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Understanding how Social Determinants of Health are integrated within Clinical Decision Science

James Peter Meza MD, PhD

Wayne State University School of Medicine, jmeza@med.wayne.edu

Nicholus H. Yee MD

Oakwood Annapolis Hospital Family Medicine Residency, nicholus.h@gmail.com

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FROM THE EDITOR:

Understanding how Social Determinants of Health are integrated within Clinical Decision Science

JAMES P. MEZA, MD, PhD, Wayne State University School of Medicine, jmeza@med.wayne.edu

NICHOLUS H. YEE, MD, Oakwood Annapolis Hospital Family Medicine Residency, nicholus.h@gmail.com

It is evident that the Social Determinants of Health are part of medical school curricula, but the ability to integrate SDH with clinical evidence is lacking. How does lack of family support affect whether a potentially toxic drug is inappropriate despite “effectiveness”? When does lack of transportation negate the benefit of a difficult-to-access therapy? As we write this article, we are caring for a patient with symptomatic anemia requiring inpatient transfusions despite three attempts to refer her to OB-GYN over the past six months. Even if the efficacy of different potential therapies were disparate, a more complete exploration of clinical decision would have incorporated the lack of transportation. In future issues, we hope to illustrate how the social determinants of health can be integrated with clinical evidence to illustrate how clinical decisions are made.

The definition we have been using for CDS has been, “*Clinical decision science explores how the complex interacting aspects of clinical care are described, understood, shared, and explained. We define clinical decision sciences as a holistic examination of how clinical decisions are made. This includes both biomedical and medical social sciences, in addition to other ways of understanding human experience.*” This is based on observations of clinical practice and consistent with the idea that clinical evidence means different things to different patients. But what exactly does that mean? By including the social context, we are making a distinction between *efficacy* and *effectiveness*. Efficacy is how well a therapy works under controlled study settings which often include resources such as a study nurse to remind patients to follow up or go for assessments. Effectiveness refers to how well a therapy works in the natural setting, which assumes a clinical context similar to clinical practice. The beneficial size effect is often smaller in effectiveness studies.

We don’t live in a world of unlimited resources. Evidence of effectiveness needs to be interpreted within the social context, which is a more critical analysis that this journal hopes to foster. Ideally, future research will include SDH as independent variables to help with making these assessments.

Clinical Research in Practice Editor JAMES P. MEZA, MD, PhD is an Associate Professor in the Department of Family Medicine and Public Health Science at Wayne State University School of Medicine. Managing Editor NICHOLUS H. YEE, MD is a Family Medicine resident at Oakwood Annapolis Hospital Family Medicine Residency.



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