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Institutional Social Accountability from Medical Education to Accreditation and Public Policy

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A Brief History of Social Accountability

Social Accountability is a principle taught in medical schools that urges health professionals to respond to the health needs of society,[1] and it plays a significant role in guiding both health professions education and institutional health policy strategy across the globe. But the term "Social Accountability" is also used by the World Bank and other organizations to name efforts toward civic engagement, voting, and anti-corruption – all in ways that unfold separately from the world of medical education but occasionally in resonance with how the term is used by medical educators. This intersection between Social Accountability in medical education and Social Accountability in broader conversations about politics is meaningful, both because it demonstrates that no one has a monopoly on the use of a key term and because it demonstrates the desire for accountability across the various institutions, communities, and societies that structure our world.

The contributions to this special issue are further witness to that intersection of medical education, policy, and politics – not least because several of them make a case for the importance of Social Accountability in the context of their nation's accreditation standards. To better frame these policy documents, the rest of this introductory article provides a brief history and compact, critical account of Social Accountability so that readers can situate what follows in the context of a broader movement.

The Social Determinants of Health: To understand Social Accountability, it is worth taking a step back and considering the Social Determinants of Health. We know that the Social Determinants of Health require us to look upstream at health outcomes toward those wicked problems and social injustices in our societies that lead to suffering, illness, disease, and death. In

her book *The Social Determinants of Health: Looking Upstream*, Kathryn Strother Ratcliff writes that,

> A growing consensus in many academic fields, in the World Health Organization (WHO), and among human rights spokespeople is that we need to take the social determinants of health more seriously. We have long focused on the biological causes of poor health (genes, germs, viruses) and on the contribution of the healthcare system to better health. But the focus is now changing. Examining social determinants is often referred to as an "upstream" approach, so named from the oft-used image of people drowning in a river. This image is typically credited to John McKinlay, author of a classic article in which he quotes his friend Irving Zola: "There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in." (McKinlay 1979: 9)[2]

Strother Ratcliff emphasizes that both roles are important – pulling people out of the stream (like health professionals attempt to do every day) and looking upstream for deeper problems (like public and institutional policies ought to do) – and she emphasizes that the upstream perspective must take racialization, gender and sexuality, and social and economic class into account, all in the interests of the health needs of societies around the world. Social Accountability is a concept, value, and practice that helps us do that, all the way from individual health professionals to institutions and their policies, and indeed to nation-states and their accreditation policies. The history of Social Accountability has been told and retold a number of times, so here, I will only point to a lineage of key documents that have proceeded from 1995 to the present.

Founding Definitions: Many readers of this journal will know the classic and traditional definition of Social Accountability as "the obligation [of medical schools] to direct their education, research, and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve."[3] Most discourses return to foundational definitions like this one when they need to anchor in a shared vision or set of priorities, and Social Accountability is no different. In the foundational WHO document called "Defining and Measuring the Social Accountability of Medical Schools" by Charles Boelen and Jeffrey Heck, "Accountability exists independently of whether a school acknowledges it and addresses it; all medical schools are accountable (i.e., liable to be called to account)."[4] This means that from its beginnings, Social Accountability has been positioned as an aspirational goal that institutions ought to value based on their bond of accountability with society. This stands in sharp contrast with idealized definitions that treat Social Accountability as an institutionally controlled idea that can be defined and fulfilled without engagement with society and its communities.

Professional Competencies: Fast forward to the early 2000s when Health Canada published their report that took up the WHO call in the context of Canadian medical schools. Alongside its framing of Social Accountability as a professional competency and guide for research and local partnerships, the Health Canada report suggested that the "Involvement of the community in identifying community needs, setting priorities, establishing and evaluating new models of practice is seen as critical."[5] This emphasis on community engagement is key, and it remains a central point in the discourse.

