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Should Medical Students Be Political? Doctors' Perspectives on Patient Advocacy and Social Justice

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Abstract

Political participation among medical students remains a contested topic within medical professionalism, social responsibility, and professional neutrality. The study aimed to examine physicians' perceptions, opportunities, and challenges of medical students' political participation from the perspective of doctors in Jalalabad city. A qualitative study was conducted in Jalalabad, Afghanistan, using semi-structured interviews with 29 physicians selected through purposive sampling. Participants were selected through purposive sampling, and the collected data were analyzed using the thematic analysis method of Brown and Clark (2006). Thematic analysis identified four major themes: professional neutrality and patient trust, social responsibility and patient advocacy, opportunities and barriers to political participation, and advocacy at policy and governmental levels. The findings showed that the doctors' perspectives ranged from absolute opposition to absolute support. Participants identified maintaining patient trust as a fundamental requirement of the medical profession, but at the same time, they emphasized the importance of active participation of doctors and medical students in health justice, defending patients' rights, and addressing the social determinants of health. In addition, institutional pressures, social sensitivities, and professional concerns were identified as important constraints to political participation. The findings recommend that political participation should be included as a component of patient advocacy, social responsibility, and health justice, while remaining consistent with professional ethics and the preservation of patient trust.

Keywords:

Health Justice, Patient Advocacy, Political Participation, Professional Impartiality, Social Responsibility

INTRODUCTION

Afghanistan presents a unique social and political environment in which discussions of political participation may carry different implications for healthcare professionals than in Western settings. The relationship between medicine and politics has long been a subject of argument (Pilszczek, 1996). In particular, the issue of whether those who have dedicated themselves to the study of medicine, and those who are training to enter one of the most respected professions in society, should be allowed to express their political views, be activists, and openly express their views on world affairs has always been a subject of controversy and debate in the field of medical education and the health professions. The traditional philosophy of medicine encourages doctors and medical students to treat patients, be impartial, and adhere to professional ethic (Sekandary et al., 2025), but on the other hand, contemporary research shows that health is not only the result of biological and clinical factors, but also social, economic, and political conditions that directly affect people's health (Akhtar & Fazli, 2026). This is why, in recent years, the issue of political participation, social activism, and patient advocacy by medical students and doctors has gained considerable importance at the international level.

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Medical students form the base of the future well-being staff and are the ones who will play a substantial role in the treatment of patients, health policy, and resolving social health problems in the near future (Stanikzai et al., 2025). Thus, the question of whether medical students would express their political opinions, partake in political and social activities, and raise their voices on issues that affect public health is of considerable significance. There are two diverse views on this issue. One perspective argues that medical students should stay away from political activities because political positions may adversely affect patient trust, professional impartiality, and the process of medical education (Cruess & Cruess, 2020). The other perspective believes that health is not just a medical issue, but is influenced by economic, social, and political factors; hence, medical students should take a dynamic role in social and political discussions to defend health equity, social justice, and patients' rights (Boelen et al., 1995). There is limited academic material and study on the political participation of medical students in Afghanistan, and the issue has not yet been effectively assessed, particularly from the perspective of doctors. The study, thus, seeks to shed light on the role that medical students should play in political issues, and what the potential benefits, challenges, and implications of the role are, based on the perspectives of doctors in Jalalabad City. The study addresses the question of whether medical students should engage in political and social activities and how such engagement is perceived by practicing physicians. The primary objective of the study is to assess, from the perspectives of physicians, whether medical students and future physicians would express their political views, participate in social and political activities, and raise their voices on issues that affect public health. The study also attempts to clarify medical students' perceptions of the importance, challenges, benefits, and professional implications of political participation.

THEORETICAL FRAMEWORK

The argument about the political participation of medical students is part of the broader discussion of the relationship among society, medicine, and politics. To provide a theoretical framework for this issue, the current study draws on two competing theoretical perspectives: the Professional Neutrality Perspective and the Social Responsibility and Advocacy Perspective. Both perspectives offer diverse points of view on whether medical students and future physicians should take an active role in political and social issues.

