

# dear residents

We are all Guilty of "Clinicism"

May 26, 2024

## Dear Residents,

Happy Memorial Day. [Daniel Pink thinks](#) that we should retool all our national holidays - perhaps consolidate some of them to become days of national service. He feels that many of these have simply become 3-day weekends and that their original premise has been lost.

I was looking through some of the notes I had made during residency training and came across entries regarding one patient who was admitted 3 times in rapid succession during my ICU rotation at LBJ Hospital in 1989 for the exact same problem - diabetic ketoacidosis. He was in his early 20s. He presented with a pH close to 7, and a glucose of greater than 400. On each occasion we quickly restored metabolic balance. Each time he left the hospital in a state of euglycemia but never seemed to take the insulin provided at discharge. At that time, we never quite understood why. Perhaps he could not afford the co-pay or perhaps he did not have a refrigerator to store the medication in. We simply labeled him as a "frequent flyer." We have all seen patients like this, and we have generally thought of them as "noncompliant" (the newer and more appropriate word is "nonadherent"). It took a bit of a shift for us to start to think about the influence of external factors which we now have formalized as the concept of social determinants of health.

It was with interest that I read a [recent NEJM article](#) by Eric Reinhart. I was struck with his use of the term "clinicism." He defines it as "the reduction of health to individualistic biomedical paradigms that overemphasize clinical perspective and interventions while normalizing existing social conditions and neglecting to prioritize preventive policies that target other key drivers of health and disease." While residency training is essentially grounded in biomedical prototypes, we are now increasingly applying the biopsychosocial framework for understanding disease and illness. Beyond social determinants of health, there is now attention being paid to ["the political determinants of health."](#)

It turns out that [clinical care is estimated](#) to account for less than 20% of modifiable factors influencing health in the United States.

# Determinants of Health



It is sobering that what we do each day only has a 20% impact on overall health. Eric Reinhart [postulates](#) that fixing the US healthcare system will require a health systems revolution. He emphasizes that “while the clinical frameworks that characterize medical training are appropriate for the one-to-one encounters of patient care, misapplying them to the population-level problems of public health leads to a failure to effectively anticipate and address the social conditions upon which disease and disability feed.”

Residency programs around the country are beginning to realize the need to ensure that we understand health systems science. The notion is for some of you to become future leaders who will create systemwide change in healthcare policy and social programs. We clearly need to move beyond the idea of “safety nets” and reduce our reliance on the correctional system, homeless shelters and crisis oriented social services to “solve” healthcare problems. If we continue to compartmentalize advances in clinical care from the development of public policy for social care, we will fail to address the root political and economic causes of illness. For decades, physicians have felt safe in their clinical space because someone else was responsible for those “other things” that were putatively beyond our control. That boundary has begun to be dismantled. In our own residency program, we now have a health systems track and with Dr. [@Debbie Freeland](#)’s help, we are working to develop a new kind of physician leader who will begin to frame clinical care within the larger structures that influence it.

UT Southwestern has always been a place that is on the forefront of clinical training and care. With its investment in the School of Public Health and its longstanding relationship with Parkland Health and the VA, we can increase our impact on the health of our communities. Our residency training continues to evolve, shaped by what we need to learn not only for the care of the individual patient but also by what we need to learn about the systems that enable it or come in the way of it.

I hope you have a great week,

Dino Kazi