

## BOOK REVIEWS

# Social Medicine: Past, Present, Future

## Medicina social: pasado, presente y futuro

**Book reviewed:** Howard Waitzkin, Alina Pérez and Matthew Anderson (2021). *Social Medicine and the Coming Transformation*, Routledge, New York.

<https://www.routledge.com/Social-Medicine-and-the-Coming-Transformation/Waitzkin-Perez-Anderson/p/book/9781138685987?srsltid=AfmBOoqdB6OxL02amZsIYNR9CPDwuq6rmg22zXJIbsPjH1MaR1Z-z9kF>

### Three reviews

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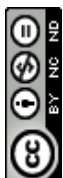
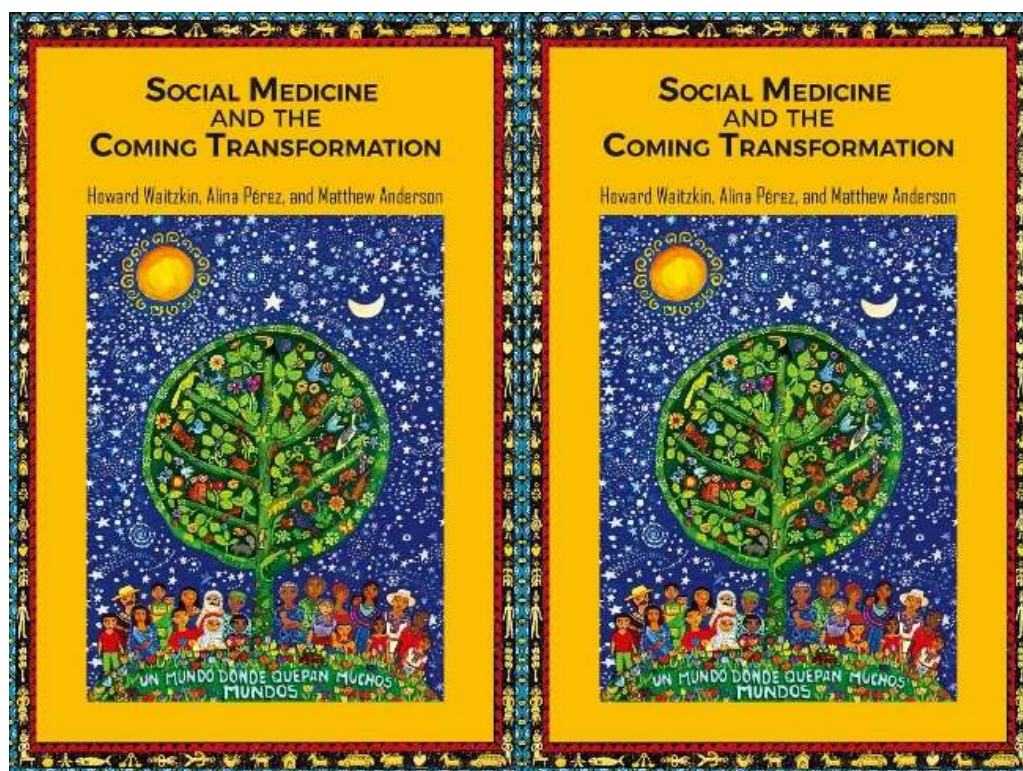
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## 1. Parth Borker

### Part 1. An Introduction to Social Medicine and the Coming Transformation

As a pre-medical undergraduate student interested in social change and health equity, I am constantly encountering obstacles in my journey. From an educational standpoint, university-sponsored classes and programs that exist at the intersection of medicine and social change are difficult to find and often underfunded. Of those that do exist, the majority lean reformist over revolutionary, often failing to address the systemic causes that plague health and healthcare systems. With academic courses neglecting important aspects of social medicine, understanding this important field frequently falls on the shoulders of students. Inevitably, I've found the absence of a concrete, centralized, concise reference point for the field incredibly frustrating.

