



SAPIENZA
UNIVERSITÀ DI ROMA

Corso di Laurea 'A' in Medicina e Chirurgia

Global Health: international monographic course

Issues in public health: a global perspective

WHAT DOCTORS CAN DO...

Conclusions

Rome, 27th november 2020

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...looking for a conceptual framework...

- Do these topics affect our everyday work?
- Which are the consequences for our everyday practice?
- How do these big issues affect our everyday practice?



The Commission on Social Determinants of Health

Inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.

Social and economic policies have a determining impact on whether a child can grow and develop to its full potential and live a flourishing life, or whether its life will be blighted.

*It does not have to be this way and it is not right that it should be like this. Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity. **Putting right these inequities is a matter of social justice.** Reducing health inequities is, for the Commission on Social Determinants of Health (hereafter, the Commission), **an ethical imperative. Social injustice is killing people on a grand scale.***

So...what can we do?



How doctors can close the gap

Tackling the social determinants of health through culture change, advocacy and education



Royal College
of Physicians

Setting higher medical standards

2 Changing perspectives

To tackle effectively the social determinants of health a holistic approach to the issues is required, with doctors not only taking a lead in promoting and protecting health, and preventing ill health, but also working collaboratively across all sectors to develop systems to reduce health inequalities.

It is also commonly recognised that doctors are some of the most trusted and respected professionals in society and this goodwill needs to be channelled into programmes tackling health inequalities. Doctors at all levels need to join forces to advocate health equality – from impassioned medical students to influential deans and directors. The entire profession can use their powerful voices, whether on a personal, community or national level, to promote action on the social determinants of health.

Recommendations

- ▶ All doctors should consider the impact on health inequalities of their day-to-day practice.

Key actors: All doctors

- ▶ Senior medical figures and medical educators should legitimise, encourage and harness **the power of student advocacy** and action on the **social determinants of health**.

Key actors: Deans, course directors, undergraduate and postgraduate deans, royal medical colleges

- ▶ Medical professionals should highlight and advocate policies and programmes that both have benefits for the physical and mental health of socially disadvantaged groups and result in reductions in greenhouse gas emissions.

Key actors: All doctors, NHS Sustainable Development Unit (NHS SDU), AoMRC

- ▶ Clinical doctors and public health specialist teams should work together more closely in shaping services and developing programmes to promote and protect people's health, prevent ill health and tackle health inequalities.

Key actors: All doctors, local public health teams, local commissioning and planning teams.

3 Changing systems

A key challenge in addressing health inequalities is that the most disadvantaged and marginalised are often the last in society to seek medical help. This can result from physical or mental impediment, logistical issues, language barriers or even a stoic attitude towards health and a general acceptance of ill health as inevitable. All healthcare professionals need to engage with their local communities and work to widen access to services and connect with hard-to-reach sections of society. Healthcare programmes should be designed to empower the public and take increased control of their health.

- ▶ There should be adequate medical input into decisions taken within non-health sectors to ensure that the initiatives do not exacerbate health inequalities and simultaneously maximise potential health gains.
Key actors: All doctors, national and local government
- ▶ Healthcare services should be better integrated into the community to reach out to disadvantaged and marginalised groups in society and reduce the many barriers impeding access to advice, prevention, diagnosis and treatment.
Key actors: All doctors, PCTs, SHAs, Department of Communities and Local Government
- ▶ In the course of all doctor–patient consultations there needs to be more scope to discuss the root causes of ill health and signpost patients towards appropriate support and services, inside and outside the health sector.
Key actors: All doctors


4 Changing education

We must give medical students and trainees the encouragement and support to act on social determinants of health and to promote health throughout the population, rather than exclusively concentrating on treating individual patients. It is important to impress on students early in their medical careers that learning about the social determinants of health really will help them to make a difference to the health of society.

