IS SOCIAL MEDICINE RELEVANT TO MEDICAL PRACTICE TODAY?

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ABSTRACT

This review is an attempt to describe the important role of Social Medicine in current medical practice based on a cross sectional exploratory research of literature on the topic.

Promoting research activities among undergraduates and graduates regarding Social Medicine and its role to improve global health is recognized by the World Health Organization (WHO), because it helps to improve the education system and health of populations. Hundreds of millions of people around the world are getting sick or even dying because they sought medical treatment and its cost the healthcare providers a lot of money worldwide but does not provide better health for the population. It is a long standing challenge for medical professionals to promote health globally with a focus on a sustainable, cost effective, and affordable health delivery system. WHO has clearly defined that to meet this challenge "better health for all" primary health care should be based on sustainable and affordable quality health care, accessible for individual and families without any discrimination in society.

Social Medicine has a common perception to be shared by every society of the world: that to improve the health of the population, certain community-based research and academic activities in health systems based on social role of the society may influence the attitude of the individuals and medical practices. Present medical education focuses at molecular levels and there is a gap between social analysis and everyday clinical practices. Social and economic determinants profoundly impact health, disease, and the practice of medicine in society. Social Medicine aims to understand, how social and economic condition of an individual and families influence health and disease as well as the practice of medicine, and fosters conditions in which this understanding can lead to a healthy society. Social Medicine teaches that the creation of equal opportunity for all, lowering and containing the health care costs and elimination of user fear and concern regarding quality of health delivery system in the society can achieve the goals of better health.

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INTRODUCTION

Medicine is a social science in its very bone and marrow. Health of populations is a matter of global social concern of health and disease in the society. To lessen this burden of social concern of health, modern health education system needs to understand how social and economic conditions influence the health. disease, and practices of medicines as well as foster conditions in which this understanding can lead to healthier society. The study of Social Medicine seeks to understand the incredible impacts of social and economic conditions of individuals on their health and disease. Social Medicine is a systematic approach which explores relationship between social means and health of individuals. It has been globally recognized that outcomes of health are directly tied to the social determinants of families. Today's health professionals are regularly exposed to socio-economic forces which influence the health and disease in community but they cannot respond effectively, due to lack of specific knowledge, less experience, and absence of relevant training. To counter this situation, interest in interdisciplinary research has been manifested by initiatives like Social Medicine, aimed at increasing the involvement of social sciences in the health sciences.2 The aim of the subject under discussion is to facilitate modern healthcare providers, students, and educators, community organizations to create awareness regarding important knowledge of transformational power of Social Medicine approach and its

potentials impact on the health of the community.

The solution to health problems of vulnerable people of the world demands Integration of Social Medicine in primary health care. Although health care professionals and policy makers have long recognized the importance of social determinants of health and recommend that a health system organized and operated with maximum equity and social justice will achieve better health results, but little is currently known about how biomedical scientists perceive and evaluate the social sciences.3 If we study the origins of the concept of Social Medicine, the main causes of spread of disease and illness in community are socio-economic conditions of the individuals. In any community, the most common socio-economic conditions like lack of education, poverty, and sociopolitical organization play a vital role and affect predominately the outcomes of disease, and development of artificially created epidemics.4 Moreover, if we explore reasons for poor health and disease in the world, these are outcome of defects produced by political, cultural and social organizations in society. One of the challenges of modern medicine is to help individuals practice the necessary life style to achieve personal wants of good health and wellbeing. The impacts of cultural and social causes of health and their role in a community has also been identified in a UN high level meeting which threats sustained highlighted that to physiological health internationally are poor nutrition, physical inactivity, smoking, life style, and hazardous use of alcohol.5

To address health anomalies in this multiracial world, which has ethnic diversity, variety of religious feelings, and cultural ideologies to explain and treat disease, global patronization of Social Medicine and its role is required. Practices of Social Medicine at primary health care level can help achieve the sustainable

development in public health, as well as a change in common perception that rich people are healthier with better life span than the poor; perhaps they may have different genes and better life style.⁶

To promote health of the population in a community, German Pathologist and social activist Rudolph Ludwig Carl Virchow had articulated the need to develop a sociological method of inquiry into the conditions that maximized health problems and preventable diseases in a community.7 Social Medicine can play long-lasting impacts on the global health, if knowledge of socio-economic basic practices prosperity and of personal relationships between health care providers and individuals, like family doctor practicing in the community are revived. Global health forums can visualize that a team of health care providers including doctors, nurses, and paramedics will have outcomes similar to the traditional role that the age-old family doctor had in village or neighborhood practices. Such health care providers would systematically consider the implementations of the broader social context for individual patients.8

BACKGROUND OF SOCIAL MEDICINE

In early 19th century, the start of global industrial revolution and subsequent increase in poverty and disease among workers raised concerns about the effects of social process on the health of poor people. The need to understand impacts of social and economic conditions on health and diseases in the community created an inspiration for Social Medicine among policy makers. Rudolf Virchow (1821-1902), a German physician and famous Pathologist, perhaps most remembered in medical circles as the father of cellular pathology but also considered by many as an anthropologist and founder of Social Medicine. During an investigation to find out causes of

spread of Typhus in Upper Silesia in 1848, he pointed out that poor housing environment, hazardous working conditions, unhealthy diet, and lack of sanitation were the root causes of raging Typhus in Germany.⁹

The subject of Social Medicine demands that to achieve better health for population, health system has to eliminate health inequalities and social injustices in the community. The early nineteenth century European literature and health statistics support and reveal that causes of difference in mortality and morbidity rates among various social classes are due to their poor and wealthy social status. A research study conducted by British Medical Research Council (1931-1948), 10 revealed that the main causes of high rates of prevalence of Pneumoconiosis among coal mining workers of South Wales in Great Britain were low income and poor living conditions. The relationship between the role of socio-economic conditions and health in society became known as Social Medicine. Unfortunately, despite known causes of poor health and disease in society, health discrimination inequalities and remained dominant in the world.

