

Social Justice and Medicine: Becoming Agents for Change

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Insights

- Medicine continues to be practiced predominantly using a biomedical model of health.
- To ignore the social realities of patients is to adopt a limited view of their health.
- Negative social circumstances have a downstream effect on health – not only do they lead to poor health status but they also hinder the effectiveness of medical interventions.
- Addressing the root social causes of poor health status can pay large dividends for the health care system in the future.
- Clinicians can become advocates to protect human right to health by practicing social medicine which takes a holistic approach to understanding health.
- While there is usually no formal education for advocacy as clinicians progress through their training and career, it should be an integral component of their profession.
- Our acronym **A.D.V.O.C.A.C.Y.** provides practical tips for clinicians to become agents for change, while using their position of privilege and power to serve the marginalized populations of society.

“[Physicians should] recognize their duty to contribute to efforts to improve health... not limited to mitigating illness or trauma, but also disease prevention, health promotion, and health protection. Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged...”

———— The Royal College of Physicians and Surgeons of Canada CanMEDS Physician Competency Framework (1) ————

“It is true that medicine is one of the professions trying to solve challenges that are not “directly” within its purview, challenges that extend beyond the hospital or clinic and into other realms of social policy. But the reality is that in seeing patients, physicians grapple with unemployment, housing instability, and food access; systemic racism, sexism, and LGBTQ rights; immigration reform, climate change, and violence. All of these issues profoundly — not tangentially — affect our patients' health.”

———— Dr. Pooja Yerramilli, Resident physician in the Global Medicine Program at Massachusetts General Hospital, Consultant to the World Health Organization's Office for Health Systems Strengthening (2) ————

What is Social Justice?

While there have been many different definitions of social justice, the common themes across these definitions emphasize the importance of equal rights, equal opportunity, and equal treatment. Thus, social justice can be broadly understood as **equal rights and equitable opportunities for all**.

Source: <https://www.sdfoundation.org/news-events/sdf-news/what-is-social-justice/>

Social Justice: A Key Ingredient for Protecting Population Health

Although the biomedical model of health prevails in the practice of medicine, the importance of acknowledging social factors that influence health has been increasingly recognized. It is uncommon for any medical student to go through their training without having at least a few formal sessions on social determinants of health. Yet, when it comes to practice, not many clinicians can attest to taking a social approach when caring or advocating for their patients on a regular basis. However, we are all aware that the state of our health is a by-product of the social context within which our lives are situated. The unfortunate reality is that many individuals have no direct control over the unfavourable life circumstances that negatively impact their health. Additionally, clinicians are far too busy in the current healthcare climate, which increasingly values efficiency, consistency, and cost-savings, to customize care according to the nuances of their patients' lives. Despite the plethora of economic challenges and the need to meet strict fiscal benchmarks, not providing appropriate care to patients, because the social complexities they present are “too difficult” to address, is a significant disservice to them. Furthermore, perceiving the pressing problems of society beyond the purview of medicine is also short sighted, as no medical intervention can be effective without considering the context of implementation. When society functions based on decisions of policymakers who may not be positioned or inclined to protect population health due to a wide range of competing interests, clinicians can play an integral role by capitalizing on their privilege and position of power to advocate for the most disadvantaged individuals in society. By placing social justice in the center of their clinical practice, not only will clinicians protect the human right to health regardless of an individual's life circumstances, but they will also contribute to meaningful societal progress and revolutionize the approach to healthcare delivery in the future.

“Our propensity as a culture to look to the individual as the single most important determinant of his or her health gets in the way of structural competency. Such a view suggests that “people's health status is largely within their control through their health behavior choices,” and ignores the fact that social and economic status shapes a person's ability to make healthy choices regarding housing, available food, safe neighborhoods, and the like. This fallacy is the old “bootstraps” belief that individuals are capable of and responsible for simply “pulling themselves up.”

Wear et al (2017) (3)

“Structural violence refers to societal or institutional factors that preserve inequity, injustice, and human misery—the ways that the unequal distribution of suffering becomes embodied and experienced as violence by the powerless. James Gilligan defines structural violence as the increased rates of death and disability suffered by those who occupy the bottom rungs of society, as contrasted with the relatively lower death rates experienced by those who are above them.”

“As Rudolf Virchow put it: “Do we not always find the diseases of the populace traceable to defects in society?” Physicians must continue to seek and remedy “defects in society” if health is to be recognized as a basic human right.”

“The social problems of the contemporary world walk into the clinician's office every day. The mundane details of the social determinants of health are writ small in our daily encounters with patients.”

