What doctors can do in their daily work

Actions of Danish Medical Association addressing social determinants and health equity

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Indications of a problem

Social bias in hospitalized patient outcome

- Readmission
- Rate of death +10% points 5 year (cancer)
- Drop out of rehabilitation programs
- Exit from job marked

No need for further description
- a tool for action
What can the doctors do?

Where can doctors make a change

**In the clinic**
- Day to day patient contact – holistic approach
- Routines, ambulatories, planning schemes

**Hospital management**
- Values of the organisation – clinical & human
- Goals, management’s focus - quantity & quality

**Research**
- Fact finding
- Establish platform of knowledge for changes
In the clinic

- **Holistic record**: Somatic status, mental status, education, occupation/employment, social resources,

- **Involving the patient**: Shared decision making, what matters?

- **Supported dialogue**: Folders etc adapted to patient needs - easy access to translators

- **Standard programs**: With option for extra support pn.

- **Walk in clinics**: Lower admission threshold
Hospital management

- Include populations’ social status in hospital budgets
- Include patients’ social status/social complexity in ward budgets
- Set up goals for equity at all levels of hospital organisation – e.g. completion of out patient care programme
- Formalised co-operation between psychiatric wards and somatic wards
- Expert clinics for migrants’ health problems and Multi disease clinics
Research – impetus for change

National documentation of health care behaviour by social parameters

Drop out / completion of planned admission, care, rehabilitation

Health services research focused on
- Early detection and contact
- Compliance during care
- Completion during rehabilitation
Danish Medical Association

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