A globally recognized area of research and activism has been to study how profoundly the impacts of social and economic conditions influence health, disease and practice of medicine in a community.11 We can discuss the present struggle against AIDS to control further spread of this fatal infectious disease and to deliver clinical care to some of the poorest people of the world. This is not only a fight against AIDS, but also struggle for the rights of women, children, and sex workers to get better health facilities and improve their social conditions in society. We can speak of living in the best of times and the worst of times. It is certainly one of the miracles of modern Biomedicine that methods were developed for rapid identification of the causative agent of AIDS along with a highly effective treatment, although it is not yet curable. In United States of America, AIDS is now largely treatable but still social inequalities, health disparities, and disruption are central to spread of HIV virus AIDS.¹²

In each community, people grow up to adopt the beliefs and values of their parents and the rest of the community they live with; this has a deep influence on the ability of individuals in reference to their longing for health and wellbeing. People are products of fundamental cultural values or of an artificial culture dominated by the political, cultural and social organizations in society, that affect those classes that do not have access to, or participate in, the advantages of that culture. The vital role of social and economic factors on health and social well-being in society, has an international identification and support but little has been done to achieve the goals of better health.

To test and evaluate the impacts of the role of Social Medicine on health in society, Montefiore Medical Center & the Albert Einstein College of Medicine in Bronx, New York created the Residency Program in Social Medicine (RPSM) in 1970.2 They recruited general physicians for the RPSM with the purpose to train them as Social Medicine Doctor (SMD). The goals of this RPSM was to train general physicians as SMD, and impart the general knowledge regarding impacts of social determinants on the health and disease in a community; they were assigned a specific treatment plan to promote social justice by providing extra care to underserved people. The outcomes of this program revealed, a notable difference in clinical practices between social medical doctors and general physicians, also identified that social injustice and socioeconomic conditions of individuals play an integral part to health care in the society.2

DISCUSSION

The declaration of the WHO international conference at Russia in 197814 fully endorsed the important role of Social Medicine to health improve of populations, recommended a sustainable Primary Health Care Program based on a practical, scientifically sound, and affordable cost providing social justice in the community. This declaration reaffirmed the real sense of sound health as "a state of complete physical, mental and social well-being of an individual and not merely the absence of disease". 14 This was an endorsement to existing Social Medicine knowledge that social justice, better socio-economic conditions, and elimination of existing gross health inequalities are the only solutions to attain sustainable improvement in global health. Moreover, to bring prosperity and better health in society, changes in sedentary life style are essential to adopt ways to be good to health by getting involved in exercise, develop habits of eating healthy foods, changes in alcohol intake, and to quit smoking, are essential. The main task of the health care services is to focus on health of people by introducing sustainable, cost effective, and affordable primary health care in society. Health for all can be achieved if health system projects foster conditions, nurturing relationship, and eliminates the user fear regarding quality of health services in community. The simple logical answer to patchy global health situation and conditions similar to pointed out by Rudolf Virchow prescription for Silesian typhus epidemic in German, can be prevented in future with more education, economic prosperity, and health equity in the world. 15 To achieve highest attainable level of health, health system has to maximize the equity, solidarity, social justice, and address social determinants of health and disease in society.

Unfortunately in past few decades, health systems in the world have seen a rapid expansion of the corporate agenda in the field of health and health care. It is observed that rather than moving toward a system of universal access to medical care, quality of clinical services is being turned over increasingly to the private sectors and insurance industry. In the present health system, patients are now "clients" and clinical services are "product lines". Because more clinical research is now funded by the pharmaceutical industry than the National Institutes of Health, pharmaceutical dollars pay the salaries of top academics and set the national research agenda. A recent example of health reforms in United States of America, have neither given all Americans affordable, quality health care nor is likely to do so. Provision of HIV treatment for all who need it could be supplied for a tiny fraction of what the US government has spent to pursue Saddam Hussain and his nonexistent weapons of mass destruction. The essence of the problem was political.16

We see sophisticated advertising campaigns that promote expensive drugs of dubious efficacy; unfortunately this type of market rationality into health care has not brought the hopes for curbing of health care costs in the society and to attain affordable cost of medicines for individuals.

There are many examples in the society that rich have better health than poor because of their life style, and easily affordable accessibility to health services. Many saw these disparities as a hurdle to better health, which need a global revolution in health services and social reforms. The history dates back to the early nineteenth century when the systematic study of the relationships between society, disease, and medicine began; the social conditions dominated

among all causes of spread of diseases and epidemics. This systematic study of social role of disease in society, eventually brought the forms of medical practice derived from it became known as "Social Medicine." Present health conditions of poor and underdeveloped countries, has drawn attention of the international health forum, and to achieve meaningful health reforms, a renewed focus on improvement in literacy, economic prosperity, and social role of the society have become a matter of priority. To achieve meaningful health reforms and improvement in health of populations, a specialized field of medical

knowledge with focus on the cultural and economic impacts for diagnosis and treatment of disease must be introduced.¹⁷

CONCLUSION

Those familiar with the history of medicine understand that global health problems will not be solved by more doctors, more medicine, more human resource (professionals), more quality control initiatives, more computers, more audits, and faster hospital admission and discharge times, but by a fundamental rethinking of the social role in health and disease.

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