———— Rhodes (2005) (4) ————

Why Social Justice Matters for Health

It is widely recognized that essential drivers of good health are rooted in the social circumstances of our lives. Beyond our genetics and the lifestyle choices we make, where we are born, grow, live, and work all have important influences on our health (5). Some of the most prominent social determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports, access to health services, and racism (5). Health inequalities can emerge as a function of different social determinants of health. It is common knowledge that those with higher income are more likely to enjoy better health status. The impact of this social influence is so salient that medical interventions alone can not achieve optimal outcomes for the ill if their socioeconomic status is not taken into account. The cost of medicines alone prevents many low-income patients from adhering to their prescribed regimens. When certain medicines have been well-established to be effective, such as those for cardiovascular disease, HIV

and AIDS, and pneumonia, adherence to these medicines can significantly benefit patients. Indeed, evidence from a randomized controlled trial conducted in Ontario, Canada shows that providing medicines for these conditions at no charge to outpatients who reported not being able to afford the medicines not only increased adherence, but also improved some disease-specific surrogate health outcomes (6).

In the context of orthopaedic surgery, the importance of focusing on the patient's life as a whole has been increasingly emphasized to improve post-operative outcomes. At our OE Insights World Tour held in June 2020, during the session “[Why do successful surgeons have failed patient reported outcomes?](#)”, Drs. Rogmark and Viberg explained that patient reported outcomes have remained more or less the same since the 1970s regardless of improvement in surgical tools and techniques. They noted that expertise of the surgeon is likely not the strongest determinant of post-operative outcomes, which depend heavily on the care pathway that follows post discharge. They emphasized that to truly protect the time and resource investment made during surgery, a holistic approach to care must be taken to support patients post discharge. This includes considering the social determinants of health influencing a patient, such as their ability to access services including rehabilitation and social connectedness to family and friends, and customizing a post-surgery care plan accordingly. By removing any bottleneck in the care pathway post discharge, patients are better positioned to achieve positive outcomes – which do not begin and end at surgery. For example, Drs. Rogmark and Viberg discussed a national program for improving hip fracture in Denmark, which built infrastructure to help patients post surgery when they return home. This program capitalized on many rehabilitation opportunities and helped lower the 30-day mortality rate from 10% to 6%.

“Choosing not to see injustices does not mean they are not occurring. Structural violence exists. Racism exists. Homophobia exists. Human rights abuses exist. We are stewards of a profession that requires us to do no harm, but, beyond that, to help everyone live healthy and productive lives. We have to take our patients' biopsychosocial contexts—the neighborhoods they live in, the work they do, and the lives that they live—into account.”

Patel (2015) (7)

“With that understanding, Dr. Martin Luther King Jr.'s words resonate: “Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly” [2]. Social justice is not merely a nice idea but a crucial part of our responsibility to promote health. We must participate in addressing inequalities and abuses so that all people are able to achieve health, defined by the World Health Organization as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [3]. We hope this issue challenges preconceived notions of the role physicians ought to play in safeguarding human and civil rights and sparks insight into how to join the struggle.”

————— Patel (2015) (7) —————

“Social medicine studies the health of collective groups of people along with the power relationships between those groups and the institutions that impact their health. Social medicine looks historically at the root causes of health and disease and promotes advocacy and activism. It attempts to counter reductionist approaches common to the current practice of medicine, which often reduce medical care to efficient business practices and treat disease as though only isolated organ systems of sick individuals are involved.”

————— Rhodes (2005) (4) —————

“Many clinicians and trainees see the social world as a messy, impenetrable black box: they may acknowledge its influence on their patients' health, but they lack the understanding and tools for incorporating it usefully into their diagnostic reasoning and therapeutic interventions. But the social sciences of health and medicine provide such tools — theories and methods for understanding social processes and intervening to effect change. Leading organizations in medical education have recommended providing additional training in social medicine, which deploys these approaches to improve health.”

Stonington et al (2018) (8)

How Clinicians Can Make a Difference Through Social Justice

As frontline care providers, clinicians get a glimpse of a wide range of social crises through the patients they see everyday (7). Yet, based on the conventional practice in medicine, they tend to focus on the clinical problems their patients present rather than the broader social problems they also experience. This may be due to a combination of the discomfort clinicians experience to tackle social problems they typically do not receive formal training for, or the helplessness they feel against large social structures that violate their patients' right to health in the first place (7). However, as difficult as these challenges may feel, clinicians need to step up and fulfill their role in safeguarding human and civil rights as failure to do so can jeopardize public health (9).