Professionals and Institutions: A few years later, in 2006, Robert (Bob) Woollard published an article in *Medical Education* where he suggested that Social Accountability was becoming a central concern for medical schools and argued that "good intentions are not enough" and that we ought to distinguish between "between the social accountability of the institutions themselves and the social accountability of the graduates they produce."[6] This key distinction also provides a structuring principle for the study and advancement of Social Accountability, and it is now common in the literature to hear similar distinctions between the Social Accountability of individual professionals, and that of institutions.

Accreditation Standards: A few years after that, in 2008 came the establishment of the AFMC Social Accountability Network,[7] and 2009 saw a turn toward *accreditation* as a new area of growth for the conversation (a research direction is extended and enriched by the following papers).[8] In 2010 – 100 years after the Flexner Report – the conversation on Social Accountability expanded further through a three-round, eight-month Delphi-driven process that resulted in the "Global Consensus for the Social Accountability of Medical Schools." This landmark report emphasized responsiveness to "current and future health needs and challenges in society," strengthening "governance and partnerships with other stakeholders," and using "evaluation and accreditation to assess performance and impact."[9]

Tools and Models: Those who were advancing the Social Accountability movement around the world have been undertaking many of those tasks, including the development of the CARE model of social accountability (which stands for Clinical activity, Advocacy, Research, and Education and training) that followed up on the 2001 Vision for Canadian Medical Schools document,[10] and the landmark article "Social accountability: The extra leap to excellence for educational institutions" by Boelen and Woollard that spoke to "the challenge of providing evidence that what we do responds to priority health needs."[11] From there, several tools were developed, like THEnet's Social Accountability Framework in 2012,[12] the AMEE guide to producing a socially accountable medical school in 2016,[13] and the Institutional Self-Assessment Tool (ISAT) by The Network: Towards Unity for Health – a document that I had the privilege of coordinating revisions for earlier this year (2024), and which is now available in a 2.0 version.[14] Indeed, the impact of this tool continues to be demonstrated in the contributions to this special issue, and its potential for future influence is promising – as demonstrated by the work of Francisco Lamus and his colleagues in their account of its use at the Universidad de La Sabana's Faculty of Medicine in Colombia (published in this special issue).

Accreditation Advances: By 2017, the Committee on Accreditation of Canadian Medical Schools (CACMS) had adopted "Social Accountability" as point 1.1.1 of its accreditation standards and elements,[15] and in 2020, the International Social Accountability and Accreditation

Think Tank was formed – a committee that is now called the International Social Accountability and Accreditation Steering Committee (ISAASC). Over the past several years, I have had the privilege of serving the ISAASC group in an informal capacity, and much of the Social Accountability Fellowship was informed by the ISAASC group and its 2023 symposium series on Social Accountability and Accreditation.[16] As described above, the definition of Social Accountability and the conversation on its application have grown considerably since the mid-1990s, and it has gained momentum as an institutional health policy strategy and an emerging part of accreditation standards,[17] and ISAASC continues its work in the areas of advocacy, capacity building, standards, and research.

A Critical Theory of Social Accountability: In 2023, Brett Schrewe's dissertation, titled "Medical citizenship and the social right to health care in Canada: A Genealogy of Medical Education Discourses," extended the conversation on Social Accountability even further, using approaches and perspectives from the Social Sciences and Humanities, including an inspiring approach to Foucauldian genealogy.[18] Its fifth and sixth chapters provide perhaps the most focused and extensive history of Social Accountability and certainly the most careful close reading of its key documents.[19]

Micro, Meso, and Macro Levels: Today, Social Accountability is a term that names both individual professional conduct and broader health system transformation, and many places in between. For physicians in particular, the imperative to become more socially accountable in practice means improving doctor-patient relationships, strengthening physician-community connections, and bolstering the interaction between the medical profession and society. Physicians become more socially accountable by conducting themselves in socially just and compassionate[20] ways when responding to all patients (at the micro level), advocating for specific local community health needs (at the meso level), and engaging in humanitarian advocacy for the sake of general social welfare (at the macro level).[21] This escalating scale from micro to macro levels brings health professionals into contact with their institutions and insists on reforming and transforming both individual professionalism and institutional cultures, all in ways that are still unfolding.

