

What a good doctor knows about society



Year 1 Society & Health

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Aims Of Session

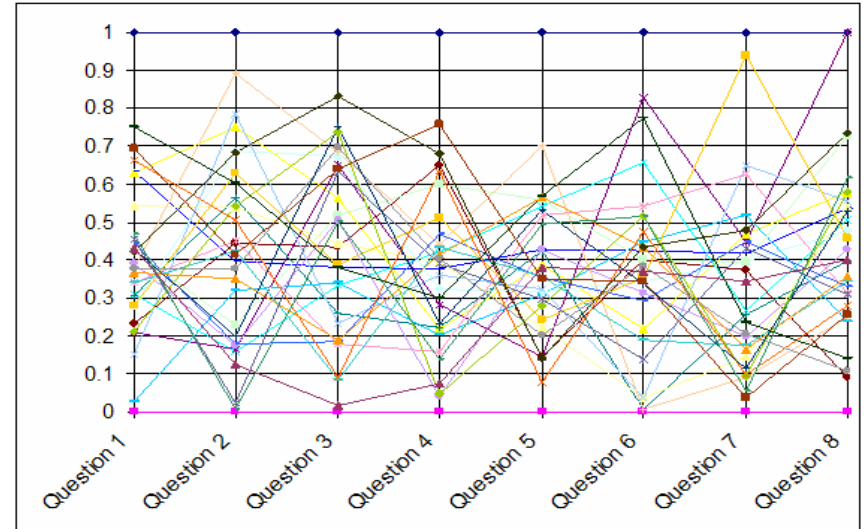
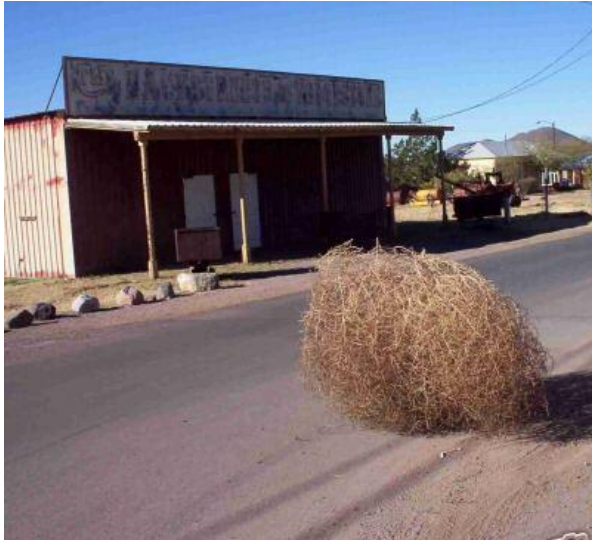
- To explain why the course is important
- To excite you about the opportunities as a medical student and as a health professional
- To give you a brief taste of activism, sociology and global health

Why Am I Here?



(when I could be fast asleep in bed)

Old Course



New Course



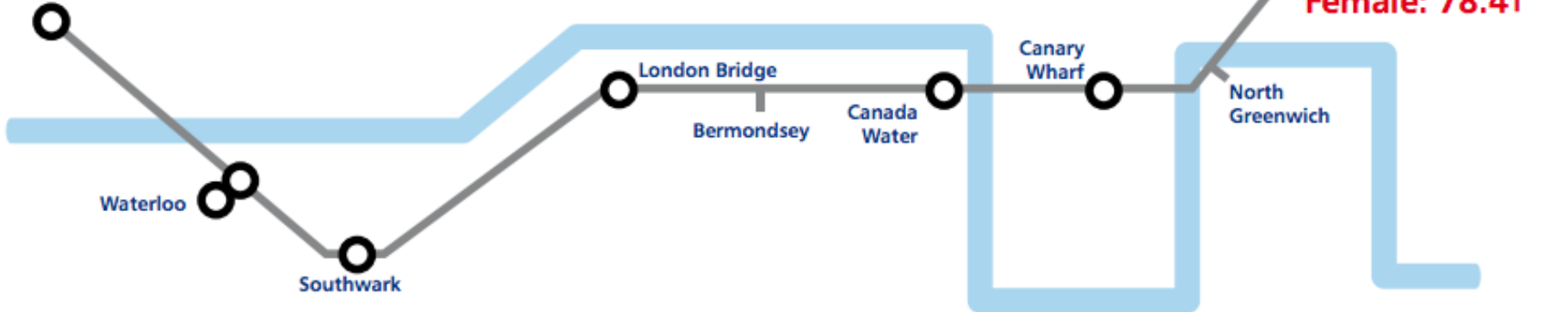
*4 reasons this course will
change your life!*

