

AUTHORS & AFFILIATION:

Labib Girgis, MD, MSc *: Family Medicine Department, McGill University, Canada

Gerald Van Gorp, MD: Family Medicine Department, McGill University, Canada

David Zakus, MSc, PhD: Dalla Lana School of Public Health, University of Toronto, Canada

Anne Andermann, MD, DPhil: Family Medicine Department, McGill University, Canada

How can doctors in Eastern Mediterranean Region take action on the social determinants of health?

Background:

While it is increasingly recognized that social determinants can impact the health of patients and populations, there is relatively little published on how doctors in Eastern Mediterranean Region (EMR) can help to address the social causes of their patients' poor health.

Objectives:

To identify common social challenges faced by patients in EMR countries, to assess what doctors are already doing to address these challenges, to identify barriers for addressing the social causes of poor health in EMR countries, and to come up with suggestions to improve clinical encounters' meeting of social needs.

Methods:

We used a qualitative descriptive design involving semi-structured in-depth interviews. Purposive sampling and snowballing techniques were employed to recruit doctors who were trained in EMR countries but had since moved to Canada. Recruitment continued until data saturation was reached (18 interviews). The interviews were analyzed using qualitative content analysis as described by Graneheim and Lundman (2004) with a conventional approach as proposed by Hsieh and Shannon (2005).

Results:

The main social challenges identified include poverty, illiteracy, domestic violence, child abuse, addiction, unstable families, and food insecurity. Doctors attempted to help their patients by providing free medical services and free medications, establishing a donation box for underprivileged patients and referring to social workers (where available), as well as engaging in community-based initiatives such as health care campaigns to remote and underserved regions. Barriers include: cultural constraints and social norms, lack of time, unfamiliarity or unavailability of social support organizations, large number of patients, and government policies and structural factors. Strategies to improve clinical encounters' meeting of social needs could include educating doctors and patients about the importance of discussing the patient's social environment, strengthening the doctor-patient relationship, improving social security systems, as well as advocating for broader policy approaches by governments to address the underlying social problems.

Conclusions:

Participants identified many relevant social determinants of health as contributors to poor health. Numerous strategies to addressing these barriers and associated challenges were described.