humanitarian crises. There are opportunities elsewhere to take action, in our day to day lives, or in joining others to campaign against the ongoing neglect of the NHS (see Keep Our NHS Public - <https://keepournhspublic.com/>) or any other range of issues from racism to militarisation (see Medact for more inspiration - [www.medact.org/get-involved/](http://www.medact.org/get-involved/)). Over the next few months, action may simply involve standing in solidarity with colleagues, seeing out what will undoubtedly be an extremely challenging winter as the NHS copes with winter healthcare pressures.

There is of course one final and perhaps more pressing issue: observant readers will have noticed that this article is little more than a call to action calling for action to think carefully about calls to action. Both have their place in medicine and life and perhaps they cannot be disentangled. We will not be able to address the problems the world is facing by acting alone, without calling for action, nor can we address them without taking action. We should embrace the call to action and where we can, action.

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## Conflict of interest statement

The author has written several calls to action himself.

## Authorship

RE conceived and wrote this entire article (for better or worse).

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