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Commentary

A Public Health Concern: The Mismatch of Medicine and Culture *A Look at the Disparity in Access to and Delivery of Emergency Medicine and Urgent Care*

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Introduction

How is Emergency Medicine and Urgent Care connected to and influenced by various sociocultural factors, such as gender, social class, race, and administrative cultures? This following commentary introduces each of these factors, and offers two exceptional resources on this subject for review and reflection.

Discussion

Gender factor

Society has, recently, come out of an industrial age when men mostly "went out and worked" (for money and benefits) and women mostly "stayed home" (and worked taking care of the home and family). This put men more at risk for work-related illnesses, industry-related injuries, and war-related casualties and conditions. This industrial era coincided with medicine's "coming of age". About the time commercial industry (and the war industry) escalated, so did advances in medicine evolve (oftentimes spawned and spurred by the resultant needs of industry and war). This concurrence played a significant role in a more male (and specifically white male) orientation in medicine that developed in the early to mid-1900s. Subsequently, once these foundations of Caucasian male medical orientation had been cast, they were not-and still are not-easy to modify or transform. Change is, however, occurring gradually over time; no doubt, not as quickly as it could or should occur and not as timely as needs be for women and for the new transgenders. The near immovable institutional forces (government, education, and social perceptions and prejudices) need to be invariably prodded or forced into action for change-a slow, tiresome process like the shifting of the earth's tectonic plates.

Social class factor

Where is the emergency or urgent care center located? What funding is available? Do the "best" doctors work in the "worst" hospitals? Do doctors want to live and raise their children in poor neighborhoods? Obviously, medicine is influenced by social class. Much of medicine is, after all, business; and a business needs to make money and make a profit to survive and prosper. This may not be the way we want it to be and this may not be the way it should be, but this is the way it currently is to a lesser or greater degree. Insurance premiums and insurance payouts for medical services are also contributing factors in this social class medical mismatch.

Race factor

Race is a capacious and critical issue, much more than can be succinctly summarized herein. Race is closely tied to the aforementioned gender and social class factors. It is also tied to government (representation in government) and education (representation in schools, colleges, and universities), and industry (medical and pharmaceutical). Lack of affordable insurance and quality healthcare play major roles, too. To whom or to what facilities are funds for healthcare initiatives and financial support disbursed by governmental agencies and non-governmental organizations? Do these agencies and organizations effectively target and properly assist those who are most affected, most in need, and most vulnerable?

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Administration culture factor

- In a culture and society wherein it seems that one requires a legal background (or requires the accompaniment of a legal advisor) to comprehend the meaning and ramifications of the medicolegal forms and documents that must be read, signed, initialed, and dated prior to, during, and even after treatment;
- In a culture and society wherein one feels as if they need a personal secretary to cope with the mounds of paperwork required for insurance applications, claims, reviews or grievances, or for government assistance or subsidies;
- In a culture and society wherein low levels of literacy (or being illiterate) can negatively impact the understanding of and compliance with requisite documentation for many types of care or assistance;

All of these aforementioned factors play a crucial role in who gets the greater care and who gets the lesser care, or who gets no care at all.

Conclusion

As research in medicine advances, technologies and treatments can be better "customized" for gender and race, and other factors [1]. But will these treatments be readily available to all in emergency situations? Should they be? Should medicine be "on the ability to pay" basis or is quality healthcare an "inalienable right" deserved by all and unaffected by gender, race or socioeconomic factors? In the current era, there prevails a mismatch in medicine and culture.

Race, Gender and Health, an all-encompassing book edited by Marcia Bayne-Smith, is a must-read for researchers, educators, and policy makers in this field. Victor W. Sidel wrote the following review of the book:

> *Race, Gender and Health* provides cogent new insights into the impact on health status and on access to health services of skin color, gender, social class and culture in the United States. Racism, sexism, and the current war on the poor remain potent hazards to the health in our nation. This important new book advances provocative and useful recommendations for economic, administrative and political responses to those urgent national problems. It is an invaluable contribution to our national debate, not only on the organization, governance and financing, or health services but also on our national priorities themselves [2].

Formidable challenges lie ahead in order to bring the delivery of healthcare into balance among gender, social class, and race; and to curtail the legal and administrative hurdles that translate into discrimination against those who are unlearned and those who are compromised by illness, disease or emergency.

Conflict of Interest Statement

The author declares that this paper is written in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

Recommended Reading

1. The International Society for Gender Medicine. Link: http://www.isogem.com
2. *Race, Gender and Health* by Marcia Bayne-Smith. Link: https://www.amazon.com/Race-Gender-Health-Ethnic-Relations/dp/0803955057

References

1. ISOGEM. The International Society for Gender Medicine. Retrieved from http://www.isogem.eu/
2. Bayne-Smith, M. (1995) Race, Gender and Health. SAGE Series on Race and Ethnic Relations. 1st edn.

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