



Resistance in health and healthcare

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Abstract

In this article I will introduce and outline the concept of resistance as it relates to health and healthcare. Starting with a number of examples of action, I will then turn to the broader literature to discuss some conventional definitions and related concepts, outlining debates, controversies and limitations related to conceptualizing resistance. I conceptualize resistance broadly, as any act, performed by any individual (or collective) acting as or explicitly identifying as a healthcare professional, that is a response to power, most often in opposition to contentious, harmful or unjust rules, practices, policies or structures. Practically this could account for any public action, marches, sit-ins and civil disobedience, but also forms of 'everyday resistance', such as working slowly, feigning sickness, or even providing care for marginalized groups that would otherwise not have access. Such action could go unrecognized by those in power and perhaps more contentiously, those resisting needn't even recognize their actions as resistance. I will then apply this conceptualization to explain action that has been undertaken by healthcare professionals, identifying its key features. I will briefly discuss future directions for inquiry that appear particularly pressing. These including ongoing conceptual development, identifying the functions of resistance in health and healthcare along with what makes it distinct from healthcare as usual and other forms of resistance and finally, the range of normative questions resistance raises.

KEYWORDS

health, healthcare, non-violent resistance, protest, resistance

1 | INTRODUCTION

In 1978 the Billboard Utilising Graffitiists Against Unhealthy Promotions (BUGA UP) were formed. BUGA UP were an Australian collective who took direct action against tobacco advertising. Over a decade from the late 1970s onwards BUGA UP 're-faced' tens of thousands of billboards across Australia. This usually involved carefully altering the lettering on billboards, into often humorous alternate slogans. The group pursued a number of other subversive and occasionally illegal activities; busking as 'The Royal Carcinogenic Orchestra' outside tobacco sponsored events of the Royal

Philharmonic Orchestra is just one example. A number of healthcare professionals were involved in BUGA UP's activities and many were arrested and used their court appearances to further promote their message. BUGA UP inspired several movements globally.¹

By 1985, apartheid policies in South Africa had already inflicted over three decades of institutional violence on the black population. As a result of these policies the 1980s saw an upsurge in violent and non-violent action with the government declaring a number of states

¹Chapman, S. (1996). Civil disobedience and tobacco control: The case of BUGA UP. Billboard utilising graffitiists against unhealthy promotions. *Tobacco Control*, 5(3), 179–185.

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of emergency. During this time, while working in the medical examiner's office in Port Elizabeth, Dr Wendy Orr became the first and only doctor employed by the government to reveal the torture and abuse of political detainees. After protests to her superiors had failed, Orr began gathering data to document the violence and torture perpetrated by the state, including assault, suffocation and electric shock.² With the support of human-rights lawyers, Orr made an urgent application to the Supreme Court detailing a pattern of extensive torture and abuse and requesting a restraining order against the police. While this application was successful, the ramifications of this case were wider reaching than a legal victory, exposing torture to the South African public and the international community. With growing pressure placed on the South African government both internally and externally, this action contributed to apartheid becoming increasingly politically unsustainable, until these policies were abandoned in the early 1990s.

In June 2015, about 30 years later, a 5-month-old asylum seeker who would come to be known as Baby Asha was transferred (along with her family) from the Australian mainland to Nauru, in what doctors warned was a potentially catastrophic move.³ While in Nauru she suffered accidental burns and was transferred back to Australia and admitted to Lady Cilento Hospital in Brisbane. Asha and her family were transported between Australia and Nauru as they were subject to the Australian government's policy of offshore processing. This policy locked refugees and asylum seekers on Nauru and Manus Island (Papua New Guinea) indefinitely and explicitly as a deterrent to others who may seek safety in Australia. Throughout 2015, the issue of offshore detention had been growing increasingly contentious with widespread physical and sexual assault, violence, riots, self-harm and suicidal behaviour all reported in offshore centres.⁴ Asha came to public attention in February 2016, aged 12 months, when doctors refused to discharge her from hospital because they considered Nauru to be an unsafe environment. The hospital stated that, 'as is the case with every child who presents at the hospital, this patient will only be discharged once a suitable home environment is identified'.⁵ What would in other circumstances have been considered routine clinical care, quickly turned into an act of defiance, creating a groundswell of support that included protests and an around the clock vigil outside of the hospital. In

circumstances where Asha and her family would have otherwise been returned to Nauru, they were released to the Australian community detention about 10 days later.