The Professional Neutrality Perspective

The theory of Professional Neutrality discusses that the credibility of medical work is associated with patients' trust, professional autonomy, and moral impartiality (Cruess & Cruess, 2020). According to the theory, physicians and medical students should treat patients' religious, political, and social beliefs without discrimination and refrain from activities that cast doubt on their impartiality (Cruess & Cruess, 2008; Stanikzai et al., 2025). Proponents of this view believe that overt political positions may demoralize the dependence between patients and doctors and affect the social integrity of the medical profession (Akhtar & Fazli, 2026; Macdonald & Birdi, 2020). This view is based on traditional medical professional values, which include patient health, professional reliability, and impartiality (Voitenko, 2023). According to the theory, the primary objective of medical education is to develop scientific competence, clinical skills, and

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ethical responsibilities, not political action(Gruen et al., 2004; Hafferty & Castellani, 2010). Thus, proponents of this view discuss that the primary focus of medical students should be on educational and professional development(Metzl & Hansen, 2014). However, this view has also been criticized for the fact that complete impartiality is not practical in the contemporary world, because health problems are themselves deeply intertwined with political and social conditions(Dobson et al., 2012). Hence, clinical interventions alone are not appropriate to address health inequalities.

Social Responsibility and Advocacy Perspective

The social responsibility and advocacy perspective stems from the theory of social determinants of health(Akhtar & Fazli, 2026; Marmot, 2005). This theory discusses that the health of individuals is not only the result of medical services, but also that social, economic, and political conditions play a substantial role in the development and maintenance of health(Ahmad et al., 2022; Marmot et al., 2008). According to this perspective, poverty, unemployment, low education, social discrimination, inequitable policies, and limited access to health services are factors that contribute to the development and perpetuation of diseases(Huddle, 2011; Marmot, 2005). Therefore, doctors and medical students are not only responsible for treating diseases, but also for the social and political factors that affect people's health(Akhtar & Fazli, 2026). The concept of patient advocacy is also an important part of this perspective(Huddle, 2011). Earnest et al. (2010) argue that doctors are natural advocates for their patients and should speak out against policies and social conditions that negatively affect patients' health. According to this view, patient advocacy is not limited to the hospital setting, but also includes efforts for health justice and equity at the community level(Dharamsi et al., 2010; Dobson et al., 2012). In recent decades, many medical schools and international health institutions have considered the concept of social responsibility as an important part of medical education(Earnest et al., 2010; Stanikzai et al., 2025). They consider that medical students should be attentive to social justice, health inequalities, and public health policies and take a dynamic role in improving the health of society(Boelen et al., 1995; Sherzad et al., 2025). The professional impartiality perspective underlines the credibility, impartiality, and ethical responsibility of the medical profession, while the social responsibility and advocacy perspective emphasizes health justice, the defense of patients' rights, and the social determinants of health(Metzl & Hansen, 2014). In Afghanistan, where healthcare systems operate within complex cultural, social, and political environments, the balance between professional neutrality and social advocacy may present unique challenges for medical students and doctors.

Table 1: *Comparison of Professional Neutrality and Social Responsibility*

Professional Neutrality	Social Responsibility
Patient trust	Health justice
Impartiality	Advocacy
Professional distance	Social engagement
Clinical focus	Structural focus

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LITERATURE REVIEW

Political Participation of Medical Students

Political participation of medical students refers to activities through which students express their views on public policy, social justice, health inequalities, and other social issues and participate in related discussions and activities (Marmot, 2005; Nazimi & Inaba, 2020). Many health science researchers have argued that health is not just a clinical issue, but is directly related to economic, social, and political factors (Marmot et al., 2008; Stanikzai et al., 2023). Therefore, political awareness and social participation of medical students are considered an important part of contemporary medical education (Akhtar & Fazli, 2026; Dharamsi et al., 2010). Earnest et al. (2010) believe that the responsibility of patient advocacy begins from the stage of medical education, and students should be aware of the policies that affect the health of the population.