Critical Approaches to Social Accountability in Seven Points

But what exactly is common to all of these advances in Social Accountability, and how does its most basic definition influence what physicians, researchers, and other professionals do and how they understand their obligations to their institutions and the societies they are tasked to serve? To answer this question, I suggest that we need to turn toward the enriching resources of critical social theory. Indeed, according to Erin Cameron and Brian Ross in their article "Socially Accountable Medical Education: Our Story Might Not Be Yours," Social Accountability is a paradigm shift in medical education that calls for more complex and nuanced attention to social theory.[22]

The connection between social theory and medicine continues to reappear in the conversation on professionalism in medicine. In his December 6, 2023 address, "Transforming Postgraduate Medical Education: A Vision for Socially Just Specialty Training in Canada," Dr. Saleem Razack – 2023 Professor-in-Residence at the Royal College of Physicians and Surgeons of Canada –

called for physicians to engage in the work of social justice by mediating between the closed questions of a patient's formal medical history, and the open and subjective character of their story. Razack foregrounded the need for physicians to develop the structural competencies that will allow them to engage with patients by using different knowledge systems (such as Two-Eyed Seeing) while looking beyond the scientific paradigm and toward the Social Sciences and Humanities – a suggestion that many in the medical humanities will see as old news, but one that many in the sciences still need to hear.

As a scholar of religion and culture who studies the critical and theoretical foundations of Social Accountability, I would like to push Razack's call further by drawing on critical terms from my own discipline in service of a richer definition and practice of Social Accountability. Social Accountability and other related principles that guide many physicians – like Social Justice, EDI, and Health Equity – are not incidental to the practice of medicine.[23] Nor are they fundamentally separate or in competition with traditional medical expertise.[24] Instead, Social Accountability is a concept that both reflects and informs the values that physicians and other health professionals hold. This means that how it is understood will inevitably influence how physicians treat their patients and their professional obligations to society. This is why I will suggest a simultaneously broader and more focused definition of Social Accountability.

As mentioned above, the term "Social Accountability" is already a bit broader than it appears. Although the WHO definition is widely used, it is rarely compared with the use of the very same term by those who work in governance, transparency, and anti-corruption – for example, by the World Bank.[25] Although the term is used in different ways in state governance and health professional education, one key *similarity* is how it critically seeks to reform relationships between individuals, communities, and institutions. In short, Social Accountability is a name for a set of relations between individuals, communities, societies, and states that is fundamentally political. The contributions to this special issue that attempt to lobby their governments or advocate for Social Accountability in their schools and departments provide further evidence of the normative and political character of the concept and its practice – something that Jacques Girard has often suggested is essential during the meetings of the ISAASC group, especially in relation to political mapping.

Social Accountability is anything but a neutral term. Instead, it is a political concept that does not merely *describe* how people interact but asserts how they *should* interact. In a recent study of the concept in the context of governance, Gianfranco Pasquino and Riccardo Pelizzo claim that: "Accountability is a democratic virtue."[26] They then assert that accountability "is a process, not a link, because… it deploys itself at different points/stages in time, and in a way, it never ends." This alone should give us pause and remind us that the moment we think that we have achieved Social Accountability – the moment we check it off the list – we have allowed our efforts toward it to become self-defeating. This ever-present risk of reducing Social Accountability to an end product rather than a complex process is one major reason why I am proposing the following extended and philosophically-enriched definition:

> ***Social Accountability is a value and virtue that reflects a critical theory of society founded on social bonds of public trust.*** Put differently, Social Accountability is a normative (not descriptive), critical (not neutral), and democratic (not enforceable) virtue

that both relies upon and reinforces specific social bonds of public trust, all in ways that mediate between individuals, communities, and institutions.

Allow me to briefly explain each aspect of this working definition while placing it in the international context of this special issue of the *Social Innovations Journal*.