Throughout 2019, Extinction Rebellion held a number of deliberately disruptive actions across the globe to protest government inaction on climate change. Doctors for Extinction Rebellion were part of this broader movement with a number of healthcare workers taking to the street to protest. At least 21 doctors were arrested in the UK.⁶ Dr Robin Stott, a retired doctor, not only called for healthcare professionals to do more in response to climate change, but provided a first-hand account of his arrest:

...I am blocking the road in Whitehall, London, with fellow Extinction Rebellion activists. I have just heard the Prime Minister, Boris Johnson, make demeaning and derogatory remarks about Extinction Rebellion activists, whose actions, together with those of schoolchildren, have done more to alert the world to its crisis than have any other group. I am angry and determined. I have an interaction with the police, who are courteous throughout, and I respond to them in kind. Although the police appear to be a little confused about how and why they were arresting me, nevertheless, arrested I was...⁷

Across the Atlantic, in December 2019, six protesters were arrested outside a US Border Patrol's San Diego headquarters calling for the influenza vaccination to be supplied to detained migrant children. Of those arrested, four were doctors who had arrived in white coats and stethoscopes, with vaccines ready to be administered. More than just flu-shots, protesters had also set up a make-shift clinic, bringing consent forms, a refrigerator and generator.⁸ All they asked was to be let in to deliver and administer these vaccines. This came after months of ongoing advocacy from a range of groups, and the death of three children in custody from influenza the previous year; 2-year-old Wilmer Josué Ramírez Vásquez, 8-year-old Felipe Alonzo Gómez and 16-year-old Carlos Hernández Vásquez.⁹

Beyond those above, there are thousands of other examples of similar action carried out by healthcare professionals. Strikes have been common since the Industrial Revolution and even a brief scan of the literature reveals that strikes carried out by the healthcare

²Dowdall, T. (1991). Repression, health care and ethics under apartheid. *Journal of Medical Ethics*, 17, 51–54.

³Essex, R., & Isaacs, D. (2018). The ethics of discharging asylum seekers to harm: A case from Australia. *Journal of Bioethical Inquiry*, 15(1), 39–44.

⁴Australian Parliamentary Select Committee. (2015). *Taking responsibility: Conditions and circumstances at Australia's Regional Processing Centre in Nauru*. Select Committee on the Recent Allegations Relating to Conditions and Circumstances at the Regional Processing Centre in Nauru.

⁵Doherty, B. (2016, February 12). Doctors refuse to discharge "Baby Asha" because of fears for safety on Nauru. *The Guardian Australia*. <https://www.theguardian.com/australia-news/2016/feb/12/doctors-refuse-to-discharge-baby-asha-because-of-fears-for-safety-on-nauru>

⁶Fulchand, S. (2019). Could protesting for climate action damage doctors' careers? *BMJ: British Medical Journal* (Online), 367, l6875.

⁷Stott, R. (2019). My arrest in support of Extinction Rebellion: The imperative for action. *Lancet*, 395(10220), 309–310.

⁸Palus, S. (2019). A doctor explains how CBP responded when they showed up with free flu shots. *Slate*. <https://slate.com/technology/2019/12/flu-shots-border-why-doctors-were-turned-away.html>. Accessed 2019, December 13.