Professional Neutrality and Political Activism

Two different perspectives have been proposed in the international literature on the political activism of medical students and doctors. The first perspective, based on the principle of professional neutrality, argues that medical students and physicians should refrain from overt political activity (Akhtar & Fazli, 2026; Cruess & Cruess, 2008). Proponents of this perspective believe that the trusting relationship between the doctor and the patient is the foundation of the success of the medical profession, and any action that raises doubts about professional neutrality is likely to affect the trust of patients (Cruess & Cruess, 2020; Marmot, 2005). Huddle (2011) argues that medical education should primarily focus on developing scientific and clinical competencies, and that the development of political activities should not be the main goal of professional training. However, this perspective has also been criticized. Critics argue that many health problems are themselves the product of political and social factors, so the claim of complete neutrality is difficult to implement in practice (Hafferty & Castellani, 2010). Gruen et al. (2004) believe that the social responsibility of physicians is not limited to clinical services, but also to policies and conditions that affect the health of the population.

Social Determinants of Health and Political Participation

The social determinants of health theory is one of the main theoretical foundations for analyzing this topic. According to this theory, individuals' health is influenced by health services, poverty, education, employment, housing, social justice, and political conditions (Marmot, 2005; Nazimi & Inaba, 2020). The World Health Organization argues that health inequalities are the result of social and economic inequalities and that solving these problems is impossible without public policy and political intervention (Marmot et al., 2008; Mirzada, 2023). Based on this perspective, many researchers believe that medical students should be aware of the factors of health inequalities and take an active role in supporting social justice (Velasquez et al., 2022). Metzl and Hansen (2014) argue that traditional medical education curricula should focus more on the impact of health justice, social structures, and policy, because future doctors face problems that cannot be solved by clinical skills alone.

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Patient Advocacy and the Responsibility of Medical Students

Patient advocacy is considered an important part of contemporary medicine (Dharamsi et al., 2010; Dobson et al., 2012). Earnest et al. (2010) argue that doctors are natural representatives of their patients and should speak out against obstacles that harm patients' health. This advocacy is not limited to the hospital or clinic environment, but also includes efforts to protect health justice, access to health services, and patients' rights at the community level (Daya et al., 2021; Woollard, 2006). Dobson et al. (2012) found in their research that medical students who participate in social responsibility and advocacy activities are more sensitive to patients' needs and social problems than others. Similar findings were also reported by Dharamsi et al. (2010), which show that social activities play an important role in the formation of medical students' professional identity.

Medical Education and Social Responsibility

The philosophy of medical education has changed significantly in recent decades (Stanikzai et al., 2023, 2025). The concept of social responsibility, introduced by Boelen and Heck (1995), argues that medical schools should train professionals who are able to meet the needs of society. According to this perspective, medical education should not only emphasize scientific and technical skills, but also familiarize students with real-world difficulties, health inequalities, and public policies (Akhtar & Fazli, 2026; Hilal et al., 2025; Huddle, 2011). By the way, Woollard (2006) discusses that the success of medical education is measured not only by the academic capabilities of graduates but also by how meritoriously they play a role in resolving the health complications of society.

Political Participation and Medical Education in Afghanistan

The bond between political participation and medical education in Afghanistan is intensely rooted in the country's unique cultural, political, social, and institutional context. Afghanistan's health system faces various challenges due to decades of conflict, political instability, proxy war, limited resources, and relative reliance on foreign aid, which have also affected the process of medical education and professional activities. In such an environment, health professionals are expected to maintain a distance from politically sensitive issues and observe professional impartiality so as to protect public trust and professional security. Conversely, many of the health problems in Afghanistan, such as unequal access to health services, poverty, gender inequality, lack of health resources, and the deprivation of people in remote areas, are not only clinical problems, but also related to social, economic, and policy-related factors. Therefore, medical students face health challenges during their education and practical training that require an understanding and analysis of the Social Determinants of Health. However, social sensitivities, institutional constraints, concerns about professional futures, and the lack of a strong culture of civic and social engagement in medical education prevent many medical students from openly participating in political and advocacy activities. As a result, medical students in Afghanistan operate in an environment where finding the right balance between professional neutrality, social responsibility, and political participation is a significant challenge. Although there is increasing international emphasis on the importance of