Why is This Important?

Travelling east from Westminster, each stop represents nearly one year of life expectancy lost

Life Expectancy
Male: 77.7
Female: 85.2*

Westminster



London Underground

Jubilee Line

Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, each stop, on average, marks nearly a year of shortened lifespan.¹

¹ Source: analysis by the LHO using ONS data. Diagram produced by the Department of Health.

* Life Expectancy Westminster Male: 77.7 - (CI 75.5 - 79.9), Female: 85.2 - (CI 82.2 - 88.2)

† Life Expectancy Canning Town Male: 70.7 - (CI 69.0 - 72.5), Female: 78.4 - (CI 76.7 - 80.2)

SHORTEST LIFE EXPECTANCY (MEN)

GLASGOW: 69.3 years

MOST SICK DAYS

GLASGOW: Average 4 days per person per year

BIGGEST SWEET EATERS

NORTH-EAST: 148g per person per week

MOST McDONALD'S OUTLETS

MANCHESTER: One for every 15,269 people

HIGHEST RATE OF DEPRESSION

LIVERPOOL: Almost one in five Liverpudlians suffers from depression

SHORTEST LIFE EXPECTANCY (WOMEN)

LIVERPOOL: 78.3 years

BEST NHS TRUST HOSPITAL

ROBERT JONES AND AGNES HUNT ORTHOPAEDIC TRUST, OSWESTRY, SHROPSHIRE: 77% of patients said care was excellent

LEAST LIKELY TO JOIN A GYM

WEST MIDLANDS: Number of people joining has dropped by 8%, the biggest drop in the country

WORST ACCESS TO DENTIST

WALES: One dentist for every 2,877 people

LOWEST DEATH RATE FROM HEART DISEASE (MEN)

SOUTH-EAST: 138 deaths per 100,000 population

LOWEST DEATH RATE FROM HEART DISEASE (WOMEN)

SOUTH-WEST: 40 deaths per 100,000 population

OBESE CHILDREN

Percentage of reception year ('Year 1')

Worst five	Best five
Hackney, London 16%	Teesdale, Co. Durham 4.86%
Wakefield, W. Yorks 15.97%	S.Lakeland, Cumbria 5.29%
Eliasmere Port and Neston, Cheshire 14.92%	Waverley, Surrey 5.31%
Ryedale, Cumbria 14.85%	Brentwood, Essex 5.46%
Tower Hamlets, London 14.65%	Aylesbury Vale, Bucks 5.56%

HIGHEST INCIDENCE OF CANCER

DORSET: 671 per 100,000 population

HIGHEST RATE OF PROSTATE CANCER

DORSET: 134 per 100,000 population

HIGHEST RATE OF BREAST CANCER

OXFORD: Around 150 per 100,000 population

WORST NHS TRUST HOSPITAL

EALING HOSPITAL: Only 24% of patients rated care 'excellent'

LONGEST LIFE EXPECTANCY (MEN & WOMEN)

KENSINGTON & CHELSEA: 82 years (men); 86 (women)

HIGHEST DEATH RATE FROM HEART DISEASE (MEN & WOMEN)

SCOTLAND: 221 deaths per 100,000 population (men); 81 deaths per 100,000 population (women)

BEST ACCESS TO A GP

SCOTLAND: One doctor for every 1,238 people

NEWCASTLE UPON TYNE: Greatest percentage of binge drinkers (see table)

