

## Not Me. Us? The Issue with Next Generation Advocacy.

Recently, Stephen Colbert interviewed U.S. Supreme Court Justice Stephen Breyer. In speaking about the restoration of trust in core institutions, Justice Breyer referred this responsibility to the next generation, saying, “It’s up to the high school students.” In the same interview, the liberal Justice was asked about whether he’s thinking of retirement, particularly now, with a Democratic Senate and President. This type of question was often posed to Justice Ruth Bader Ginsburg, who refused retirement during a Democratic presidency, and sadly passed away during a Republican presidency with a Republican-controlled Senate. We remember how that went.

Justice Breyer joked, “I, myself, would prefer not to die. Period.” The juxtaposition of these two statements – a referral (to those much younger) and a refusal (to retire) – gives rise to a familiar pattern exhibited by many who have reached influential positions. At 83 years of age, it’s fair for Justice Breyer to say, “I’ve done my part” but it’s worth noting he’s not saying, “Now, here’s your turn.” All too often, I hear seasoned pharmacists express a similar sentiment, “Pharmacy has its issues, but YOU can make it better.” To borrow Senator Bernie Sanders’s slogan, I really want to respond with, “Not me. Us.” This premature passing of the advocacy torch (while holding on to positions of influence, whether realized or not) can leave us burned out, disunified, and detached from those at the pinnacle of power in their careers. How can we make our advocacy truly inter-generational?

Indulge me in some Supreme Court observations yet again. Supreme Court Justices do retire. A recent example, the Reagan-appointed crucial swing vote, Justice Anthony Kennedy, comes to mind. Two of the three most recent Supreme Court appointees, Justices Neil Gorsuch and Brett Kavanaugh, were former law clerks to Justice Kennedy. Indeed, there have been reports that Justice Kennedy himself suggested to the former President that his replacement be then-Judge Kavanaugh. Further reports reveal Trump's team put in over a year of effort to ensure Justice Kennedy was comfortable retiring, from public praise to relationship-building to inviting the Justice personally to swear in his former law clerk Gorsuch.

What pushed Justice Kennedy to "pass on the torch" was not a flurry of media, talk show hosts, and politicians bringing up his inevitable death and conjecturing who might be President when that occurs. It was a shared avenue to a shared aim. Despite being perpetrated by less than ethical personalities in what turned out to be an unfortunate (but remember, successful) nomination, this process demonstrates that long-term achievement of overarching goals consists of "honey rather than vinegar" whether that goal be achieving a conservative Supreme Court, protecting institutions, or (getting back to pharmacy) advancing our patients' health through a full scope.

The first mistake "leaders of tomorrow", myself included, make today is that we don't initially reach out with shared avenues towards shared aims. To say, "Not me. Us." we must first ascertain, "What are the goals of 'Us'?" Unsurprisingly, this begins with listening and learning. It begins with recognizing that the avenue that leads towards

changing the status quo starts with discovering the history and structures that uphold it. The local and broader histories of our pharmacist profession are locked within those who've been pharmacists and advocates for decades. Hearing their experiences helps us derive the background necessary for progress. That builds the foundation of positive and strong relationships, which ensures our advocacy isn't fragmented. The ensuing trust leads to a vulnerability that presents the opportunity for dignified expressions of mistakes made in the past, which we can then avoid.

We never achieve anything by listening alone. Inter-generational advocacy will be no different. It's easy to commence our advocacy by focusing on the future or by believing we could have been further ahead already. But we need to begin all our advocacy by acknowledging and publicly crediting the accomplishments already achieved. It's not worth starting advocacy from scratch, and if we're not starting from scratch, we have to recognize the shoulders we stand on. That praise is important, because it signals that the legacy of former advocates for our profession lives on.

Finally, rather than waiting for invitations of inter-generational advocacy to be extended to us, we need to be the ones reaching out. We need to offer at least some of our energy to the priorities of those with decades of experience. "Not me. Us." applies not only to the labour behind advocacy. It also applies to the aims of our advocacy. And if that aim is, as noted in past articles of this column, the better care of our patients, then we need to set directions alongside those with more encounters with those patients. As important as our goals and the priorities we see as we enter this profession are, we

have to start with at least achieving the shared goals that traverse generations. We cannot successfully advocate *for* our profession if we're advocating *to* our profession. The culmination of this collaborative spirit is not just a rewarding realization of those shared goals. It's the resulting calm and comfort that sets us up for a cohesive, or at least well-supported, change from one generation to the next.