Social Accountability is a *value* because it reflects a normative decision to choose and invest in one way of thinking and acting over another. This means that when we assume that Social Accountability is a given or imagine that everyone will agree on it or think the same way about it, we have forgotten its most basic characteristic: it is something that we must choose over other competing and conflicting values, such as the temptation to act unaccountably and without transparency or oversight.[27] I make this assertion because I agree with and follow the work of Rahel Jaeggi,[28] a critical theorist who argues, in short, that we may say, "Who am I to judge?" or imagine that we have common values or even "common sense," but the reality is that our societies are defined by *conflicts* of values, and it is better to admit this and find a way through together than assume we all agree about what is important in this world.

Point 1. Social Accountability is a value and virtue that we need to insist upon and argue for across professional and institutional contexts. It will not be adopted passively or naturally.

As a value among values, Social Accountability also cannot be reduced to contractual or economic agreements because these are not strong enough to account for its task of calling professionals to account for how they serve or do not serve society. If the values of Social Accountability are reduced to a social contract that one symbolically signs or a financial relationship of payment or indebtedness between citizens and governments, then it is liable to become just another check-box on a list rather than something that is pursued because of its inherent and human value. This is why I refer to Social Accountability as a *virtue,* for it seeks the public good in humanitarian and pro-social ways.

For example, as Ali Mtiraoui and his colleagues conclude in their document on addressing health inequities through Social Accountability in Tunisia, it is a matter of ethics and responsibility that ultimately animates their institutional pursuit of Social Accountability, which at times runs ahead of the pace of laws and regulations that govern institutions like the University of Sousse.

Point 2. Social Accountability is about more than a social contract or financial agreement. It is a value and virtue that must move within and then beyond contractual bonds toward humanitarian and social justification.

In addition to being a value and a virtue that is beyond contractual capture, Social Accountability is *critical*. This is because it responds to and seeks to transform states of affairs that are not (yet) as they should be. If individuals and institutions related to each other in responsible, accountable, and connective ways, the concept of Social Accountability would not exist. But Social Accountability represents an implicit critical theory of society because it arises from and then seeks to remedy an *absence* or *break* in human and institutional relationships. In short, people only experience the need for accountability when the bonds of trust that form the expectation of accountability are broken.[29]

As Asuma Ayisha Rahim and her colleagues argue in their document on integrating Social Accountability standards in India, it is the absence of accountability and the lack of a federal mandate that motivate their efforts toward medical education reform. Without this absence, there would be no need for the critical and incisive work that is done under the name of Social Accountability.

Point 3. Social Accountability is a non-neutral and critical value that points to the fact that things in society are not yet how they should be. As such, Social Accountability refers to how we *respond* to ruptures, breaks, and injustices in our social bonds.

It follows, then, that physicians who adopt Social Accountability as one of their key values are already engaged in the everyday practice of social critique.[30] This is because Social Accountability insists that the quality of the relationship between the medical profession and the society it serves ought to be improved. This brings me to the second part of the definition I proposed above. *Social Accountability is founded on social bonds of public trust*. This part of the definition may seem abstract and distant from the everyday lives of patients and physicians, but quite the opposite is true. If physicians and medical educators are serious about the value and virtue of Social Accountability, then it is essential first to see that the concept is based on the formation and breakage of bonds of trust and then to set about strengthening those bonds of trust in contextually sensitive ways.

As Kathryn Dong and her colleagues suggest in their account of the ISAT process at the University of Alberta, community engagement needs to be done proactively with community members so that trusting relationships can be formed between medical institutions and society. Without authentic social bonds of trust – in contrast with the instrumentalization of trust that merely uses it as a tool – the benefits and potential public good of Social Accountability will be obstructed.