Indeed, from anthropology to sociology, social work to public health, social medicine has become an important and fascinating interdisciplinary practice. How then should we go about documenting its extensive history and detailing its multi-sourced principles? Howard Waitzkin, Alina Pérez, and Matthew Anderson look to answer this pressing question in *Social Medicine and the Coming Transformation*. Called to action partly in response to Donald Trump's first four years in office (a term that sent shockwaves through healthcare systems domestically and globally), the authors were inspired to consolidate the field of social medicine and the social movement it has become – a difficult though increasingly necessary task. The framework and organization that the book provides are its greatest strengths, acting as a lighthouse for students lost in the sea of medicine and social change.

### Part 2. The Who's, What's, and Why's of Social Medicine

A common complaint I've heard from peers—and experienced myself—is the lack of context surrounding what they learn in class. The root of this issue is simple: very few classes actually cover the scope of social medicine. By learning political theory, sociology, and biology separately,

it can be difficult to synthesize these fields into a tangible discipline. This atomized method of learning acts as a barrier to the dissemination of social medicine on multiple fronts: (1) interested students find what they learn difficult to reconcile and apply to their own lives and work, and (2) uninterested or unaware students remain ignorant of its importance.

Waitzkin, Pérez, and Anderson break this narrative, broadcasting the fundamentals of social medicine to students and practitioners eager to learn. To accomplish this, they focus on relevant who's, what's, and why's. The authors begin by summarizing the history of social medicine, from a typhus outbreak in Silesia – where the first understanding of the social dimensions of medicine was needed – to the COVID-19 pandemic – which demonstrated the social dimensions' continued relevance. From this, they outline the basic tenets of social medicine: describing the socio-political network that healthcare finds itself in, contrasting *social determinants* and *social determination* of health, and outlining the role medicine has to play in activism and social change. Translating between *the way the world affects medicine* and *the way medicine affects the world*, the authors clarify and contextualize social medicine for the reader. To conclude their first step into the world of social medicine, they highlight the work of key leaders, particularly focusing on Friedrich Engels, Rudolf Virchow, and Salvador Allende. By addressing the fundamentals of the movement, the authors provide the necessary context sorely lacking in higher education systems. With this powerful platform, students can start to shift their focus: from passive to active engagement.

### Part 3. Viewing Our Futures Through Our Present

*Social Medicine and the Coming Transformation* serves as the ideal starting point for students beginning their foray into not just social medicine, but medicine as a whole. The book accomplishes this purpose through multiple avenues: (1) by shifting between past, present, and future while juxtaposing theory with practice and (2) by cataloging resources for further learning and action.

Waitzkin, Pérez, and Anderson take care to unravel the story of social medicine in a non-linear fashion. Jumping between what *has* been done, what *is* being done, and what *can* be done has an important effect: it emphasizes that the past and present are intimately connected to the future. For example, in Chapter 7, the authors write of resistance against the privatization of healthcare [1990s-present] and water [1970s-present] in El Salvador and Bolivia respectively. Immediately following these sections are (1) the rise of social medicine in Mexico City and (2) a theoretical discussion of sociomedical activism as a part of a larger struggle against neoliberalism. And amid thorough histories of these local movements, the authors include relevant theory that inspired and inspires activists in their communities. Through this organization, the past remains relevant, the present is contextualized, and the future is always kept in sight.

In considering the future, Waitzkin, Pérez, and Anderson encourage further learning and action by including an array of organizations inspired by social medicine and its principles. Primarily, the authors include an appendix of just over 40 organizations and programs worldwide, serving as inspiration and starting points for those interested in getting involved. A closer reading also reveals many embedded descriptions of organizations, making action all the more accessible.

