

# Physician Assessment of Social Determinants of Health: A Necessary Component in Improving Care of Patients

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The importance of building a therapeutic relationship between a physician and a patient is taught early on in a medical student's training, specifically through the practice of obtaining a patient history. This process consists of gathering information in four main categories: the history of the present illness, personal social history, past medical history, and family history. Each piece of information obtained within these categories is vital in ensuring a patient receives appropriate and effective care. Specifically, a social history consists of asking about a patient's relationship status, support system, home environment, interests, exercise, nutritional habits, substance use, and sexual history. To complete a successful and full social history, one should try to address the social determinants of health. As per the Government of Canada's website, social determinants of health "refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society such as income, education or employment".<sup>1</sup> Consequently, a critical component of a complete social history interview should be investigating a patient's socioeconomic status. Low socioeconomic

status (LSES) has been found to play a role in incidence and susceptibility to a variety of health conditions. As such, I believe that screening for and asking questions pertaining to the socioeconomic status of a patient should be considered a vital and essential component of every patient assessment.

After some research, I came across a case about Marie, a 42 year old woman who passed away due to metastatic cervical cancer. As I first read about the case, the cause of the death seemed obvious to me. Marie had cancer and it had metastasized to the point that it was untreatable. As I read further, however, it became clear that there was a lot more to Marie's case than just her diagnosis of cancer. Marie was a single mother, who was forced to drop out of school in grade eight to help financially support her family. These financial struggles continued into her adulthood where as a single mother of two she managed multiple jobs to try and support her own family as well. While technically Marie did die from her cancer, it became obvious to me that the underlying cause of her illness and her death was much bigger than that. Marie's socioeconomic status contributed

to the reason that she was unable to be educated on when she should seek help and it was a factor that influenced her feeling of being scared to take time off work to see a physician.<sup>2</sup> Ultimately, it was an important precipitating factor of her death.

Various health issues such as diabetes, mental illness, stroke, cardiovascular disease, gastrointestinal disease, cirrhosis are shown to have increased prevalence in individuals who are from LSES backgrounds. In Canada, poverty accounts for 24% of person-years life lost.<sup>2</sup> There is also a 17% higher rate of circulatory conditions in individuals from the lowest income quintile in comparison to the average Canadian.<sup>3</sup> Further, 49.7% of individuals living in the poorest urban neighbourhoods tend to be overdue for colorectal cancer screening, in comparison to just 34.9% of individuals living in the wealthiest urban neighbourhoods in Ontario.<sup>4</sup> The COVID-19 pandemic only exacerbated problems such as these. In Ontario, neighbourhoods with high 'ethnic diversity' rates were compared to the least diverse neighbourhoods. In comparison ethnically diverse neighbourhoods had four times higher hospitalization rates, four times higher intensive care unit admission rates and two times higher death rates.<sup>5</sup>

Screening for pertinent social history information such as a patient's socioeconomic status serves as a primary prevention mechanism. When physicians are aware of the diseases their patients are most vulnerable to, or are aware that they are at a higher risk of missing vital screening tests, these problems are able to be tackled earlier on. For a patient such as Marie, an effective evaluation of her socioeconomic status would reveal the importance of spending the time to educate her on the necessity of a routine pap smear, or risk factors that she has for diseases such as cervical cancer.

Many patients, however, are hesitant to share information in regards to their socioeconomic status due to a fear of biases such as being less intelligent, independent, responsible or rational than patients from a higher socioeconomic background impacting their care.<sup>6</sup> Correcting these biases and educating physicians on how to overcome problems such as patients not being compliant with their advice and not returning for follow-up appointments is critical in addressing this issue. By working to resolve these

problems, we will not only have physicians who are better equipped to deal with patients of LSES but also enable physicians to develop a greater skill set to treat any patient. Much like a family history of cardiovascular disease is seen as a risk factor for an individual to have cardiovascular disease themselves, a patient's socioeconomic status should be treated in the same manner. It is simply a risk factor, it is not a defining factor of who these patients are as individuals and it is not indicative of how they will act if they are treated and educated in the right manner.

As a future physician, I hope to never lose sight of the fact that a patient is much more than their illness. A patient's history, and specifically their social history, including their socioeconomic status is an essential piece of information that can serve as an additional tool to tailor their treatment in a way that best suits them and their needs. While it is important to be aware of the unique challenges a patient of LSES will encounter, it is also important to keep in mind that these are simply potential challenges and risk factors. Through education and further training, I believe that screening for and asking more questions pertaining to a patient's social determinants of health will ultimately lead to earlier diagnoses, and consequently, better outcomes for our future patients.

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