EASINGTON: Has the lowest percentage of adults eating five or more pieces of fruit and veg a day (see table)

LOWEST INFANT DEATH RATE

BERWICK-UPON-TWEED: Fewer than one death per 1,000 births

HIGHEST INFANT DEATH RATE

WEST LINDSEY: 10.3 deaths per 1,000 births

WORST ACCESS TO A GP

EAST MIDLANDS: One doctor for every 1,696 people

FEWEST SMOKERS

WEST MIDLANDS, EAST OF ENGLAND, LONDON AND SOUTH-EAST: Women: 20%

BEST ACCESS TO DENTIST

LONDON: One dentist for every 1,956 people

LOWEST RATE OF BREAST CANCER

NORTH LONDON SUBURBS, INCLUDING HAMPSTEAD AND HIGHGATE: 111 per 100,000 population

LOWEST RATE OF PROSTATE CANCER

HARROW: Has the lowest percentage of binge drinkers (see table)

LOWEST INCIDENCE OF CANCER

NORTH-EAST LONDON: 324 per 100,000 population

HEALTHY EATING ADULTS

Percentage eating five or more pieces of fruit and veg a day

Worst five	Best five
Easington, Co. Durham 14.16%	Kensington & Chelsea 45.75%
Hartlepool, Co. Durham 15.77%	Cambridge 38.87%
Middlesbrough 16.38%	Oxford 37.55%
Sunderland 16.67%	Male Valley, Surrey 37.48%
Sedgefield, Co. Durham 16.72%	Richmond, London 37.06%

BINGE DRINKING

Percentage drinking more than twice the recommended daily allowance of three units for men and two for women

Worst five	Best five
Newcastle upon Tyne 28.93%	Harrow, Middlesex 9.70%
Manchester 28.36%	Redbridge, Essex 10.38%
Middlesbrough 27.83%	Hillingdon, London 10.68%
Durham 27.42%	Bexley, London 10.71%
South Tyneside 27.09%	Bromley, Kent 10.74%

