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What is social medicine? The US-European perspective.

“Change pathogenic situations in the community to protect [the] community at large”.
Holtz and Finlay (2005)

Note to readers: This is a short explanation of the US-European view of the field of social medicine prepared by Johann van Reenen, Fall 2007 for the *Latin American Knowledge Harvester* (LAKH) project. It should be read in conjunction with the definition of Latin American Social Medicine provided by Celia Irriart.

Philosophy of social medicine:

Social medicine is based on the philosophy that major contributors of health and illness in a population are determined by the structure of society. These social origins of illness demand social solutions.

Holtz and Finlay (2005) postulate that: “Ultimately, it [social medicine] is concerned with improving housing, nutrition, educational opportunities, and employment opportunities; combating racism and discrimination; eliminating poverty; and altering the inequities and inadequacies of the medical care delivery system in society at large.”

Definition:

Social medicine is concerned with society and the individual’s capacity to mobilize resources to improve well-being by understanding and addressing the social aspects of people’s lives that impact upon their health, their exposure to illness and illness-producing behaviors, including the global forces that cause or contribute to disease or prevent its amelioration (adapted from Holtz and Finlay, 2005).

Anderson, Smith, and Sidel (2005) explain varied interpretations over time and in different locations about the meaning of social medicine. They conclude with three common principles that underlie the term:

- Social and economic conditions profoundly impact health, disease, and medical practices
- The health of the population is a matter of social concern
- Society should promote health through both individual and social means.

Thus social medicine practitioners:

- Encourage universal and equitable access to and appropriate use of an effective and efficient medical care system
- Encourage preventive medicine
- Strengthen governmental health authorities
- Increase resources for the promotion of social well-being
- Utilize critical epidemiology to inform research and decision making
- Study the medical needs of society
- Study the impact of socio-economic and cultural issues on well-being
- Take into account divergent cultural beliefs and practices in different societies, ethnic, and cultural settings.

There is much that social medicine researchers in the United States can learn from the long history of the field in Latin America, such as: social, environmental, and nutritional causes of infant and perinatal mortality; economic development, demographic change, and aging; socioeconomic barriers to cancer prevention; determinants of mental illness in race or ethnic background, social class, gender, and social violence; and policy research on primary care innovations and preventive services.

References:

Anderson, MR; Smith, L; and Sidel, VW. (2005) "What is social medicine?" *Monthly Review*, 56 (8). Online at: <http://www.monthlyreview.org/0105anderson.htm>

Holtz, T. and Finlay, A. (2005) "Social Medicine: History and contemporary relevance" Slide presentation (PowerPoint™ document) downloaded from <http://www.socialmedicine.org/newtosm.html>

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