The relationship between individuals and their communities and societies is structured by social bonds that obligate us to one another based on some level of trust in others. These connections that bind people together are like a ligature or adhesive. For example, individuals swear oaths in courts, governments, and medical schools as a way of assuring the veracity of their speech and building up the bonds that oblige them to tell the truth, work in the public interest, and do no harm. But these oaths reflect the fact that we still seek extra assurance beyond everyday speech, and we still look for authoritative ways of trusting others. Our secular modern social bonds still owe a lot to the religiosities of previous centuries, and our swearing of oaths is one example of how we reoccupy religious structures in secular institutions.

Although this may seem obvious, it is helpful to consider that we would not expect to be accountable to another person or institution or expect another person or institution to be accountable to us if we did not share meaningful bonds. Indeed, the desire for more accountability in the doctor-patient relationship reflects the level of trust that the public has in the medical profession.

Point 4. Social Accountability is only something we expect because we have formed social bonds between individuals, communities, and societies. If we are not attending carefully to the specific social bonds that inform our expectations of accountability in our context, then we are missing the fundamental underpinnings of the concept.

So, socially accountable practices ought to contribute to the resiliency, sustainability, and quality of the social bonds that cause us to expect accountability in the first place. In practice, this means that physicians and other healthcare professionals ought to see *careful trust-building* as a cornerstone of their work. Without trust in the doctor-patient relationship, there can be no relationship of compassionate care. Without trust in the relationship between doctors and communities, community health needs will not be identified and will go unmet. Without trust in the institution of medicine – and there are many critiques of the medical establishment that illustrate such blind spots – there can be no socially accountable professionals or institutions.

Much of this implicit trust, however, is broken when nations do not adequately address the health disparities of their populations. This is why Nanditha Sujir and her colleagues argue for renewed attention to the need for Social Accountability in the dental council of India. Without clearsighted advocacy in the name of accountability, population health needs continue to go unmet and public trust in the government falters or disappears entirely.

Point 5. Social Accountability is defined by its response to breaks in public trust. The social bonds that cause us to expect that individuals would be accountable to each other or that institutions would be accountable to society are based on public trust. This means that the work of becoming more socially accountable must focus both on the reasons why public trust is broken and strategies for its remediation.

How we think about Social Accountability is deeply related to the bonds of trust that hold together medicine and society. If this relationship is only presented in contractual, legal, or economic terms divorced from values and virtues, then its social and relational character risks being eclipsed. In practice, this limited way of thinking diminishes the human character of medicine by placing rationality, clinical proficiency, and evidence-based practice in *competition* with compassion, care, and relationality when it is the *careful combination* of these virtues that promises to humanize medicine.

Social Accountability is not merely a social *contract* between physicians and society that binds them to their task of service in negative ways that are defined by the breaking of those contractual bonds. Rather, it is a positive *value* and *virtue* that promotes proactive responsiveness to society's health needs.[31] A physician who considers their accountability to society as a mere contract may protectively remain within the letter of that contract so as not to break its bonds, but a physician who understands Social Accountability as an active and ongoing process that contributes to the public good will constructively seek to better their interactions with patients and improve their service to their community. Indeed, for many physicians, Social Accountability already extends beyond institutional bounds of professionalism and competency and into the sphere of social, cultural, and public values – often being referred to as a global movement.[32]

As Jessiklécia Siqueira and her colleagues argue in their paper on community-engaged Social Accountability in Brazil, concrete actions that move beyond the letter of the law or the bounds of policy are required for institutional cultures of Social Accountability to flourish, including discussion groups that focus on empowerment, community meetings that identify current needs, actions to control chronic diseases, work with children and youth, the provision of professional education, and many more.

Point 6. The term "Social Accountability" cannot and should not be anxiously possessed, whether by presenting it as overly narrow or by opening it so much that it loses definition. Instead, the term should be used in ways that are accountable to the existing and future discourse on the topic.