MOST SMOKERS

NORTH-EAST: Men: 30% Women: 28%

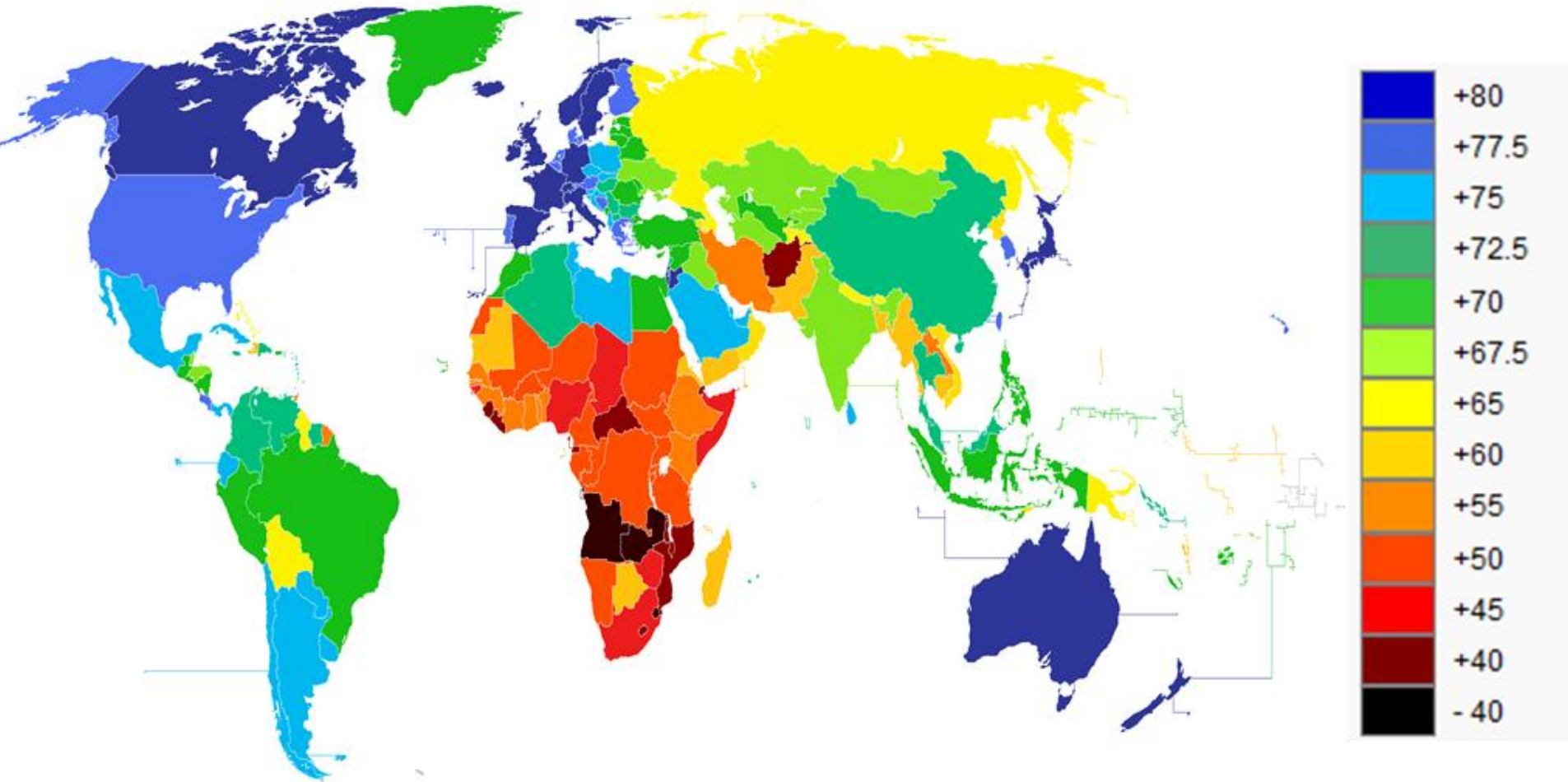


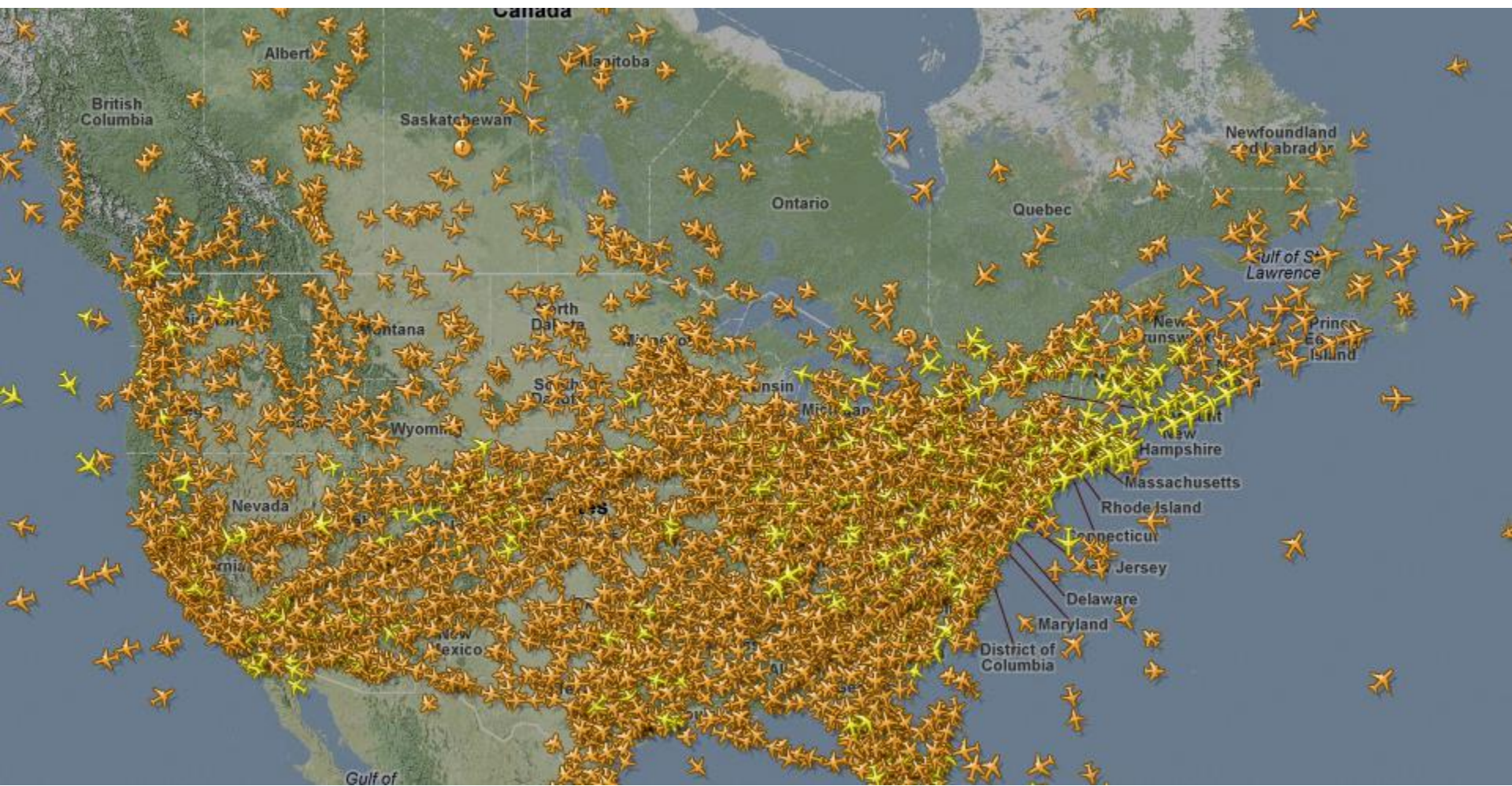
FATTEST DIET

EAST MIDLANDS: 101g per person per day (Recommended Men: 90g Women: 70g)

UK?

World?





**Rudolf
Virchow (1821-
1902)**



‘Politics is
nothing more
than medicine
in the big
picture’

“Should medicine ever fulfill its great ends, it must enter into the larger political and social life... it must indicate the barriers which obstruct the normal completion of the life cycle and remove them...”

SO Why Am I Here?