⁹Arzuaga, B. (2020). Suffering children and handcuffed doctors: US immigration policy and a call for advocacy. *Pediatrics*, 146(2), e20200495.

community are remarkably common. From Israel¹⁰ to South Korea¹¹ to Zimbabwe¹² healthcare workers have frequently turned to strike action. While many have been successful in having their demands at least partially met,¹³ others have not been as fortunate and many have faced punitive action. In Pakistan for example, in response to a strike by junior doctors, the police raided several hospitals in an attempt to break this up, 'arresting, attacking, and humiliating'¹⁴ hundreds in the process. In Syria, over 90 health professionals were detained for over a decade after participating in a general strike to protest human-rights violations.¹⁵ Beyond strike action, some have rallied to prevent nuclear war while others have protested inequality, participating in the Occupy Wall Street movement.¹⁶ More recently doctors have played a central role in organizing pro-democracy protests in Sudan.¹⁷ In December 2019, Dr Li Wenliang, an ophthalmologist, practicing in Wuhan, China noticed a series of patients with upper respiratory infections. After sharing his concerns, he was detained by police who accused him of 'spreading false rumours'. He was one of eight people who were targeted. Almost 2 months later he had died of COVID-19, a virus that by then had spread around the world, killing hundreds of thousands. It was only after his death and the public outrage that followed that the Chinese government exonerated him.

While each of the above examples is vastly different in a number of ways, they also share a number of important common features; each provides an example of action that was somewhat subversive or controversial, each expressed opposition or undermined some kind of contentious, harmful or unjust policy (or lack thereof in efforts to halt global warming). Each action involved healthcare professionals and to varying degrees, carried a certain degree of risk for those engaging in the action. Furthermore, for this type of action, you will not find direction or guidance in any code or position statement from major professional healthcare bodies. While such action is common and while we can begin to identify superficial similarities and differences, this action could be understood conceptually as a form of resistance. Below I will conceptualize resistance as it relates to action when carried out by healthcare professionals. I will first consider how resistance has been conceptualized outside the bioethics

literature. I will then apply these conceptualizations to explain action that has been undertaken by healthcare professionals, identifying the key features of this action and then briefly discuss future directions for inquiry that appear particularly pressing. While a discussion about the normative aspects of resistance is warranted, it is not the aim of this article. As will be seen below, resistance refers to a range of action, from clandestine 'everyday' action to civil disobedience, the justifications for which vary substantially. Practically, it is not possible to do these pressing discussions any justice here. The broad focus is also intentional, the goal of this article is to better conceptualize resistance in its broadest sense, providing a foundation for future work on resistance in all its forms. It should go without saying that beyond this paper there is fertile ground for discussion about different forms of resistance; how they could be conceptualized and their justifiability in health and healthcare.

2 | WHAT IS RESISTANCE?

Resistance has been described as having a 'palpable lack of definitional consensus'.¹⁸ A number of related concepts and definitions exist, 'everyday resistance', 'critical resistance', 'off-kilter resistance', 'civil resistance', 'non-violent resistance'¹⁹ and 'dispersed resistance'²⁰ have all been used to describe forms of resistance. These terms sit next to a range of related concepts such as 'activism', 'contentious politics', 'protest' and 'civil disobedience'. In this article I use resistance, as an umbrella term, that is, resistance is used as a general term that could be used to describe each of the above concepts and a range of other action, violent action, non-violent action, public, private, organized and improvised acts of resistance and even day to day actions (the nature and extent to which I will clarify below). Before clarifying what I mean and getting more specific, let's first consider how resistance has been defined by others.

Resistance, traditionally been associated with deliberate public action, protest, marches, sit-ins, whistleblowing and civil disobedience. Civil resistance, for example, has been described as 'the application of unarmed civilian power using nonviolent methods such as protests, strikes, boycotts, and demonstrations, without using or threatening physical harm against the opponent'.²¹ Most definitions however suggest that resistance involves a far broader range of action. Scott for example, suggests that 'class resistance' could include

¹⁰Siegel-Itzkovich, J. (2000). Doctors' strike in Israel may be good for health. *BMJ: British Medical Journal* (International Edition), 320(7249), 1561.

¹¹Watts, J., & Watts, J. (2000). Strikes continue in South Korea as doctors fight drug reform. *Lancet*, 356(9241), 1583.

¹²Sidley, P. (1996). Health workers strike in Zimbabwe. *BMJ: British Medical Journal* (International Edition), 313(7066), 1163–1168.

¹³Butt, H., & Duffin, J. (2018). Educating Future Physicians for Ontario and the physicians' strike of 1986: The roots of Canadian competency-based medical education. *CMAJ: Canadian Medical Association Journal*, 190(7), E196–E198.