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social responsibility and patient advocacy in medical education, there is still a lack of scientific evidence on the perspectives of doctors and medical students in Afghanistan, which suggests the need for further research(Akhtar & Fazli, 2026; Hilal et al., 2025; Pilsczek, 1996; Sekandary et al., 2025; Sherzad et al., 2025; Stanikzai et al., 2023, 2025).

Although there has been much research on the political participation and social responsibility of medical students, several limitations of the existing literature are noteworthy. First, most studies have been conducted in Western countries such as the United States, Canada, and the United Kingdom, whose social, political, and educational contexts differ from those in Afghanistan(Earnest et al., 2010; Metzl & Hansen, 2014; Stanikzai et al., 2023). Second, most studies have examined the views of medical students themselves, while the experiences of physicians who have passed this stage and now have professional experience have been little studied(Akhtar & Fazli, 2026; Sekandary et al., 2025; Stanikzai et al., 2025). Third, there is still no consensus on the balance between professional neutrality and social responsibility, and the existing findings occasionally provide inconsistent results(Cruess & Cruess, 2020; Hilal et al., 2025; Mirzada, 2023). Mutually, the literature demonstrates a continuing tension between professional neutrality and social responsibility in medical education. While some scholars emphasize the importance of preserving patient trust through political neutrality, others argue that advocacy and engagement with social determinants of health are essential professional obligations. Nevertheless, most studies have been conducted in Western situations and have focused on students rather than practicing physicians. Thus, limited evidence exists regarding how physicians in Afghanistan perceive medical students' political participation, creating a significant gap that the present study seeks to address.

METHODOLOGY

Research Design: This study is a generic qualitative research design. Qualitative research is considered appropriate when the goal is to gain a deeper understanding of the participants' experiences, perspectives, perceptions, and meanings about a social or human phenomenon(Creswell & Poth, 2016). The purpose of this study is to understand the perspectives, experiences, and perceptions of doctors regarding the political participation of medical students; therefore, a qualitative research design was considered the most appropriate choice for an in-depth analysis of the topic.

Philosophical Basis of the Study: The current study is based on the interpretivist paradigm. According to this paradigm, social reality does not have a fixed and single truth, but rather finds meaning through the experiences and perceptions of individuals(Crotty, 1998). Therefore, the opinions and experiences of doctors form the main source of information for this study.

Research Area: This study is conducted in health centers, private clinics, and hospitals in Jalalabad city, Nangarhar province, Afghanistan. Jalalabad is an important health and scientific center in the eastern region, and many doctors work in it in various health fields. Due to this characteristic, the city was considered a suitable environment for the study.

Sampling Strategy: This study uses a purposive sampling technique. Purposive sampling is used when the researcher wants to collect information from individuals who have direct



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experience and knowledge of the research topic (Patton, 2014). The participants of this study are 29 doctors working in various health institutions in Jalalabad city. The selection of doctors was based on the following criteria: Graduation from the Faculty of Medicine, at least two years of professional experience, adequate knowledge of medical education and the professional environment, and consent to participate in the study. The selection of 29 participants was based on the principle of data saturation. Saturation was achieved after the twenty-sixth interview; however, three additional interviews were conducted to confirm thematic stability. Saturation is defined as the state in which no new concepts or information emerge from the interviews (Guest et al., 2006).

Data Collection Tool: Semi-Structured Interviews were used to collect data. Semi-structured interviews provide the researcher with the opportunity to use pre-prepared questions while simultaneously asking follow-up questions based on the participants' responses (Kvale, 2009). The interview guide is prepared in accordance with the main research question and theoretical framework and focuses on the following topics: Perceptions of medical students' political participation, the relationship between political activism and professional neutrality, the concept of patient advocacy, the importance of health justice and social responsibility, and the benefits and challenges of political participation. The interview guide was reviewed by experts in medical education and qualitative research before data collection.