- It will make you a better doctor



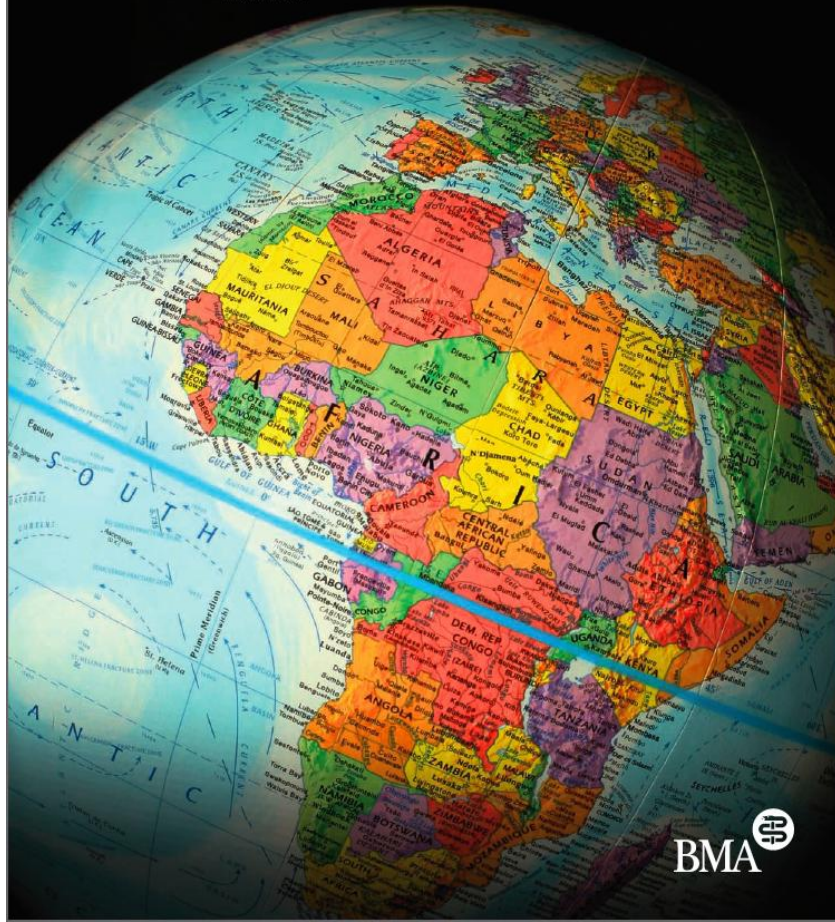
Recognition

BMA International Department

Broadening your horizons:

a guide to taking time out to work
and train in developing countries

March 2009



Benefit to the individual doctor

For trainees, gaining experience in developing countries can provide an **opportunity to develop their ability** to allocate resources, plan and monitor initiatives, cope with change, work in multidisciplinary teams and provide leadership.

It can also **enable learning** about interactions between primary and secondary care and management of organisations.

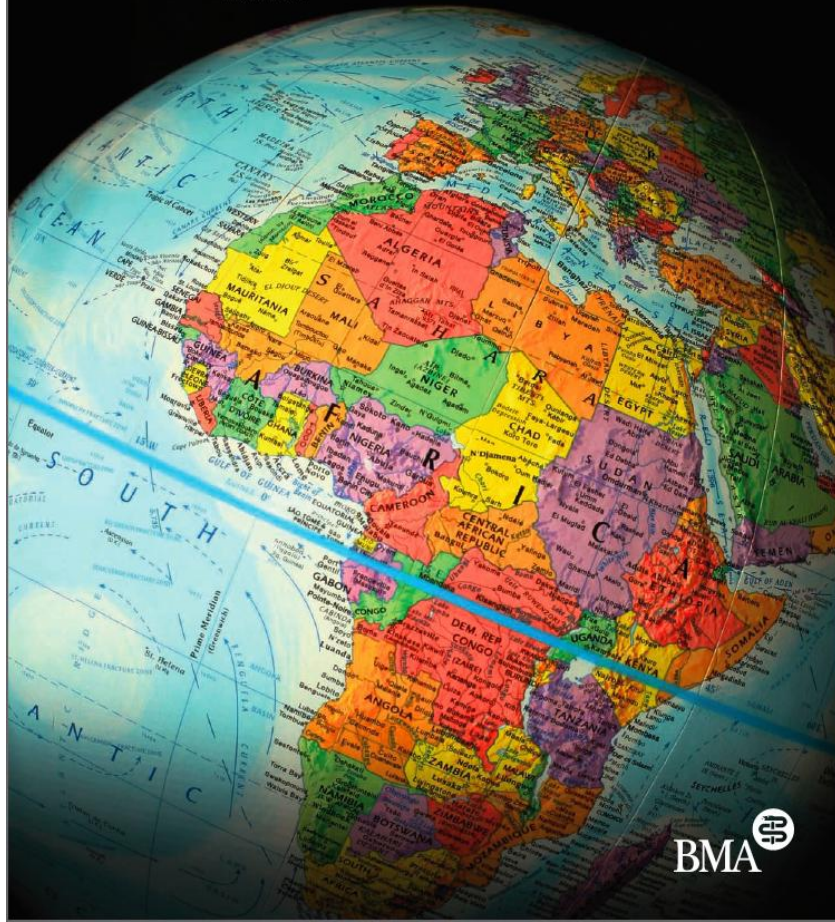
These skills are increasingly important for doctors in the modern NHS. It can also help them to identify career paths for the rest of their professional lives

“...invaluable to their continuing personal and professional development...”