¹⁴Riaz, M., & Bhaumik, S. (2012). Police target doctors over strike action in Pakistan. *Lancet*, 380(9837), 97.

¹⁵Kirschner, R. H., Hannibal, K., & Elahi, M. (1991). Health professionals held as political prisoners in Syria. *New England Journal of Medicine*, 324(8), 567.

¹⁶Anderson, M., & Cooper, M. (2013). A brief overview of protest medicine. *Social Medicine*, 7(3), 127–130.

¹⁷Goldstein, J. (2019, April 20). The revolutionary force behind Sudan's protest movement? Doctors. *The New York Times*. <https://www.nytimes.com/2019/04/20/world/africa/sudan-doctors-protest.html>

¹⁸Hayward, K., & Schuilenburg, M. (2014). To resist= to create? Some thoughts on the concept of resistance in cultural criminology. *Tijdschrift over cultuur & criminaliteit*, 4(1), 22–36.

¹⁹Baaz, M., Lilja, M., Schulz, M., & Vinthagen, S. (2016). Defining and analyzing "resistance": Possible entrances to the study of subversive practices. *Alternatives*, 41(3), 137–153.

²⁰Lilja, M., & Vinthagen, S. (2018). Dispersed resistance: Unpacking the spectrum and properties of glaring and everyday resistance. *Journal of Political Power*, 11(2), 211–229.

²¹Chenoweth, E., & Cunningham, K. G. (2013). Understanding nonviolent resistance: An introduction. *Journal of Peace Research*, 50(3), 271–276.

any act(s) by member(s) of a subordinate class that is or are intended either to mitigate or deny claims (for example, rents, taxes, prestige) made on that class by superordinate classes (for example, landlords, large farms, the state) or to advance its own claims (for example, work, land, charity, respect) vis-à-vis those super-ordinate classes.²²

Similarly, others have defined resistance as 'any action imbued with intent that attempts to challenge, change or retain particular circumstances relating to societal relations, processes and/or institutions... [which] imply some form of contestation... [and] cannot be separated from practices of domination'²³ and as 'a broad range of dissident activities, of varying scope and impact, which express opposition, and perhaps refusal to conform, to a dominant system of values, norms, rules, and practices'.²⁴ Other definitions offer a degree of contrast here, for example, Moore, referring to resistance against Nazism, suggests that resistance could be 'any activity designed to thwart German plans, or perceived by the occupiers as working against their interests'.²⁵

The above definitions, while they converge on a number of points, diverge on many more. Recognizing this lack of definitional clarity, Hollander and Einwohner²⁶ developed a typology of resistance in an attempt to move beyond definitional debates. They identify eight types of resistance ('overt resistance'; 'covert resistance'; 'unwitting resistance'; 'target-defined resistance'; 'externally defined resistance'; 'missed resistance'; 'attempted resistance'; and 'not resistance'). Each form of resistance was categorized in relation to whether it was intentional on the part of the resistor and whether it was recognized as resistance by external parties (the target in question or other observers). Hollander and Einwohner²⁷ argue that almost every conceptualization of resistance has at least two core elements, action and opposition, two further features relate to an action's recognition or visibility and the intent of the actors. They argue that the majority of conflicts in relation to resistance rests on these final two points, namely, who needs to recognize an act as resistance for it to be considered as such. I will discuss each of these features below, with particular attention given to these more contentious points.

Resistance, first and foremost involves some active behaviour and is not a 'quality of an actor or a state of being'.²⁸ As can be seen above, this can be defined somewhat narrowly, as public, overt acts,

such as marches and civil disobedience; however, following Scott's influential account of 'everyday resistance', many now see resistance as involving a far broader range of activities, for example, working slowly, feigning sickness, wearing particular types of clothing, or stealing from one's employer.²⁹ While there has been a great deal of focus on physical forms of resistance throughout the literature, resistance may also occur symbolically or through dialogue (or lack thereof). Speaking out about oppression, or even remaining silent in protest could also be seen as resistance. Beyond this, action may vary substantially, it could be individual, collective, widespread or contained. Action may be improvised or planned, legal or illegal.