The critical, conceptual, and theoretical underpinnings of Social Accountability are hidden players in its varied usage, and they deserve further scrutiny. A key article argues:

> We should reject the assumption of the undeniable goodness of social accountability and instead critique social accountability in medical education, focusing on its meta-narratives, its underlying ideologies and assumptions, and the ways in which power and identity are expressed and negotiated through the social accountability discourse.[33]

I agree with Ritz, Beatty, and Ellaway when they argue that Social Accountability is not always good. That is why – as they say – it is so essential to critique the concept but also to treat it as a critical concept. In short, Social Accountability can function as a critical theory of society that calls for more accountability where there is not enough, but it must also become a critical theory of *itself*. The concept of Social Accountability, if it is to have integrity and not be hypocritical, must be used in Socially Accountable ways. We are accountable for both its meaningful uses and the ways that it is reduced to a buzzword. This means that there is an essential form of self-reflexivity that ought to be built into Social Accountability if it is to have integrity.

When Wafa Mohamed Al Madhagi and her colleagues write in their document to petition Yemen's Ministry of Higher Education to include Social Accountability as an accreditation standard, they do so in the context of conflict and violence. In this political situation, there is no room for idealism in the process of advocacy. Rather than seeing their situation as one that can be solved by a term, concept, or word, they argue instead for real reforms and policies that can empower them to reconnect institutions with the societies they serve. They write: "The incorporation of social accountability standards into Al Nasser University's accreditation process is not merely a matter of academic prestige; it is a moral imperative and an ethical obligation."

Point 7. Social Accountability must be understood and used as a socially accountable concept. Because it explicitly calls for accountability, the concept itself must be used in ever more self-reflexive and self-critical ways so that its various uses can be held to account to political action.

The concept of Social Accountability can only do so much for us. We cannot expect the term itself to do the work of holding others (i.e., institutions and individuals) to account, and we cannot expect it to do the work for us as we learn how to be held accountable. Better to understand Social Accountability as a co-concept with others like Social Justice and Health

Equity than to place it in competition with such terms under the violent assumption that terminological differences will necessarily lead to the displacement of one term by another.[34] It is Better to engage in the constant process of renewal and critique of both terminology and social practices, than to fix the concept in place or expect it to do what real-world actions must do.

Social Accountability must have both a critical theory underneath it and an actionable future ahead of it. As Shafaq Sultana and colleagues argue, in their call to integrate Social Accountability in the Higher Education Commission of Pakistan, "The health and well-being of our children and adolescents aren't just incidental concerns; they are pivotal to their overall development and future success. We cannot overlook the fact that nearly a quarter of our population in Pakistan, aged between 5 to 15 years, forms the backbone of our nation's future."

Conclusion

Social accountability in health professional education plays many roles. It can serve to emphasize core values and be meaningfully integrated into institutional policy to support equity, diversity, and inclusivity as well as health equity. However, it can also be reduced to a buzzword and emptied of meaning and applicability for institutions that struggle to be accountable. Stéphane Dufoix helpfully describes the tension between treating key terms (like Social Accountability) as "catchalls" that can mean anything and "private clubs" that have restricted and policed meanings, and he opts to "not choose between these two options" but instead to treat such terms in their historical, critical, political, and ever-transforming contexts. He writes, "Like all words, it [for him diaspora, for us Social Accountability] serves to denote only part of reality, one that isn't always the same each time it is used."[35]

Social Accountability is only two words, but together, they form a concept and a category that is open to many uses and abuses. This means that it is essential to use the term in self-critical ways, lest it be emptied of its content or robbed of its integrity. As Firdouza Waggie, Renier Coetzee, Labeeqah Jaffer, and Anthea Rhoda warn in their contribution, the concept should not be reduced to "'philanthropic niceties' rather than recognizing it as a fundamental aspect of the institution's mission."

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[19]Part of Schrewe's argument is that Social Accountability is used as a persuasive term within the discourse on medical professionalism, and that there are in fact two discourses at work: 1. An inward conversation on "working within the system for better individual clinical care" – which began in the early 2000s and which focused on individual advocacy, and then turned its attention to professional competency. 2. An outward conversation on "working to change the system for a

healthier society" which began in the late 1960s, and which appears in many federal policy documents. (p. 232).