Regardless of where we look in the world, every society is characterized by a set of circumstances that endanger the health of their civilians. At first, there may be far too many problems to solve and clinicians may feel overwhelmed and unsure of where to start. However, selecting a single cause and making consistent effort for change can eventually generate a large return on investment in the long run. Clinicians can begin this journey for change by committing themselves to the promise of social medicine, which is a key ingredient for achieving social justice. Instead of applying a band-aid approach in medicine, taking a preventative approach for addressing the root causes of health problems as well as different contextual factors that limit the effectiveness of clinical interventions can result in significant cost savings. This approach to healthcare is not normalized in most settings, often because policies that are needed to implement this approach to protect public health do not coincide with short term election cycles that are of interest for many policymakers. However, societal challenges do not operate on fixed timelines and the impact of poor policies can reverberate for decades. Given this context, clinicians can take a two-pronged approach in practicing social medicine. First, from a daily clinical practice perspective, they can customize care according to their patients' needs, which includes, but is not limited to, providing budget friendly therapy options and connecting patients with appropriate social supports. Second, from a system level perspective, clinicians can become active participants in informing policy through advocacy work, which can also take diverse forms such as providing policy makers with critical analysis of diverse social issues that affect population health.

It may be daunting for clinicians to begin practicing social medicine given the changes to their usual routines, particularly in settings where this approach to practicing medicine is not widely adopted. However, with the right intention and conviction, clinicians are well positioned to introduce important societal change for issues that can eventually trickle down as health ailments to their clinical practice. There are many examples of clinicians contributing positively to social justice, some of which are summarized in Exhibit 1 below. We would like to emphasize that the suggestions and examples we have highlighted in our discussion only represent the tip of the iceberg of the many ways in which clinicians can make a difference in social justice. The possibilities to practice social medicine are endless - clinicians can capitalize on their creativity to advocate for those in need in ways that resonate with them the most.

Exhibit 1: Examples of Clinicians Practicing Social Medicine and Supporting Social Justice

Changing Clinical Practice

Community Volunteer Clinic by the Canadian Centre for Refugee and Immigrant Healthcare (10)

- In 2000, a group of nurses, community family doctors, and community volunteers opened a volunteer clinic in Scarborough, Ontario.
- This clinic serves uninsured new Canadians who are ineligible for public healthcare coverage.

Tool for “prescribing income” (11)

- Dr. Gary Bloch, a family physician in Toronto, Ontario, developed this tool for doctors to help socially disadvantaged patients access money to which they are already entitled to.

Marian Cardiac Centre and Research Foundation (MCCRF) (12)

- Dr. Manoj Durairaj, a cardiac surgeon practicing at the Pune-based Ruby Clinic Hall in India, also runs the MCCRF, where he treats patients with different types of heart defects for free.

All Nations, Healing Hospital (ANHH) (13)

- The ANHH is located in Fort Qu'Appelle, Ontario, designed to serve the First Nations population there.
- This health care centre provides a range of acute, palliative care, emergency services, women's health and midwife services, and laboratory and radiology services in a holistic, culturally safe, patient-centred manner.
- Services are available in the five different languages of the region.

Informing Policy

White Coats for Black Lives (14)

- This is a medical student run organization in the US that seeks to dismantle racism in medicine and promote the health, well-being, and self-determination of people of color.
- The goals of this organization are to:
 - Foster dialogue on racism as a public health concern,
 - End racial discrimination in medical care, and
 - Prepare future physicians to be advocates of racial justice.

Canadian Doctors for Refugee Care (15)

- They called on the federal government to rescind the Safe Third Country Agreement (STCA).
- They did this in response to the refugee claimant system in the US where American border agents forcibly separated children from their parents seeking political asylum, and out of concern that Canada risks returning already vulnerable individuals back to the US under the STCA where they may experience further harm.

Final Words: Advocacy is Medicine

It is true that advocacy remains a largely uncharted territory for clinicians who receive little formal training in social justice. Only recently have there been more guidance for incorporating social justice in medical curriculum, with more medical programs tailoring their training approach to ensure tomorrow's clinicians are better positioned to address the social conditions violating human right to health (4, 16). However, even in the absence of formal training, it is never too late for clinicians to seize the opportunity to address a challenge they feel passionate about to promote public health. The year 2020 has seen unprecedented social uprisings – where we observed the power of persistently speaking up for what is right can lead to meaningful change – whether it is to protect racial communities or uphold democracy. It is an opportune time for clinicians to harbour the civic momentum and use their voices to achieve social justice. The world may not be a perfect place nor can clinicians solve all the problems, but continued acts of advocacy, no matter how small or big, can make the world a better place for all of us. In the words of Dr. Bloch, advocacy is indeed medicine (11). We leave our OE community with some tips to become agents for change in their everyday practice:

- A** Always see the big picture in any clinical problem.
- D** Determine the key social factors that cause a problem and can impact the solution(s).
- V** Voice your concerns in a timely manner and do not be afraid to challenge the status quo.
- O** Open mind and dialogue to consider new and diverse solutions to problems.
- C** Connect and collaborate with individuals with experience and expertise in advocacy work.
- A** Aspire to speak up and work for the marginalized communities in society.
- C** Continue to improve your knowledge, skills, and attitudes needed to uphold social justice.
- Y** You. It begins with your commitment to practice social medicine and contribute to social justice.

Contributors



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