Resistance also requires some kind of opposition. This could involve virtually anyone or anything; individuals, collectives, institutions, laws, structures, practices or norms. While agents may directly target the issues they oppose, this needn't always be the case. For example, in response to the government attempting to introduce a law that would restrict access to healthcare, actors may decide to directly target the government, staging sit-ins in government offices, they could alternatively opt to block traffic to draw attention to this law. While a significant majority of writing on resistance has conceptualized it as utilized by those who are oppressed, resistance could be (depending on the definition utilized) leveraged by those who structurally have more power. As can be seen from the definition above, most have identified a fairly broad range of targets, 'opponents', 'superordinate classes' and 'dominant powers' for example. Other definitions have more specific opposition in mind, for example Nazism.

In regards to recognition or visibility, must resistance be recognized as such by others? From the above definitions, only Moore explicitly notes the visibility of resistance, that is, in the eyes of those being resisted, resistance must be 'perceived by the occupiers as working against their interests'.³⁰ It is however completely plausible that resistance could occur unrecognized by those in power. A range of actions could be taken to undermine or sabotage power, without recognition. For example, a doctor could decide to provide care to undocumented migrants out of sight of authorities, undermining a restrictive migration regime. There are further good reasons to believe that resistance need not be recognized. Scott argues that more often than not, the form of resistance depends on the form of power. That is, power can constrain resistance, many of the most oppressed do not have the luxury of organizing public action or engaging in civil disobedience for example. He goes on to note, if we are only concerned with such resistance all we may be measuring is 'the level of repression that structures the available options'.³¹

The final and most disputed element of resistance relates to intent. Must an agent be aware that they are engaging in resistance? One commonality in all of the definitions presented above is that they require intent. Even Scott's influential account does not recognize

²²Scott, J. C. (1985). *Weapons of the weak: Everyday forms of peasant resistance*. Yale University Press.

²³Routledge, P. (1997). A spatiality of resistances: Theory and practice in Nepal's revolution of 1990. In S. Pile and M. Keith (Eds.), *Geographies of Resistance*. Routledge, pp. 68–86.

²⁴Delmas, C. (2018). *A duty to resist: When disobedience should be uncivil*. Oxford University Press.

²⁵Moore, B. (2000). *Resistance in Western Europe*. Berg Publishers.

²⁶Hollander, J. A., & Einwohner, R. L. (2004). Conceptualizing resistance. *Sociological Forum*, 19(4), 533–554.

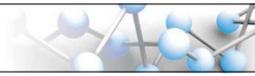
²⁷Ibid.

²⁸Ibid.

²⁹Scott, op. cit. note 22.

³⁰Moore, op. cit. note 25.

³¹Scott, J. C. (1989). Everyday forms of resistance. *The Copenhagen Journal of Asian Studies*, 4, 33–62.



'unintended' or 'other-intended' resistance, that is, 'resistance that has the possibility to undermine power relations through its consequences'.³² This point, however is questionable. Take the above example again. A doctor decides to provide care to an undocumented migrant out of sight of authorities, they do so, not for political reasons, but because they see a person in need and they feel that providing care is their professional duty regardless of a patient's nationality. Unknowingly, by doing this they are undermining a restrictive migration regime.

There are of course reasonable concerns about intentionality when it comes to resistance. We could be looking for resistance where there is none. The concept of resistance itself also risks becoming vacuous. Without recognition (of the resistor or resisted) resistance could entail a range of activities. Like our doctor above, we could be resisting day to day without realizing it; on face value, it appears almost anything could be resistance. On the other hand however, if we are to insist that intent is required, this too comes with trade-offs, we potentially miss a range of activities that undermine or oppose power. On this point, I take a similar position to Baaz et al.,³³ a position that is not agnostic to intent, but that also doesn't see it as being critical in examining acts of resistance. That is, while knowing the intent of actors would be helpful in explaining resistance, intent should not be necessary for an act to be considered resistance. I also believe, that even with this broader approach, we can begin to define the contours of resistance.

