The relationship between the circumstances in which people live and their state of health is well-studied. At McMaster, medical students learn about social determinants of health (SDOH) as a part of the professional competencies curriculum early in their first year of training, and principles of population health are identified as key concepts for the Medical Council of Canada’s qualifying examination for physicians (Table 1). Yet an acknowledgement that social and economic factors can explain health inequities is of little value without accompanying action, like praising democracy without placing a vote. The role of health advocate, identified as an essential physician competency in the CanMEDS framework, was shown to have the least incorporation into residency programs in a 2001 survey.1 In order to fulfil this role, physicians must be aware of the SDOH that affect their patients, as well as know how to intervene on their behalf. Providing avenues for advocacy as a part of physician training highlights our responsibility to influence health outcomes on a population level.

Table 1. Social Determinants of Health

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture


To gain more insight on how to equip physicians-in-training for this task, MUMJ editor-in-chief Kathleen Huth interviewed Dr. Dennis Raphael, a prominent Canadian advocate for policies that address the SDOH and a professor at the School of Health Policy and Management at York University.

Huth: What should medical trainees know about the social determinants of health as they prepare for their medical practices?

Raphael: Prospective physicians need to recognize that the social determinants of health—the living conditions their patients are exposed to that are created largely by public policy decisions—are the primary factors that shape whether individuals are healthy or ill. These living conditions are also the primary factors that shape their recovery from acute illness and their successful management of chronic diseases.

These may seem to be rather powerful statements, but the impact of living conditions upon health has been known since the mid-1850s, and the thousands of studies that have taken place since then have only served to confirm this relationship. Indeed, there appear to be only a handful of afflictions—usually genetic in origin—that appear to be unrelated to living conditions. And even these afflictions are impacted by living conditions as families must cope with the loss of income and the need to care for members of the household who are ill.

Factoring in living conditions is especially important considering there is such inequality in living conditions among the population. In Canada, about 15% of the population experiences the material and social deprivation associated with living in poverty, and this number surely
underestimates the prevalence of poverty since it comes from the period prior to the current recession. In addition to Canada’s high poverty rates, we also have one of the weakest social safety nets among wealthy developed nations. All of this leads to a rather bleak outlook concerning the health of Canadians. As just one example of our population health profile, in 1980 Canada was ranked 10th among 30 Organisation for Economic Cooperation and Development (OECD) nations in infant mortality rates. Though we showed some improvement in absolute rates, we now stand 24th of 30 OECD nations in this important population health indicator.2

Huth: Considering these statistics, what are some ways that students and health care professionals can get involved in advocacy work?

Raphael: One avenue is through medical association action. The Canadian Medical Association and the Canadian Pediatric Society have argued forcefully for action on the social determinants of health. The leadership of these organizations must be supported in their efforts to raise these kinds of issues. The Ontario Physicians Poverty Work Group and Health Providers against Poverty provide opportunities for physicians-in-training to become engaged in the social determinants of health. Finally, anyone can join and/or support organizations that work to strengthen the evidence for social determinants of health. Some of the links to these organizations, and suggestions for action are provided in the document “Social Determinants of Health: The Canadian Facts” at http://thecanadianfacts.org/. There are a number of additional resources available online (Table 2).

Huth: How should the SDOH be addressed in the medical school curriculum?

Raphael: In addition to providing information, the medical school curriculum must address the profound barriers preventing the medical profession from seriously considering the social determinants of health. These barriers include the conservative nature of much medical research and practice—especially in epidemiological work—is usually on the concrete and observable as opposed to the abstract and conceptual. There are also class-related issues where wealthy and high-status physicians have little personal experience of the daily barriers to health that are experienced by so many Canadians.

Finally, like most health professionals, there is reluctance among physicians to address issues whose origins are to be found in the organization of society and the political and economic forces that shape how these societies distribute resources. In 1848, the famed German physician Rudolph Virchow stated: “If medicine is to fulfil her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?”3

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**Table 2. Resources on the SDOH: From Global to Local**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td>Health Providers Against Poverty <a href="http://www.healthprovidersagainstpoverty.ca/">http://www.healthprovidersagainstpoverty.ca/</a></td>
<td>Information about campaigns in Ontario and access to their listserv. “Poverty: A clinical tool for primary care” can be downloaded from the website.</td>
</tr>
<tr>
<td>Community Health Initiative for Medical Education <a href="http://chimeonline.ca">http://chimeonline.ca</a></td>
<td>A needs assessment for Hamilton conducted by an interprofessional group of McMaster students and information on local volunteer opportunities.</td>
</tr>
</tbody>
</table>
If there is one lesson that prospective physicians need to learn it is that promoting health is a profoundly political activity. While it may be helpful for some of your patients to be badgered to eat fruits and vegetables, engage in physical activity and quit their smoking and excessive alcohol use, it will be much more useful for them in the long term to have you urge governmental authorities to provide all citizens with the foundations necessary for health. These foundations include income, employment, housing, and food security. This lesson has been learned in most European nations where public policy is oriented towards the promotion of health and the prevention of disease. This has not been the case in Canada.

The medical profession has come to recognize that health care is political. It has to learn that the origins of health and the causes of disease are also political. To date, this latter dictum has generally been ignored. Critical analysis of these issues by the medical school curriculum offers the possibility of physicians contributing to the ongoing debate as to the origins of health and the causes of illness.

REFERENCES


Author Biographies

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