Recognition

BMA International Department

Broadening your horizons:
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and train in developing countries
March 2009



Benefit to the NHS and its patients

The UK patient population is ethnically diverse and **the NHS benefits** from staff with cross-cultural experience and awareness.

Doctors at any level, from trainees to senior clinicians, working in developing countries can **enhance their own experiences** from the UK and enable them to **develop clinical skills** in a different setting.

They **become better equipped** to cope with the changing face of the NHS and the diverse disease burden within the UK.

GMC – Tomorrow's Doctors

- 9 Apply psychological principles, method and knowledge to medical practice.
- (a) Explain normal human behaviour at an individual level.
 - (b) Discuss psychological concepts of health, illness and disease.
- 10 Apply social science principles, method and knowledge to medical practice.
- (a) Explain normal human behaviour at a societal level.
 - (b) Discuss sociological concepts of health, illness and disease.
 - (c) Apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease.
 - (d) Explain sociological factors that contribute to illness, the course of the disease and the success of treatment – including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence.
 - (e) Discuss sociological aspects of behavioural change and treatment compliance.
- 11 Apply to medical practice the principles, method and knowledge of population health and the improvement of health and healthcare.
- (a) Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance.
 - (b) Assess how health behaviours and outcomes are affected by the diversity of the patient population.
 - (c) Describe measurement methods relevant to the improvement of clinical effectiveness and care.
 - (d) Discuss the principles underlying the development of health and health service policy, including issues relating to health economics and equity, and clinical guidelines.
 - (e) Explain and apply the basic principles of communicable disease control in hospital and community settings.
 - (f) Evaluate and apply epidemiological data in managing healthcare for the individual and the community.
 - (g) Recognise the role of environmental and occupational hazards in ill-health and discuss ways to mitigate their effects.
 - (h) Discuss the role of nutrition in health.
 - (i) Discuss the principles and application of primary, secondary and tertiary prevention of disease.⁴
 - (j) Discuss from a global perspective the determinants of health and disease and variations in healthcare delivery and medical practice.

What can you do?





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pitch perfect Imperial's Institute of Global Health Innovation announces the winner of its first Student Challenge

insights into how London is getting ready for the Olympics

Graduate education at MIT: towards a networked approach

Professor Christina Ortiz, MIT

28 March 2012

What is the future of science? Think your key on the future: research and training

30 March 2012

SO Why Am I Here?

- It will make you a better doctor
- It will help you in your career





TB Video

**“I HAVE BEEN A WITNESS, AND THESE
PICTURES ARE MY TESTIMONY.”**

— JAMES NACHTWEY
PHOTOGRAPHER

SO Why Am I Here?

- It will make you a better doctor
- It will help you in your career
- **You have more of an opportunity to help people**



What makes people ill?

- 'Biomedical disease'
- Social
- Economic
- Cultural
- Political
- Complex Interlinking



SO Why Am I Here?

- It will make you a better doctor
- It will help you in your career
- You have more of an opportunity to help people
- **You will understand people's problems better**

Opportunities once I'm a doctor?



HUMANITY FIRST



Opportunities once I'm a doctor?

- Global Health work doesn't have to be just relief work!

Eg –

- Skype teaching med students in Malawi
- Research
- Annual trips to impoverished areas etc
- Developmental policy work
- (etc)

What can I do as a student?

Global Health Education
(eg Medsin)



Campaigning + Advocacy
(SSAC, UAEM)



What can I do as a student? stop **AIDS** campaign



Volunteering as a Student



Electives



Homed

School of Public Health

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Global Health Short Course



About the Course

This exciting and interactive course aims to give you the opportunity to broaden your understanding and knowledge of global health issues, including tropical diseases and infections, alongside a more thorough understanding of the wider determinants of health.