Data Collection Process: Interviews with participants are conducted after obtaining their consent. Each interview lasts approximately 30 to 45 minutes. Interviews are recorded with the participants' permission and then transcribed verbatim. To protect the confidentiality of participants, their names are not used, but they are identified through codes such as D1, D2, D3, etc.

Data Analysis: In this study, thematic analysis is used to analyze the data (Braun & Clarke, 2006). Thematic analysis is one of the most widely used methods of qualitative data analysis that allows for the identification and analysis of recurring concepts, patterns, and themes within the data. NVivo 14 software was used to support data management and coding.

Stages of thematic analysis: According to Braun and Clarke's (2006) model, data analysis is carried out in six stages: Familiarization, Generating Initial Codes, Searching for Themes, Reviewing Themes, Defining and Naming Themes, and Producing the Report. The final themes are analyzed and presented together with direct quotes from participants and findings from the literature. Initial coding was conducted by the principal researcher, and themes were reviewed iteratively to ensure consistency.

Ensuring Credibility and Trustworthiness of Data: Lincoln and Guba's (1985) criteria are used to ensure the credibility and trustworthiness of the study. For this: Accurate recording of participants' views, transcribing the full transcripts of the interviews, Iterative review of the data, Consistency between data and interpretation when extracting themes, and using direct quotes from participants.

Ethical considerations: This study adheres to all principles of research ethics. Informed consent is obtained from participants. Participants receive full information about the purpose, process,

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and use of the data. Their identity and personal information are kept confidential, and participants can decide to withdraw from the study at any time.

Research Limitations: This study faces some limitations. The study is limited to physicians in Jalalabad city, so the results may not be fully generalizable to all physicians in Afghanistan. Participants' opinions may be influenced by their personal experiences and beliefs. The nature of qualitative research limits the possibility of statistical generalization. The sensitivity of political issues may have affected the completeness of some participants' responses.

Research Quality Criteria: Research quality is assessed according to the criteria of trustworthiness, credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). The researcher maintained reflexive notes throughout the study to minimize personal bias during data collection and analysis.

FINDINGS/RESULTS

Based on thematic analysis, three main themes and several subthemes emerged from the interviews of 29 physicians. These themes directly answer the main question of this study: Should medical students express political views and be active or not? Coding references represent the number of coded segments in NVivo, while participants indicate the number of unique physicians who contributed to each theme. Some participants contributed multiple coded segments across themes.

Table 2: Overview of Major Themes and Sub-Themes Emerging from Physicians' Interviews

Main Theme	Sub-theme	Participants
Professional Neutrality and Patient Trust	Neutrality, Trust, Political Risk	27
Social Responsibility and Advocacy	Social Determinants, Advocacy	25
Barriers to Political Participation	Institutional, Professional, Social	23
Policy-Level Advocacy	Reform, Accountability, Justice	24

Theme 1: Concerns about Professional Neutrality and Patient Trust

The first theme from the interview analysis is concern about maintaining professional neutrality and patient trust. Most participants believe that overt political activity by medical students and prospective physicians can undermine patient trust and undermine the principle of neutrality of the medical profession.

D7 states: "When a doctor expresses a political opinion, some patients think that he might treat them according to his own opinion." D12 also adds: "A doctor should be free from any political pressure, because the patient sees him as a confidant." D4 states: "If a doctor openly engages in politics, people will take his words as opinion rather than knowledge." D9 then states: "People in Afghanistan are very sensitive; if a doctor has a political position, patients change their judgment." D15 adds: "A doctor in our society should be the same for everyone, not have a specific opinion for one group."

