

All Animals are Equal ... Or are They?

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“All animals are equal, but some are more equal than others.”(1) We may not be the farm animals of George Orwell’s allegory, but we are the creatures of an unequal world. While strides have been made since the days of slavery or female emancipation, while the measure of polarity between social classes has marginally narrowed, inequality persists. And as months roll into years, and years into decades, the pursuit of equality forges on. Yet, we still hear about the woman, significantly underpaid compared to her male counterpart, the Afro-Caribbean facing racism going to the local shop, stories of the young family living in deprivation, who cannot get access to the essential healthcare so readily accessible for those in higher socioeconomic climates. So yes, enslavement has fallen, autonomy generally exists, integration has evolved and tolerance has increased, but today, in our society, outside of fables and allegories, there are some people who are certainly more equal than others.

Orwell was not alone when he conjured up his metaphorical interpretation of societal inequality. Aristotle professed a similar philosophical idea; “The worst form of inequality is to try to make unequal things equal.” In this, Aristotle was suggesting that diversity, disadvantage and discrimination cannot be ignored in the pursuit of equality. Rather, it should be acknowledged, recognizing the reality that privilege and advantage exist alongside disadvantage and inequality. Would it be just to suggest the Branson’s and Bezos’ of the world experience the same level of equality to the minorities, deprived or generally subjugated communities of society? Would it serve these disadvantaged communities to equate their experience of equality (or not) to that of the world’s social elite? The task of pursuing equality lies not in assuming an even playing field, but recognizing that some people need a little extra help to score the goal.

Healthcare has fallen victim to this unequal practice.(2) For a system founded upon the concept of universal, equivalent healthcare for all, it has swerved off course.(3) A 2017 study recently concluded that, “if everyone in England had the same death rates as the most advantaged, a total of between 1.3 and 2.5 million extra life years would be enjoyed by those dying prematurely each year.” (4) In 2021, it’s not ok to have your lifespan determined by the colour of your skin, where you were born, what gender you are, or how much money you have in the bank.

This is where holistic practices arrives to resurrect the true meaning of healthcare equality. With the mention of holistic medicine, the skeptics shudder and the cynics wince. The idea of holistic practice has bandied notions of whimsical therapies, that lack both scientific investigation and the endorsement of those most aligned with conventional medicinal practice. But, in reality, it is not that holistic healthcare is an unproven, unverified alternative treatment, but that the concept itself is simply misunderstood.

Holistic practice is founded upon the concept that patients are considered as multi-dimensional individuals. (2) Stemming from the Buddhist philosophy of healthcare(5), it levies the notion that we are complex, interconnected beings. That in treating the person

before you, their emotional, physical, mental, social and spiritual needs are considered. Yet, despite the historical origins of this philosophy, it is curious that modern conventional practice has become so reductionist – a pathogenesis must be localized to a system and then to an organ and then to a specific underlying aetiology.⁽⁶⁾ A systemic problem is condensed to a point in which many key contributing elements of the disease have been dismissed. This mode of practice allows ample opportunity to miss dynamic interactions between both intrinsic body systems and external, environmental factors that often play a critical role in disease development. And it is these extrinsic factors – social deprivation, ethnicity, occupation – that, when ignored in the pursuit of disease treatment, catalyze the development of health inequalities within society.

However, the concepts of holism and health inequality can be symbiotically connected. In a similar vein to Aristotle's musings, holistic medicine ensures that society is not blind to the factors that have created health inequality, but actively works to understand these influences. The patient would be viewed as a person rather than a condition, and in doing so, the factors of inequality (race, gender, home circumstances, social deprivation, wealth etc.) can be considered as a possible contributor to illness, consideration in management, and a potential indicator of further or recurrent disease in the future. Recognizing that being able to afford prescriptions impacts upon the compliance of treatment. Appreciating that discrimination and prejudice faced by minorities can influence the mental health of those who are burdened by this bigotry. Understanding that a person's background, their influences and their beliefs can be a principle influence on mortality and morbidity.

Take a 14-year-old child who presents with recurrent chest infections. An innocent respiratory problem that probably would not arouse concern, nor suspicion. However, if the problem was investigated from a more holistic stance, it could be discerned that the cause of these perpetual respiratory issues stems from living in a cold house. Which in turn stems from financial instability. Which stems from a parental redundancy, and so on and so on. While, the responsibility to rectify each of these issues does not rest on the shoulders of a clinician, they have the power to ensure that a management plan is created that guarantees the relevant authorities of care and financial support are involved, to ensure the child is safe, secure and supported in all aspects of their life. Or take a 49-year-old Afro-Caribbean gentleman who presents feeling low in mood. A more in-depth, holistic exploration of this man may in-fact uncover that he is victim of racism within his community, or subject to bigotry in the work place, or prejudice online. As a result of this, he has not felt worthy of medical attention because he has been made to feel unworthy within his own community. Thus, a holistic consultation may discover that the best management, as is often the case, lies not in pharmacology but in supporting the person to feel content and free of discrimination in their own home in whatever way possible. In either case, without fully exploring all aspects of the person, recognizing social deprivation or acknowledging race as a factor of discrimination, the extent or cause of the problem would not have been acknowledged and would only have served to maintain the health inequalities that exist.

Most people who embark upon the tortuous, fulfilling, exhausting, humbling profession of medicine, begin their career with the psyche that healthcare is universal. That no matter where you fall on the spectrum of society, the maintenance of your health is preserved, protected. Maybe it's optimism, maybe it's naivety, but a determination to help, no matter

who that person is, normally exists as an integral motivation to practice medicine. And in medical school we are taught to empathize, to listen, to be open-minded, to take histories that transcend medicine and explore social, familial and emotional areas. We are examined on how we go about understanding the complexity and diversity of human beings, and how this determines our subsequent actions. We are versed on the indiscriminate way in which we approach each patient, void of prejudice, ready to understand, ready to help. Whether it's the pressure, stress or financial strains of the job, holistic principles have certainly been lost along the way. Yet, it is this philosophy, this humble holistic idea of seeing a person rather than a disease, that will be the greatest proponent in dismantling healthcare inequalities.

So, how can holistic healthcare influence health inequalities? In every way, shape and form. Not only are we complex beings, but we live in a complex world. A world diseased by inequality and plagued by prejudice. We are born into circumstances beyond one's control and are saturated with influences as we grow. We are shaped by those closest to us and influenced by those we see, and this makes us all unique. We can't deny that, at this point in our transcendent history, some people are more equal than others. But we can endeavor to understand these inequalities and work towards a healthcare system that is understanding and accounts for factors that have created disadvantage within society. As we do so, health inequality will gradually become subservient to a far more indiscriminate system of healthcare. Mortality will no longer be governed by the area in which you were born. Morbidity will not be predicted on account of your wealth. Disease outcome will no longer correlate with the colour of your skin.

It would be foolish to suggest we are all equal. But we would be greater fools if we didn't try to understand our inequalities, to recognize they exist, to remember that they are factors of disease, influences of health, powerful determinants of life. We would be fools, if we didn't use the philosophy of holistic healthcare to taper the authority of health inequalities in our society.

References:

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