We provide an introduction to the major challenges in global health and debate how to meet them, discuss the role of different players, including ourselves and consider how global health affects us all.

The course consists of lectures, debates and discussions and small group work.

Please see the right hand menu or click below for further information on [Topics](#), [Faculty](#), [The Application Process](#), [Testimonials](#), [Practical Information](#).

"When it comes to global health, there is no 'them'...only 'us'."

— Global Health Council

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At a glance...

Dates: Monday 24 - Friday 28 June 2013

Duration: 5 days

Time: 9.00 - 17.00 + evening events

Organising department: [Infectious Disease Epidemiology](#)

Location: [St Mary's campus](#), London, UK

Course fee: Standard £200, Student £60

Application Deadline: Monday 10 June 2013

Course Directors: [Professor Alan Fenwick](#) and [Professor Helen Ward](#)

Course Organisers: Dr Mariam Sbaiti

Administrator: Nikki Whitelock

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Global Health - BSc



Applications for the 2011-2012 academic year have now closed.

Global health has been defined as "health problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by co-operative actions and solutions" (United States Institute of Medicine)

Despite major improvements in health, there are still large disparities in some parts of the world. Since 1960, average global life expectancy has increased from 50 to 67 years, but a child born in Swaziland will only live to an average of 32 years, compared to one in Japan which has an average life expectancy of 82 years.

As the world gets smaller through international travel and migration, health issues are not confined to national borders. An outbreak of SARS in China in 2002 rapidly spread across the globe and within 8 months involved 8422 probable cases and 916 deaths in 29 countries.

These are just a few issues that need to be tackled when working to improve health. Future physicians should be prepared for existing as well as emerging global challenges, such as the effects of climate change on health and the global chronic



[Show related media](#)

An Example - Tuberculosis

- 1969: US Surgeon General says we could 'close the book on infectious disease'
- A disease of the poor
- A re-emerging disease – threat to health in UK (particularly MDR/XDR-TB)

stop **AIDS** campaign



MINI GLOBAL HEALTH COURSE

FREE

Are you interested in global health, but unsure on how to get involved? Are you passionate about **universal access to medicines**, distribution of **foreign aid** and the **treatment of refugees**? Then, the Mini Global Health Course is for you! Come along to our first event to find out what its all about:

Introduction to MedAccess

23rd October 2012

SAF Room 120

(Refreshments Provided)



**SAF Rm 120
Tues 23rd Oct
6PM**

**fb: Mini
Global Health
Course**

Child & Maternal Health:

Delivering a better life

20th - 21st OCTOBER



MEDSIN NC 12

2012

**UNIVERSITY
OF WARWICK**

M E D S I N N A T I O N A L C O N F E R E N C E



WE HAVE A DRUG PROBLEM

**A tale of power, politics and deception:
Why one third of the world's population
still can't access life saving medications**

24-25th Nov \ \ Manchester University



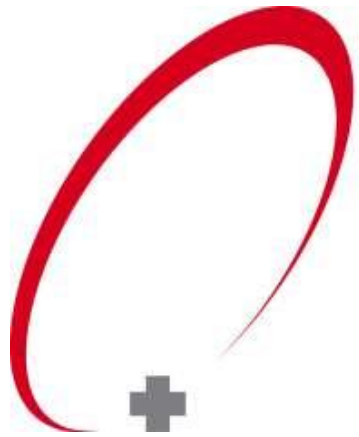
THE
MDU



Final Thought

- http://www.youtube.com/watch?v=fxyhfiCO_XQ

Thank You!



medsin

GLOBAL HEALTH • LOCAL ISSUE

stop **AIDS**



References

- [Monitoring Financial Flows for Health Research](#) - WHO
- [Science in the public interest - equitable licenses](#) - BUKO
- [Patent system driving up drug prices, without driving innovation](#) – The Economist
- [Access to essential medicines](#) – WHO

Interesting Reads

- [New Models for Pharmaceutical Innovation](#)
- [The Politics of Global Pharmaceutical Power](#)
- The Knowledge