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Table 3: Professional Neutrality and Patient Trust – Coding Summary

Theme	Description	Participants (n=29)	Coding Frequency
Professional Neutrality	Physicians should remain politically impartial to preserve professional credibility.	27	35
Patient Trust and Confidence	Political expression may weaken patients' trust in physicians.	26	33
Risks of Political Engagement	Political involvement may cause patients to perceive doctors as biased.	24	30

Table 3 shows that participants consider professional impartiality to be an important part of the medical profession. Doctors consider that expressing political views can undermine patients' trust. The coding results show that "professional impartiality" and "patient trust" are the most frequently repeated concepts, indicating that participants consider the credibility of the medical profession to be linked to impartiality. However, the findings of the current study indicate that there is still a strong belief among physicians in the value of impartiality, especially in the context of maintaining patient trust. Briefly, this study suggests that physicians in Jalalabad consider the concept of professional impartiality to be a significant part of their professional identity and consider the effects of political activity to be a significant threat to patient trust. This finding is obviously consistent with the first perspective of the theoretical framework and supports conservative analyses of the literature.

Theme 2: Medical Students' Social Responsibility and Patient Advocacy

The second theme, according to the analysis of the interviews, is the social responsibility of medical students and the need for patient advocacy. A group of participants believed that medical students and future doctors should be actively involved in political and social issues, because many of the health problems of patients are not only biological, but also the result of poverty, poor public policies, inequality, and social constraints.

D3 indicated: "Every day we get patients whose real problem is poverty, tension, and injustice, not just disease." D18 stated: "If a doctor does not speak up about social problems, he is only providing a temporary solution to the pain; it means no upstream medicine." D2 also states: "Sometimes the patient does not just need medicine, but the living conditions are the root cause of the disease." D11 stated: "If students do not have social awareness from now on, they will only do clinical work later and the real problem will not be solved." D20 stated: "The role of a doctor is not only to treat, but also to defend the rights of the patient."

Table 4: Social Responsibility and Patient Advocacy – Coding Summary

Theme	Sub-themes	Participants (n=29)	Coding Frequency
Medical Students' Social Responsibility and	Social Determinants of Health	25	41
	Patient Advocacy	24	38

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Patient Advocacy	Social Responsibility and Civic Engagement	21	32
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Table 4 shows that participants consider the social responsibility of medical students important. The theme of social determinants of health was the most frequently repeated, indicating that diseases have not only medical but also social and economic factors. Participants also consider defending patients' rights to be an important part of the medical profession. Therefore, the doctors' view that "poverty and inequality are the main causes of disease" is in line with the scientific consensus of contemporary public health. In conclusion, this issue shows that some doctors in Jalalabad city consider political and social participation of medical students as part of their professional responsibility. This perspective supports the second aspect of the theoretical framework (Social Responsibility and Advocacy Perspective) and is consistent with the views of international health organizations.

Theme 3: Opportunities and Limitations for Political Participation

The third theme, according to the analysis of the interviews, is the opportunities and practical limitations for the political participation of medical students and doctors. Although the participants point to the importance of political and social participation, at the same time, they explained that in the real and practical environment, such participation faces many institutional, professional, and social limitations. This finding shows that the discussion about political participation is not only theoretical, but also has a reality limited by practical conditions.

D21 states: "In our environment, if a doctor talks about politics, he may face pressure from the administration." D5 stated: "Many doctors are afraid that their political views will affect their job opportunities." D8 states: "Even if someone has a personal opinion, they don't dare to express it, because there is concern for their professional future." D14 states: "The informal atmosphere in hospitals is such that doctors try to avoid talking about politics." D19 then adds: "Society's sensitivity is also very high, so doctors are forced to keep their opinions limited."

Table 5: Opportunities and Limitations for Political Participation – Coding Summary

Theme	Sub-themes	Participants (n=29)	Coding Frequency
Opportunities and Limitations for Political Participation	Institutional and Administrative Pressures	16	28
	Professional Risks and Career Concerns	23	36
	Social Sensitivity and Informal Restrictions	18	31

Table 5 shows that although doctors acknowledge the importance of political and social participation, practical constraints are very strong. The most significant constraints are professional risks, administrative pressures, and social sensitivities. These results indicate that the practical space for political participation is limited. In brief, this study shows that physicians in Jalalabad city identify the significance of political participation, but practical realities such as

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professional risks, institutional pressures, and social sensitivities pose major obstacles to the expansion of this participation. This situation creates a practical "middle reality" between the two views of the theoretical framework, in which neither complete neutrality nor is unlimited political activity practical.