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[22]Ross, B.M., & Cameron, E. Socially Accountable Medical Education: Our Story Might Not Be Yours. Higher Education Studies; Vol. 11, No. 1; 2021. https://doi.org/10.5539/hes.v11n1p114

[23]For more on this, see my 2024 presentation on Social Accountability and Health Equity at: https://maxwellkennel.ca/2024/08/07/lecture-text-social-accountability-and-health-equity-august-7th-2024/

[24]This claim stands in sharp contrast with recent op-eds in *The National Post* that wrongly assume a fundamental disjunction between antiracism and medical expertise. See Michael Higgins, "'Anti-racist' doctors would put social justice above medical expertise: New proposal would centre Canada's framework for physician training around 'anti-oppression'" *National Post*. Nov 27, 2023.

[25]See, for example, *Opening the Black Box: The Contextual Drivers of Social Accountability*. Ed. Grandvoinnet H, Aslam G, and Raha S. (Washington, DC: World Bank, 2015).

[26]Gianfranco Pasquino and Riccardo Pelizzo, *The Culture of Accountability A Democratic Virtue* (London: Routledge, 2023). The authors of *The Culture of Accountability: A Democratic Virtue* write further that accountability involves three separate but overlapping processes:

> #1. "Taking into account" through a willingness to consider and make changes in light of constituents' feedback.
>
> #2. "Keeping into account" through ongoing actions taken to preserve congruence with the preferences of constituents.
>
> #3. "Giving account" by explaining conduct to constituents.

[27]For a detailed account of Social Accountability that emphasizes its role as a value, see Boelen, Charles; Dharamsi, Shafik; Gibbs, Trevor. The Social Accountability of Medical Schools and its Indicators. Education for Health 25(3):p 180-194, Sep–Dec 2012. | DOI: 10.4103/1357-6283.109785

[28]See Rahel Jaeggi, *Critique of Forms of Life*. Trans Ciaran Cronin (Cambridge, MA: Belknap Press, 2018).

[29]Axel Honneth writes in similar terms of recognition: "Subjects only experience disrespect in what they can grasp as violations of the normative claims they have come to know in their socialization as justified implications of established principles of recognition." Axel Honneth, *Disrespect: The Normative Foundations of Critical Theory* (London: Polity, 2007), xii.

[30]Contemporary critical theorists like Robin Celikates understand "critique" to be a social practice that all people are engaged in, with varying levels of self-consciousness and self-criticism. See Robin Celikates, *Critique as Social Practice: Critical Theory and Social Self-Understanding* (London: Rowman and Littlefield, 2018).

[31]Here I am challenging the notion that contractual language can capture and express the deep social bonds that bind together medicine and society. For a more complex view that is still beholden to the contractual paradigm, see: Cruess, Sylvia R. Professionalism and Medicine's Social Contract with Society. Clinical Orthopaedics and Related Research 449: 170-176, August 2006. DOI: 10.1097/01.blo.0000229275.66570.97

[32]See Mohamed H. Taha, Mohamed E. Abdalla, Majed M. Saleh Wadi, Husameldin E. Khalafalla, Maryam Akbarilakeh, The implementation of social accountability in medical schools in Eastern Mediterranean region: A scoping review. Journal of Taibah University Medical Sciences. Volume 18, Issue 1. 2023. https://doi.org/10.1016/j.jtumed.2022.08.002.

[33]Ritz S, Beatty K, and Ellaway R, Accounting for Social Accountability Developing Critiques of Social Accountability within Medical Education. *Education for Health* 27(2): 152-157, May-Aug 2014. DOI: 10.4103/1357-6283.143747

[34]See the argument in Maxwell Kennel, *Ontologies of Violence: Deconstruction, Pacifism, and Displacement* (Leiden: Brill, 2023).

[35]Stéphane Dufoix, *Diasporas* (Los Angeles: University of California Press, 2008), 2.