There are several further reasons we should be sceptical about the need for intent. Intent is difficult to predict or determine, even when we look to our own motives. As noted by Baaz et al.,³⁴ intent is 'plural, complex, contradictory, or evolving as well as occasionally something that the actor is not sure about, views differently in retrospect, or even is not able to explain'. Ferrell also reflects on the difficulty in determining our own intentions, making the point that occasionally

you're just too damned tired to take one more order, too damn bored to fill out one more form, too damn broke to pay one more bill—and so, you disobey, you bail out, you fight back even when you didn't mean to and can't quite explain it.³⁵

Ferrell expands on this point and argues that intent is too much to ask of most of us, but particularly those who are most oppressed, noting that,

[i]f the requirement is that people must clearly verbalize their intent in order to be counted as resisters, this would seem to privilege those educated in the ways of discourse and debate and to

disadvantage those for whom actions may indeed speak louder than words.³⁶

He concludes that setting a 'standard' of intent risks being 'elitist, intellectualist, and rationalist—a standard that perhaps tells us more about the scholars who require it of resistance than it does about those who engage in resistance directly'.³⁷ Beyond determining individual intent, doubt hangs over whether intent can fully precede any act of resistance. That is, in opposing power, knowledge about how we fight for a better world comes from confronting injustice itself, not just from a priori consideration.³⁸ On this point, Ferrell suggests that action and intent offer a false dichotomy and instead we could see acts of resistance, as a process of 'emergent intentionality'. With all of this in mind, and working from the perspective that resistance needn't be recognized as such by those being resisted or even intended by those resisting, how could we then define resistance? Baaz et al.³⁹ defines resistance as

(i) an act, (ii) performed by someone upholding a subaltern position or someone acting on behalf of and/or in solidarity with someone in a subaltern position, and (iii) (most often) responding to power (or, as we will see below, other resistance practices, which in turn emerge as a response to power).

Practically what does this mean for resistance when carried out by healthcare professionals? Like almost all above definitions, resistance is most fundamentally a response to power. It involves a range of actions, from public, organized and collective actions, to private, individual actions. Resistance can occur in everyday action and needn't be recognized by those being resisted or the resistor; often its consequences alone can undermine power. Resistance is also 'a phenomenon with many faces'⁴⁰ that is malleable and dynamic, shifting across time and place. For our purposes, resistance could therefore be considered any act, performed by any individual (or collective) acting as or explicitly identifying as a healthcare professional, that is a response to power, most often in opposition to contentious, harmful or unjust rules, practices, policies or structures.

Built on the work of Baaz et al.⁴¹ this definition is deliberately broad, accounting for a range of actions, public and private, collective and individual, visible and invisible, intentional and unintentional. While broad, this definition is not without limits. It should be seen as an overarching term for other forms of resistance, non-violent resistance, everyday resistance and civil resistance for example, all of which deserve further exploration as they relate to health and healthcare. Beyond this definition and exploring other forms of

³²Baaz et al., op. cit. note 19.

³³Ibid.

³⁴Ibid.

³⁵Ferrell, J. (2019). In defense of resistance. *Critical Criminology*, 1–17.

³⁶Ibid.

³⁷Ibid.

³⁸Ibid.

³⁹Baaz et al., op. cit. note 19.

⁴⁰Ibid.

⁴¹Ibid.

resistance, we can begin to think of resistance in relation to its forms, organized, spontaneous, individual, collective, disruptive, contained. There is substantial scope for further research and discussion, which is unfortunately beyond the scope of this paper. Below I will consider how the above conceptualization of resistance could apply to the scenarios discussed in the above introduction.