Theme 4: Advocacy at the Government and Health Policy Levels

The fourth theme, based on the analysis of the interviews, refers to the dimension of doctors' political participation that demands change at the government and public health policy levels, above the individual patient level. Participants indicate that the responsibility of medical students and doctors is not limited to the clinical environment of patient care, but also includes speaking out about the systems and policies that underlie the emergence of diseases.

D6 states: "When we see that a disease is caused by a system failure, we should also tell the government." D13 stated: "The doctor should not only prescribe, but also speak out for policy change." D17 states: "If hospitals are not good, it is the government's problem; the doctor should not hide this problem." D2 states: "Sometimes patients do not have the means to get treatment; it is not the individual's problem, and it is the system's problem." D11 indicated: "If the doctor does not enter politics, the real problem of the patient will never be solved, because the real problem is in the policies."

Table 6: *Advocacy at the Government and Health Policy Levels – Coding Summary*

Theme	Sub-themes	Participants (n=29)	Coding Frequency
Advocacy at the Government and Health Policy Levels	Policy and System Reform Advocacy	24	40
	Government Accountability for Health Problems	24	39
	Health Justice and Structural Change	21	34

Table 6 shows that participants consider it important to address health problems not only at the clinical level, but also at the system and policy level. The concepts of "policy reform" and "government responsibility" were the most frequently repeated, indicating that physicians consider system change necessary for health justice. Therefore, the doctors' view that "the real problem is in the system" is considered to be reflective of global health analysis. Briefly, the study indicates that some doctors in Jalalabad city consider the political participation of medical students to be important not only at the level of expressing opinions, but also at the level of encouraging policy and government reforms. This perspective further deepens the second aspect of the theoretical framework (Social Responsibility and Advocacy Perspective) and supports the broader role of doctors in health justice.

DISCUSSION

The study was conducted to explore the perceptions of medical students regarding political participation from the perspective of doctors in Jalalabad city. The findings indicate that the participants' opinions are not unidirectional, but rather a complex balance between social responsibility, practical constraints, professional neutrality, and advocacy at the policy level. The

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aim of the study was not to simply state opinions, but to interpret the meanings that are entrenched in the professional and social practice of doctors.

Professional Neutrality and Trust

The first theme shows that a significant portion of the participants are concerned about maintaining professional neutrality, especially from the perspective of patient trust. This finding is directly consistent with Cruess & Cruess (2008), Akhtar & Fazli (2026) study, the professional neutrality perspective, which holds that a physician's professional credibility is tied to his or her apolitical, impartial behavior. Participants stated that participants generally agree with the concern that political involvement can undermine the perception of a doctor's impartiality and damage the trust between the patient and the doctor. This points toward Cruess & Cruess (2008) argument that the credibility of the medical profession is based on impartiality and professional distance. At the same time, this highlights Hilal et al. (2025) and Hafferty & Castellani's (2010) research, which suggests that in conservative or low-trust healthcare systems, political statements by healthcare professionals can have a negative impact on patient trust. Therefore, the views of the Jalalabad doctors can be considered a local reflection of this global debate. However, this perspective has also been criticized in the literature. Stanikzai et al. (2025) and Metzl & Hansen (2014) argue that complete impartiality is impractical, as doctors themselves are affected by social inequalities and their professional decisions are not isolated from political and economic circumstances.

Social Responsibility and Advocacy

The second theme suggests that some physicians view medical students as socially responsible. Here, the focus is not only on disease, but also on the conditions that produce disease. This finding is directly related to the theory of social determinants of health, which has been widely supported by Marmot et al. (2008) and Marmot (2005). These views indicate that the participants do not consider the role of the medical profession to be limited to clinical treatment, but also consider patient advocacy and social justice as an important part of the profession. This reflects Stanikzai et al. (2023) and Earnest et al. (2010) study, the Patient Advocacy Theory, which argues that doctors should play an active role in defending the rights and needs of patients. Findings are similar with Akhtar and Fazli (2026) and Marmot et al. (2008) study, which show that a large part of health inequalities is caused by social and economic factors, not only by clinical problems.