It must be recognised that public health and health inequalities affect all disciplines and need to be taught across the curriculum, not just explicitly as stand-alone modules. This can be done by linking specific diseases to their causes and getting students to discuss the causes of these causes – for example when learning about respiratory disease, students need to understand how a person's family and social networks, and living and working conditions, can impact on such factors as smoking, and what measures can be taken to reduce the impact. This practice can be mirrored in the hospital



Recommendations

- ▶ **Learning on health promotion, health inequalities, disease prevention and the social determinants of health should be made more engaging, be embedded as a vertical strand throughout medical education and be considered a key outcome of the process.**
Key actors: Deans of medical schools, course directors, postgraduate deans, medical royal colleges
 - ▶ **The structure of postgraduate medical training of all doctors must be examined, to see how opportunities to engage with the social determinants of health can be better incorporated through practice, research and secondments.**
Key actors: All doctors, General Medical Council (GMC), AoMRC and postgraduate deans
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In our everyday practice...

- Need of social network and multidisciplinary work
- Need for advocacy
- Need for political involvement
- A global approach to the patient
- Time for building relationships
- Case history taking into account the conceptual framework of social determinants of health
- ...



So... get involved,
you 're needed !!!

Useful websites

GLOBAL HEALTH IDEAS ON EDUCATION AND PUBLIC AWARENESS

HOME CHI SIAMO CONTATTI EN IT

SALUTE GLOBALE

PUBBLICAZIONI E BIBLIOGRAFIA

- I fondamentali
- Per iniziare
- Approfondimenti
- Dalla stampa
- Video e materiali multimediali
- Ricerca bibliografica

MATERIALE DEI CORSI

CONVEGNI

AGENDA

Segnala un evento

LETTURE

- Tuberculosis News
- Officina Formazione Salute e Sviluppo

LINK

RICERCA LIBERA

Cerca...

RIISG

RIISG - Rete Italiana per l'Insegnamento della Salute Globale

CHI SIAMO

La Rete Italiana per l'Insegnamento della Salute Globale (RIISG) è un network nazionale che comprende scienziati, organizzazioni non governative, singoli individui impegnati a livello universitario che di so...

STORIA

La nascita della RIISG è il risultato di un processo che si è sviluppato nel 2007, grazie allo stimolo dato dalle "opportunities for health" e dal desiderio di coinvolgere altre discipline in medicina a livello nazionale: studenti, giovani medici e ricercatori, organizzazioni non governative, comune interesse e lavoro: la disuguaglianza tra e nei Paesi e salute: i determinanti sociali, gli scambi e la collaborazione desiderio di coinvolgere altre discipline portato nel 2010 alla creazione...

OBIETTIVI

Obiettivi specifici sono:

1. Contribuire all'elaborazione dell'approccio di Salute Globale
2. Promuovere l'insegnamento della Salute Globale a livello accademico nelle Scuole di Specializzazione e a livello professionale nella formazione continua in...

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Home » Aree, Salute globale

La salute globale. Determinanti sociali e disuguaglianze

Inserito da **Redazione SI** on 17 ottobre 2014 - 12:06

Gavino Maciocia

Il libro – esteso corso online "Salute globale" – è stato improntato, e le idee trovate sono state depositate su un sito in cui ognuno, come organizzatore, ha fatto ricerca, sostenuto progetti, partecipato alle iniziative, e senza neanche pensarci...

(Dall'Introduzione)

Quando il tasso...

OISSG

Osservatorio Italiano sulla Salute Globale

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EBOLA: LA TEMPESTA PERFETTA

Publicato il **ottobre 9, 2014** di [redazioneoissg](#)

Da quando è tornato a infestare l'Africa, con dinamiche di contagio e parabole epidemiologiche che non si erano mai viste prima, nella lotta al virus dell'Ebola. Dal primo passaggio del virus, forse dovuto al contatto fra un contadino di uno sperduto villaggio della Guinea Conakry e una volpe volante (o pipistrello della frutta), tra la fine del 2013 e l'inizio del 2014. Da quando è stata finalmente identificata, nel marzo 2014, l'epidemia ha moltiplicato le sue rotte. Oltre i remoti villaggi senza nome, lungo le camionate dirette alle brulicanti città africane. Fuori dai confini sociali della povertà, a lambire la classe media del continente, anch'essa aeromobile ormai. Gli ultimi dati dell'OMS registrano 7470 casi in Guinea, Liberia e Sierra Leone, con 3431 decessi. Ma l'Ebola è uscita ormai anche dal continente africano. E' atterrata negli Stati Uniti, con il "caso zero" di virus del 28 settembre in Texas – quello di Thomas Eric Duncan, in lotta tra la vita...

Better Health for Latin Americans in Europe - COHEMI

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