Editorial

The Persisting Importance of Rhetoric and Equity in Health Policy and Outcomes

Bonnie Stabile

This editorial considers the persisting importance of rhetoric and equity in health policy analysis, implementation, and outcomes. It argues that employing social determinants of health, and intersectional and rhetorical frames, can improve life and health outcomes, as measured by morbidity and mortality. The pertinence of these frames with regard to the crises brought on by the COVID-19 pandemic is discussed, and the plan for a special issue on disparities and COVID-19 is announced.

The pandemic of 2020 has reached a global death toll of over 300,000 people, with confirmed cases counted at close to 4.5 million, as this issue of World Medical & Health Policy is being prepared for publication. Much public dialogue about the COVID-19 virus advances a wartime metaphor, favored by U.S. President Donald Trump, who has referred to the virus as “the hidden enemy” whom we must “defeat” (White House, 2020), while another prevailing paradigm depicts public health in a battle against economic survival as a zero sum death match. Neither characterization is, arguably, particularly helpful in advancing understanding toward developing meaningful policy solutions.

In her 1978 work, Illness as Metaphor, Susan Sontag warns against the use of metaphors, especially those of the military variety, in medicine, a theme she later advanced to cover the stigmatized disease and ongoing pandemic of AIDS (Sontag, 2001). Adina Wise, a neurology resident at Mount Sinai Beth Israel Hospital in New York City, now the epicenter of the COVID-19 pandemic in the United States, cautions that to practice medicine, even in a crisis, “under the banner of war implies the necessity of a heedless approach that leaves both doctors and patients open to an indefensible level of risk” (2020). “Applying such a framework to our current situation,” she argues, “does more harm than good. … War is dangerous by definition, but danger should never be inherent to the hospital” (Wise, 2020).

Rhetoric, as we have maintained earlier in the pages of World Medical & Health Policy, is “at its origin, the practice of understanding how language makes change in the world—arguing for and against new laws, shaping outcomes of public debates, and articulating cultural values and mores” (Lawrence & Stabile, 2019).
As Italian Political Scientist Giandomenico Majone has noted, and we see playing out in the public response to the current pandemic, policy analysis, and the policy process it is meant to inform, have “less to do with proof and computation than with the process of argument” (Majone, 1989, p. 23).

How such argument is articulated can importantly advance or stymie policy action, with tangible consequences for people’s lives, as measured in the stark metrics of morbidity and mortality. And missteps or a failure to act in the current pandemic, as in other crises, disproportionately affect the already disadvantaged, exacerbating existing inequities (Van Dorn, Cooney, & Sabin, 2020).

The insight of the social determinants of health (SDOH) framework, as advanced by Sir Michael Marmot, is that the conditions of daily life—“the conditions in which people are born, grow, live, work, and age; and inequities in power, money, and resources” are responsible for health inequities within and between countries (Marmot, 2017).

Considering questions of justice, and applying an intersectional framework in the context of health policy, can lead to structural innovation and have transformative effects for advancing equity, and thereby improve health outcomes in the society (Hankivsky et al., 2014). To that end, World Medical & Health Policy continuously strives to encourage the examination of issues with the assistance of relevant frameworks such as those that employ social determinants, and intersectional and rhetorical lenses.

World Medical & Health Policy Volume 12, Issue 3 is planned as a special issue devoted to understanding the differential impacts of COVID-19, consisting of both empirical and reflective articles considering the complex relationship between social determinants and health disparities in the context of the present-day pandemic.

In the current issue of World Medical & Health Policy Volume 12, Issue 2, Skinner, Strawhun, and Gomes help us to conceptualize rhetorical arguments in the media comparing Canadian and American health-care models over the last decade. Identifying five main rhetorical frames, the authors find a “policy environment in which nuance and imperfection cannot be acknowledged, which forestalls problem solving.” This article carries forward the important work featured in World Medical & Health Policy Volume 11, Issue 4 in December 2019, which focused on the Rhetoric of Medical and Health Policy (Lawrence & Stabile, 2019).

In her study on social class and obesity in the current issue, Buder notes that “obesity has a direct impact on occupational prestige for women, thus adding to the burden of obesity” in a study that “helps solidify the notion that obesity-related discrimination is most pronounced in females.” While maternal and reproductive issues remain preeminent when topics of women’s health are raised, World Medical & Health Policy’s virtual issue on Women’s Health in Global Perspective also considers topics that transcend those confines, such as gender as a cross-cutting issue in food security in Ethiopia (O’Brien et al., 2016), and refugee women’s health in Syria (Samari, 2017). Here, too, Buder’s investigation highlights an issue of inequity that can have far-reaching consequences for women’s health, well-being, economic viability, and political power in a way that is not exclusively tied to their reproductive role.
Using a content analysis approach, Sajadi, Kashi, and Majdzadeh examine Iran’s General Health Policies (GHPs) and find that equity emerges as a critical principle among core goals of “improving health outcomes, equity, quality, efficiency and effectiveness” and “offer a country-specific map to accelerate progress toward sustainable development” goals.

Schintler and McNeely also underscore the importance of equity to a “culture of health,” which, they say, calls for “transforming dominant and encompassing patterns of stratification and mobility that generate and reflect societal disparities; it calls for the disruption of institutionalized societal patterns of haves and have-nots; it calls for a rewriting of the social contract and realizing ideals of equity and wellbeing in practice and application.”

In their consideration of the use of choice-based reminder cues in an mHealth study to improve tuberculosis (TB) treatment adherence among the urban poor in India, Das Gupta et al. implicitly address the role of what Schintler and McNeely call these “institutionalized societal patterns of haves and have-nots” by investigating “social stigma and lack of social support; ... socioeconomics (the inability to travel to a health center due to travel time and cost and the opportunity cost of missing work) and ... treatment and health-systems experiences.” Such factors, we know from social determinants of health and intersectionality policy frames, can often lead to inequities in outcomes, as evidenced by a heavier burden of morbidity and mortality, among impoverished or otherwise marginalized populations across an array of health areas globally.

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Notes

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