Constraints and Practical Realities

The third theme suggests that even when there are positive perceptions of political or social participation, the practical environment imposes clear constraints on such participation. Participants stated that there are two main types of constraints on political participation: institutional and professional pressures, and social sensitivity and informal restrictions on expressing opinions. These findings support Hafferty & Castellani's (2010) research, the fact that in many developing and transitional health systems, professionals are wary of political expression, as job stability and professional advancement may be at risk. This situation recommends that the debate between "neutrality" and "political participation" is not merely

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theoretical, but is also related to the realities of power, agency, and professional security. Conversely, these findings also have an indirect link to the theory of professional neutrality, as some institutions use the principle of neutrality to limit political expression. Nevertheless, Cruess & Cruess (2008) and Hilal et al. (2025) discuss that when the term “neutrality” becomes a means of limiting opinion, it itself becomes an obstacle to academic and professional freedom.

Policy and System Level Advocacy

The fourth theme presents an important dimension of analysis, in which participants noted the need for change at the system and policy level, beyond the individual patient level. This suggests that Marmot et al. (2008) and Marmot (2005) present the ideas of Social Determinants of Health and Structural Advocacy. Participants stated that they do not limit the role of the doctor to that of a clinician, but rather see them as a social advocate who should raise their voice for health justice at the government and public policy levels. This indicates that Earnest et al. (2010)’s view that doctors should also be active outside the clinic to defend the rights and needs of patients. On the other hand, this perspective is also consistent with Marmot et al. (2008) and Marmot (2005) contemporary public health literature, which argues that a large proportion of health problems are the product of systems, policies, and social structures, not just individual factors.

Both perspectives of professional neutrality and social responsibility are present in this study. Findings indicate that participants are not pursuing absolute neutrality nor unfettered political activism, but rather a kind of “conditional participation” in which professional ethics, patient trust, and social justice are all taken into account. The finding is consistent with both parts of the theoretical framework and recommends that in practice, this debate is more about finding a balance, rather than a one-sided choice. In response to the main research question, it can be said that doctors in Jalalabad do not have a single position on the political participation of medical students. Somewhat, their perspectives are dynamic between the need for professional impartiality, social responsibility, and systemic constraints. Hence, political participation is assessed here not as an absolute “yes” or “no” but in light of the conditions, limits, and professional responsibility. Generally, the findings indicate that the debate on the political participation of medical students is not a simple for/against confrontation, but a complex professional and social interaction that needs a balance between trust, justice, and practical realities.

CONCLUSION

The study indicate that doctors in Jalalabad city have multidimensional and complex views on the political participation of medical students. Even though professional impartiality and maintaining the trust of patients are considered core values of the medical profession, together, participants also considered health justice, defending patients’ rights, and raising public awareness about the impact of social determinants of health on the development of diseases to be important aspects of the medical profession. Thus, political participation is not seen as a one-sided activity by participants, but rather as a part of social justice, professional responsibility, and improving public health. A significant finding of the study is the concept of “conditional



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participation,” according to which social and political participation of medical students is considered acceptable only when it is in accordance with professional ethics, does not undermine patients’ trust, and contributes to the improvement of social welfare and health justice. Conversely, institutional constraints, professional risks, and social sensitivities remain significant factors that hinder the expansion of such participation. Generally, the study concludes that medical students’ political participation should not be seen as a choice between “absolute neutrality” and “unrestricted political activity,” but rather as a balanced and responsible professional behavior in light of professional ethics, context, patient trust, and social realities. These findings recommend that concepts of social responsibility, patient advocacy, and health justice should be given greater significance in medical education so that future physicians can play an effective role in meeting the health needs of society.



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