

## Give incivility a chance

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While it is nice to be nice, we should be careful in dismissing incivility entirely as is argued by McCullough, et. al. (2023). In this article we will argue that incivility, when conceptualised politically as a form of resistance has democratic value. That is, some types of incivility are not only justified, but can serve important ends, especially for oppressed groups. Several historical examples as they relate to health and healthcare speak to this point. The uncivil behaviour by Emma Goldman, imprisoned after publicly promoting birth control, to those challenging racism in healthcare are two of many examples that highlight the instrumental and symbolic value of incivility, in both forcing political change and saying something that could not otherwise be said 'civilly'.

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## Give incivility a chance

Civility is a nice idea. While we find common ground with the aspirations of a civility-based professional culture in healthcare and acknowledge the potential impacts of incivility on staff and patients, we should be careful in dismissing it entirely, as McCullough, et al. <sup>1</sup> do. As we will argue below, appeals to civility, when understood alongside power, could serve to stifle and mask legitimate dissent, limiting genuine criticism and progress. Crucially, we contend that incivility itself may serve instrumental and communicative purposes that draw attention to injustice or inequity. Our aim is not to defend every act of incivility but to caution calls for its prevention. By focusing on intentional acts of incivility and by emphasising the political we hope to show that “being polite is not the same as being a good citizen” <sup>2</sup> and the absence of tension is not the same as the presence of justice King, 1963 in <sup>3</sup>. We go on to discuss the implications of this approach to addressing ‘uncivil’ behaviour, arguing that incivility is a by-product of institutions that dismiss genuine grievances and maintain inequitable conditions.

When we speak of incivility, we speak of specific low-intensity acts that violate norms and mutual respect <sup>4</sup>. Civility can be conceptualised as both ethical and political, intentional and unintentional <sup>2</sup>; it cannot be discussed meaningfully without putting it alongside power. Notably, who sets the parameters of civility, how they enforce them and why. Placing intentional (even if not fully formed) acts of incivility alongside power, shows us how such acts could be acts of resistance. It also shows us how claims of civility are often applied like a “cudgel” <sup>5</sup> acting to entrench existing democratic deficits and marginalising the voices of those who are oppressed. This limits progress in addressing existing inequalities, more generally and as they related to health. For many uncivil acts may be the only way to be heard and challenge power, with labels of incivility used to dismiss these claims <sup>6</sup>.

These points have particular relevance for health and healthcare. History confirms that what is civil has more often been dictated by those with power and used to marginalise genuine resistance. For example, around the time women were granted the right to vote in the US, something which can at least in part be attributed to the ‘uncivil’ behaviour of the suffragettes, Emma Goldman, a nurse was arrested and jailed in 1916 for disseminating information about contraception, under a law which outlawed the distribution of ‘obscene’ material. In the early 90s, actions carried out by AIDs activist group ACT UP in the US, in

response to years of government silence and inaction in addressing AIDS epidemic were publicly condemned <sup>5</sup>.

Beyond the democratic and historical reasons why care should be taken in labelling an act uncivil, incivility itself may be valuable in that it can both have instrumental and communicative properties <sup>2</sup>. Incivility can prompt others to examine their positions, and be a way expressing disrespect to injustice and oppression. We can find more recent history littered with examples of health workers engaging in acts of disobedience, dissent and even incivility in public protest as it relates to a range of issues, from tobacco control to climate change. Even within the workplace, from our own and others work, we find several examples that comfortably fit definitions of subversion, dissent and even incivility <sup>7 8</sup>. Importantly, we often see uncivil acts carried out as a means to protect patients or in seeking redress for some type of wrongdoing at the hands of the healthcare system. In the UK for example, we see the National Health Service (NHS) in crisis, with staff shortages, growing waiting lists and inadequacies in service linked to an excess of tens of thousands of deaths. This is not the only crisis the NHS is facing and across the world, we find healthcare systems under far greater strain, facing similar and far more pressing issues. In the antipodes, ongoing governmental paternalism continues to contribute the widening health and life expectancy gap between Indigenous and non-Indigenous Australians, compounded by racism in healthcare and endured through countless funerals, hospital visits and coronial enquiries <sup>9</sup>. How civil should we be in the face of such issues? How civil should we be in the face of systemic racism and sexism in healthcare and vast global disparities in the provision of care; things for which we have decades of evidence, detailing these issues and their impact? Change is needed and it is clear that “evidence-based and argument-based reasoning”, something which McCullough, et al. <sup>1</sup> suggest that civility requires, has been completely inadequate. It is evident that evidence and reason alone are not enough; we feel there should be greater scrutiny of the civility norms that help to sustain such oppressive and unjust conditions.

Beyond incivility being a productive force that can challenge the status quo and promote quality health care, our position has implications for how we approach civility. We are sceptical that individual-level civility can be instilled or be embedded within health systems. Until such times that services are created “in which grievances can legitimately be raised and meaningfully addressed” <sup>6</sup>, incivility will be a by-product of the institutions that create and maintain inequitable conditions.

## References

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