3 | RESISTANCE IN HEALTHCARE

The above conceptualization of resistance first and foremost centres on action, that is, the act of resistance itself. Resistance could be 'any act'. Action could be organized and public or it could be any action performed as an 'everyday' activity. Each of the examples outlined above differs not only in the action that was taken, but the context in which it occurred. Any number of labels could be applied including 'vandalism', 'whistleblowing', 'civil disobedience' or simply 'resistance when delivering routine care'. Perhaps it is this last type of resistance that could be seen as the most controversial. While the example of Dr Wendy Orr above provides an example of a very public action, at the same time in South Africa a number of healthcare professionals 'operated below the horizon of public visibility', covertly treating those injured in political struggles, allowing protesters to avoid admission to hospital and be identified by security services.⁴² As can be imagined, acts of 'everyday resistance' within healthcare are far less publicized and there are certainly no case studies like that of the action reported above. Everyday resistance however does occur. For example, Shaw et al.⁴³ examined resistance amongst medical students in the UK and Australia, particularly in relation to professionalism lapses of more senior medical staff. This study suggests that everyday resistance occurred frequently and took a multitude of forms, including verbal, bodily and psychological forms of resistance. Furthermore this research highlighted the often subtle and nuanced ways in which resistance was acted out, in this case in acts that challenged or undermined professionalism lapses of more senior clinicians. Simple acts such as closing curtains for privacy when others had left them open or verbally challenging unprofessional behaviour were common. Many acts of resistance also went unnoticed by more senior staff.

The above conceptualization of resistance also specifies who is resisting. In this case, 'any individual (or collective) acting as or explicitly identifying as a healthcare professional'. This is important as it sets this definition somewhat apart from others. It also naturally raises the question, of why only specify those acting or identifying as healthcare professionals? And why do we need this definition at all? This is an important and understandable point; if resistance carried out by healthcare professionals is the same as other forms of

resistance, then we could turn to existing conceptualizations. While this is a point that deserves greater attention, even from the few examples above, we can begin to see some distinct features. First, the performative aspect of protest. In visible forms of resistance healthcare professionals often openly identify as such. Signs, scrubs, white coats and stethoscopes are all examples. Throughout the 2019 Doctors for Extinction Rebellion actions in the UK a number chose to wear their scrubs 'thinking that the media would find it harder to dismiss medical professional protestors as cranks'.⁴⁴ Second, acts are often framed on health grounds. For example, one of the US doctors who had attempted to vaccinate migrant children held in detention argued that 'pediatricians are uniquely positioned to call for the exchange of harmful policies for ones that protect and nurture all children, regardless of nationality or immigration status'.⁴⁵ And finally, healthcare as usual can be an act of resistance. That is, delivering healthcare and protecting health and well-being can be acts of resistance in themselves (I will touch on this again below when discussing intent).

Resistance in the above definition, like many others, is primarily a response to power. Thus, the potential targets for this opposition could be 'contentious, harmful or unjust rules, practices, policies or structures'. Action could target individuals, groups, the government, private companies, to mention only a few. Resistance could also oppose any range of issues from major issues such as income inequality to climate change to more localized concerns, such as unhealthy workplace policies. While resistance generally comes from below, resistance can also come from those who structurally have more power. For example, in Saskatchewan, Canada, in 1962, doctors rallied against changes that would have introduced universal health coverage, even engaging in strike action for 3 weeks. In India, doctors undertook strike action in response to an affirmative action plan to open more places in medical schools for 'low-caste' students.⁴⁶ Such action could also arguably be labelled resistance under the above definition. Unlike other definitions, it does not specify that the resistor occupies a 'subaltern position' for example. This is not to say that such action is justified however, a further issue I will briefly touch upon below.

Finally and perhaps more controversially, the above definition doesn't necessarily require intent. Take the example of Baby Asha above, initially the doctors who refused to discharge this infant into an unsafe environment may have simply intended to provide the same standard of care that they would to any other child. This of course may have changed after the media were contacted; however, their initial actions could be interpreted as resistance nonetheless. While we can only speculate on this, Ferrell's concept of 'emergent intentionality' appears to be far more fitting in this circumstance. Beyond the above cases, it is perhaps unsurprising that few examples of unintentional resistance exist in the literature. If one has no awareness about how they are resisting, it would be unlikely that

⁴²Digby, A. (2013). Black doctors and discrimination under South Africa's apartheid regime. *Medical History*, 57(2), 269–290.

⁴³Shaw, M. K., Rees, C. E., Andersen, N. B., Black, L. F., & Monrouxe, L. V. (2018). Professionalism lapses and hierarchies: A qualitative analysis of medical students' narrated acts of resistance. *Social Science & Medicine*, 219, 45–53.