Ultimately, *Social Medicine and the Coming Transformation* is best understood as an entryway into the world of social medicine and medical activism. By building social medicine theory from the ground up using practical, applied, and theoretical knowledge, the authors break new ground by thoroughly and concisely tracing the field's origins. Through real-world examples, they connect this past to ongoing struggles in communities across the Americas and worldwide. And with this in mind, they turn their eyes to the future, inspiring a new generation of socially conscious practitioners.

## 2. Oliver Dyar

A little over a hundred years ago Rudolf Virchow wrote that “Physicians are the natural attorneys of the poor, and social problems fall to a large extent

within their jurisdiction.” Often regarded as a founder of social medicine, he further held that “Medical education does not exist to provide students with a way of making a living, but to ensure the health of the community.” Many physicians today would doubtless recognize the abundance of potential opportunities their professions provide to be advocates of the poor, and thankfully the primary motivation of many students entering medical schools around the globe remains contributing to the health of (at least) individuals, if not whole communities. It is perhaps somewhat unexpected then that so few textbooks that are to be found in medical school libraries have *social medicine* as a central theme, even if textbooks in the related field of public health inevitably brush up against similar topics. After reading *Social Medicine and the Coming Transformation*, it is my fervent hope that copies of this textbook will come to grace the shelves of many libraries, bookshops, offices and homes around the world in the coming years, educating and inspiring a global audience of professionals.

*Social Medicine and the Coming Transformation* sets out to provide a critical introduction to social medicine that can be use as a sort of introductory text to this field, and, at least in this author’s opinion, succeeds admirably. Indeed, I have yet to read a more lucid or compelling account of both the benefits of and need for social medicine.

Early on, Waitzkin, Pérez and Anderson describe three general principles of social medicine as outlined by historian George Rosen: *Social and economic conditions profoundly impact health, disease, and the practice of medicine; The health of the population is a matter of social concern; Society should promote health through both individual and social means.* These principles are expanded upon and brought to life throughout the book, with examples drawn from around the world, but with a particularly strong emphasis placed on the state of healthcare and contemporary society in the United States, as well as a range of inspiring initiatives in Latin America. In short, this ambitious book provides readers with a critical account of the past and present of social medicine, whilst glancing forwards into future potential developments.

This textbook is extremely timely, as report after report highlights the growing inequality around the world, and the consequences of oppression appear to become more visible and common than ever. As the authors describe in the preface, “High-income countries face problems of increasing costs of care and sources of illness in social inequality and the environment that do not respond to health services alone. In lower income countries, the unequal distribution of wealth within and among countries creates continuing barriers to the construction of responsive health care systems, and inequality remains an intractable social determinant of a population’s health. Social medicine offers compelling ways to understand and to change the social dimensions of health and health care.”

From the perspective of an international reader, and trainee in social medicine and public health, this textbook succeeds in making a number of unique contributions that complement existing literature. Examples include a comprehensive narration of the historical development of the field of social medicine; convincing arguments for moving conversations beyond *social determinants* of health towards *social determination* in order to better capture and address the deeper processes by which social conditions cause unfavorable health outcomes, including a broad analysis of the structural contradictions that exist in our various systems today; and a breathing of new life into the concepts of *community diagnosis* and *community-oriented primary care*, which stand in somewhat stark contrast to the increasingly individualistic and “pointillistic” directions that precision medicine and precision public health appear to be leading us.

I feel it also important to note that this textbook repeatedly places patients – real human beings – at the centre of its analyses and discussions. Textbooks in public health often describe the *population* as the patient, and do not dare to go further; the specialty of social medicine allows, encourages and enables its practitioners to make the journey from upstream social conditions, through downstream effects, to the individual patient. One of the final chapters in this textbook takes readers on this journey, illustrating how “society impinges on the medical encounter” with examples including the human experience of

access barriers and fundamental issues of personal dignity, and the risks that increasing “alienation” of health professionals pose both to their ability to care for patients, and the extent to which they find their work fulfilling and effective.

As the authors acknowledge, “one criticism of social medicine is that it presents many problems with few solutions.” For all the problems in contemporary society that this textbook manages to capture and convey, it somehow manages to strike and maintain a hopeful tone throughout. This remarkable achievement occurs in part through the timely use of inspiring, often counter-cultural, efforts from around the world; and in part through the authors’ presentation of a path towards meaningful change as the book nears its conclusion. I suspect another contribution to the optimistic tone that shines forth from the pages is the authors’ own deep-seated convictions that appropriate knowledge and action can indeed lead to great change, despite the apparent challenges – and their hope that this textbook will stimulate many others to contribute to this essential work.

As a teacher of medical students, many of whom show a keen interest in the specialty of social medicine and public health, I am personally delighted that I finally have a textbook that I can refer to when I get asked the inevitable question “What is social medicine?”, and one that I can be sure will light their way forwards.

### 3. Seiji Yamada and Arcelita Imasa

*Social Medicine and the Coming Transformation*, is the primer on social medicine. Perhaps that is a somewhat audacious statement. Let us say that this book is a primer on the kind of social medicine that we in the *Social Medicine/Medicina Social* camp promote. In other words, we think that the historical roots of social medicine are found in the work of Friedrich Engels, Rudolf Virchow, and Salvador Allende (Chapter 2).

In Hawai‘i, we have started to use *Social Medicine and the Coming Transformation* as the focus of discussion for the newly created Social Medicine Hawai‘i Study and Action Group. As practitioners, we are not interested in overly theoretical debates. We are interested in praxis. That is, we are

interested in learning from our work in patient care, in the community, to inform our understanding of the world. In turn, our understanding of the world informs our work in patient care and in the community. The process and underlying philosophy is, of course, dialectical, exploring the contradictions in our world, of thesis and antithesis, and working toward synthesis.

Praxis is not circular, it's more of a spiral, because we're trying to get to get somewhere else, somewhere better: health for all. We're obviously not there now, so we must figure out how to get there. Praxis is regenerative – because we are learning, and we are working together toward something better than this debacle that we are living through now.

That sickness, that poverty, and that injustice that we see if we pay attention? Yes, that sickness is experienced by individuals. That suffering is experienced by individuals. And it's the *job* of the medical practitioner to help the individual patient with their sickness. But the *social medicine practitioner* also recognizes how social structures lead to disease. In fact, the social medicine practitioner diagnoses how social structures are themselves sick, how poverty creates disease, how racism leads to morbidity and mortality and genocide, how militarism leads to casualties, how extractive capitalism leads to ecocide and the possible end of the human species.

Chapter 3 covers the crucial distinction between “social determinants of health” and the “social *determination* of health.” At American Public Health Association meetings, you see billboards

that proclaim that your zip code is a social determinant of your health. You might conclude that health promotion should consist of changing one's zip code.

A social *determination* of health approach examines the manner in which capitalism is predicated on the exploitation of the worker, who can only afford to live in the low-rent district. A social determination of health approach examines how red-lining practices do not allow racialized minorities to purchase homes in the well-heeled district. A social determination of health approach backs unions that fight deprivations of the owners and anti-racism to combat the practices of the bankers.

The kind of social medicine that we learn from *Social Medicine and the Coming Transformation* is revolutionary.<sup>1</sup> We don't believe that if we ask nicely of the owners, bankers, and tech titans to share their wealth that they would gladly oblige. Revolutionary medicine is the medicine wherein health workers understand the social origins of illness and the need for social change to improve health conditions. It is created from the practice of the people's struggles against their oppressive conditions. Revolutionary medicine serves the oppressed classes in advancing their struggles.

## Reference

1. Yamada S, Imasa A, Maskarinec GG. Revolutionary medicine. *Soc Med* 2021 Feb 13(3):112-117. Spanish translation: *Medicina revolucionario. Medicina Social* 13(3):135-141. <https://www.socialmedicine.info/index.php/socialmedicine/article/view/1075>



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