⁴⁴Fulchand, op. cit. note 6.

⁴⁵Arzuaga, op. cit. note 9.

⁴⁶Chatterjee, P. (2006). India's doctors protest over caste quota plans. *Lancet*, 367(9526), 1892.

they could write about it. In saying this however, it is not difficult to imagine how small, everyday acts could resist power. As was noted above, a doctor providing care to undocumented migrants, simply because it's the right thing to do may unknowingly resist a restrictive and harmful migration system. A hospital could change a supplier for any range of reasons without knowing that by doing so they were using more a more ethical supply chain, undermining global inequality. As has been seen during the COVID-19 pandemic public health expertise that should otherwise be largely uncontroversial has become increasingly politicized and criticized. In short, many have and will continue to find themselves resisting by simply doing their job.

4 | CONCLUSIONS

By this point it should go without saying that there is fertile ground for exploring resistance as carried out by healthcare professionals. There are perhaps multiple avenues we could go down here; however, four questions in particular seem to be fairly pressing, beyond the discussion above. The first relates to the above conceptualization, and other conceptualizations of resistance; there is a need for greater discussion on what resistance (in all its forms) is. Second, and building on this point, what makes resistance when undertaken by healthcare professionals unique? It could be argued that such action is not unique in any way, this would mean the above definition is somewhat redundant. I highly doubt this is the case however, beyond being extremely common, there are distinct features related to the performative elements of protest, how action is framed and how resistance intersects with the 'everyday' delivery of care. There are likely many more features that I have overlooked. Third, what is the purpose of resistance? This question not only relates to intent, but beyond this, what impact does resistance have? For Hayward and Schuilenburg⁴⁷ 'resistance compels us to decide a new way of being-in-the-world... [and reminds] us that things do not have to stay the way they are'. Beyond its more fundamental purpose of forcing us to see alternatives and better ways of doing things, resistance can be said to have contributed to a range of positive social change. In addition to the examples above, acting to protect human rights and contributing to the end of apartheid, looking only at health, resistance has contributed to or bolstered important health related gains in occupational health, women's health, AIDS treatment, the rights of mental health patients and challenging approaches to disability, among other important gains.⁴⁸ Then there are examples such as the civil rights, animal rights and feminist movements that employed resistance, all of whom have also made (and continue to make) important social (and health) related gains. Everyday acts also serve a range of purposes. Shaw et al. for example suggest that resistance from medical students served to 'promote the subtle transformation

of the dominant medical structure'.⁴⁹ Finally, is resistance justified? On the one hand, it could be argued that healthcare professionals are upholding professional values by challenging or opposing issues such as egregious human rights abuses, while on the other, it could be argued that engaging such action risks damaging public trust and is not part of the role of healthcare professionals. Whether resistance is justified will depend on a range of considerations: the action itself, the issues to which it is opposed, the circumstances in which the action occurs and the potential risks that come with that action (among other considerations). While there have been discussions about the justifiability of strike action and others forms of resistance in healthcare,⁵⁰ there is substantial scope for further inquiry into the justifiability of all forms of resistance.

Resistance is remarkably common and has been an influential means of achieving change. Despite this however, and its many examples, a clear conceptualization of such action has been missing as it relates to healthcare professionals. Above, I have conceptualized resistance as any act, performed by any individual (or collective) acting as or explicitly identifying as a healthcare professional, that is a response to power, most often in opposition to contentious, harmful or unjust rules, practices, policies or structures. Such action has been remarkably common and will continue to play an important role in securing health related gains and in challenging injustice. Resistance raises a range of unexplored questions that deserve further conceptual and normative attention.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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⁴⁷Hayward & Schuilenburg, op. cit. note 18.

⁴⁸Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., & Gasior Altman, R. (2004). Embodied health movements: New approaches to social movements in health. *Sociology of Health & Illness*, 26(1), 50–80.

⁴⁹Shaw et al., op. cit. note 43.

⁵⁰Essex, R. (2020). *The healthcare community and Australian immigration detention: The case for non-violent resistance*. Palgrave.