

# **What is the Social Clinic and Why Do We Need Social Clinic Sessions?**

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The social clinic is not necessarily a physical place. It is a committed time and space (virtual or otherwise) to evaluate social issues (both local and global, including geopolitical and geoeconomic issues and involving social philosophy in general) that affect health in its broadest sense. The concept starts with an acknowledgement that social issues (war, poverty, extremism, hateful intolerance, authoritarianism, injustice, alienation, loneliness, meaninglessness, lack of social spirit, lack of social beauty, e.g.) profoundly affect health, and an acknowledgement that if we deeply care about human health, we need to address these social issues and find effective solutions for them.

For example, seven years ago, when I was at the Cleveland Clinic, I once treated a 6 year old girl from Gaza. She was suffering from juvenile dermatomyositis, an autoimmune disease that chronically attacks the microvasculature of skeletal muscles, causing profound muscle weakness. She was so weak that she could not turn over in bed without help. She and her parents were extremely frightened and worried. Some benevolent organization had arranged to fly her from Gaza to the USA for evaluation and treatment at Cleveland Clinic. She was a wonderful child. She responded very well to aggressive immunosuppressive treatment, regained normal muscle strength, and returned to Gaza.

But what has happened to this precious girl from Gaza since then? It is now February 2024 and Gaza is in the midst of a horrible war between Israel and Hamas. Is she still alive? Is she one of the thousands of innocent children who has been killed in that dreadful and preventable war? Did she survive her medical illness only to be killed by inadequately addressed life-threatening illness of society? If we deeply care about such a child's health do we, as physicians, not have an obligation to do our part to evaluate and seek remedy for the larger social illness that has threatened and possibly already taken the life of such a child?

I have also been extensively involved in the care of many Israeli patients (young adults with a rare autoimmune disease called Susac syndrome). What has or will happened to them, especially if the war expands, particularly if they are drafted into the Israeli army? For the sake of these young adults, would it not be important to bring the Israeli-Hamas situation before the Social Clinic for thorough evaluation?

The Social Clinic is not just for physicians. Anyone can participate in the Social Clinic. All are welcome to participate. When they set aside time for a Social Clinic session, physicians might serve as role models, but all of us can be Social Clinicians and all of us can set aside time for Social Clinic sessions. When families thoughtfully and carefully discuss social issues at the dinner table, they can serve as Social Clinicians, with the dinner table serving as the Social Clinic

and the dialogue representing a Social Clinic session---that is, a Social Clinic can be informal, figurative, and involve just a few people.

The ultimate goal of the Social Clinic concept is to involve as many people as possible in the process of understanding the deep root causes of illness of society, proposing solutions, and contributing to the creation of greater Social Beauty.

The problem-solving approach used in the Social Clinic is the same careful, disciplined approach that good physicians practice in the conventional medical clinic. First, a Chief Complaint is elicited. Then, a complete, detailed past and present history is obtained---listening and observing carefully during the process. Then a careful and complete physical exam is performed---i.e., to the extent possible, we objectively observe for ourselves what is going on. We (meaning physicians who are participating in the social clinic) then construct a differential diagnosis---i.e., we create, consider, and engage in dialogue about a list of all plausible explanations (within reason) for the problem, ranking those explanations according to likelihood. We then gather further information and test the likelihood of plausible explanations. The further gathering of information often includes consultation with other physicians (or other individuals) who can provide additional expertise and perspective.

In doing the above, our goal is to determine the deepest root cause(s) of the problem. We do not focus only on epiphenomena and symptoms. After completing the above process, we make decisions regarding what is the most likely diagnosis and the most likely root cause. Then, we decide how to best treat the situation, taking into consideration the risks versus benefits, as well as the practicality of potential treatments.

For example, in the case of the precious girl from Gaza, whose life (if it has not already been extinguished) is being threatened, no longer by dermatomyositis but by the Israeli-Hamas war in Gaza, we would want to bring that war before the Social Clinic for thorough evaluation and proposal of treatment. The child's mother's Chief Complaint might be, "Our home was hit by a bomb, and my child was severely injured." We would take a thorough history from the mother and child. This history would be supplemented by our own independent gathering of the history of the Palestinian-Israeli conflict, dating back at least two thousand years---i.e., focusing not only on recent events (starting on October 7, 2023) but also taking the entire history into consideration. We would strongly rely on consultation with others who have great expertise in Israel-Palestine relations. We would most highly value information provided by the most objective, honest, and deeply thinking, deeply caring consultants.

We would then, ideally, want to physically examine the situation in Gaza. Realistically, however, we would need to rely on information provided by objective, honest, on-the-ground investigative journalists who honestly report what they have personally seen and have learned from interviews with the full spectrum of people involved in the conflict. (Our investigation, for example, would reveal that most of the bombs dropped on structures and citizens of Gaza were manufactured by for-profit weapons manufacturing corporations in the USA, bought by the US

government, then given to Israel.) We would then construct and consider a list of possible explanations for the conflict, focusing on the deepest root cause(s), not just on epiphenomena. After completing the above process, we would make decisions regarding what is the most likely explanation and the most likely root cause of the sequence of events that led to October 7<sup>th</sup> and the subsequent war. Then, we would propose how to best treat the situation, taking into consideration the risks versus benefits, as well as the practicality of potential treatments.

The above is what could transpire, ideally, in a hospital's Social Clinic, or during any Social Clinic session(s). Granted, many people would not feel sufficiently knowledgeable or have sufficient time to conduct or participate in such an in-depth Social Clinic session(s) about the Israel-Hamas war. But we should expect at least some people in society to bring this war before the Social Clinic for proper in-depth evaluation.

The point is that a Children's Hospital with a Social Clinic could serve as a model for helping a child like the girl from Gaza by not just focusing on her dermatomyositis but also by addressing the social situation---not just the local social situation but also the much larger global situation (including geopolitical and geoeconomic issues)---that is affecting her overall health and the health of other children in her social setting. At the very least, a Children's Hospital Social Clinic would teach and encourage medical students residents, nurses, and attending physicians to be more aware of the social, geopolitical, geoeconomic contributors to health and how all of us can serve as social clinicians to help resolve those social problems.

If Social Clinics (i.e., Social Clinic sessions) were to exist at many Children's Hospitals and were to evaluate the Gaza situation in a disciplined manner; if all such clinics were to communicate and share their findings and conclusions, each providing an independent Social Clinic assessment; and if these individual and collective assessments were to be made available to the public, to facilitate healthy public dialogue about the social problem (including Social Clinic sessions at the family dinner table); then maybe this would contribute to bringing the war to an end, thereby saving the Gazan girl's life (if she is still alive). If we deeply care about the health of the girl from Gaza, we would want to contribute (at least in a small way) to resolution of the life-threatening social situation she faces (if it is not too late)---i.e., we would want to bring her larger social situation before the Social Clinic for thorough evaluation.

In stark contrast to what transpires in a Social Clinic, consider an academic medical center where healthy dialogue about the Israeli-Hamas war is totally ignored, even deliberately suppressed; where only one point of view is allowed; where anyone who merely questions the behaviors of the Israeli government or Hamas is erroneously branded as antisemitic or Islamophobic, respectively, and risks losing their employment; and where a suggestion that the US government stop supplying Israel with war weaponry is also grounds for reprimand. Such institutions would not be addressing health in its broadest sense and would be in desperate need of establishing and honoring the idea of the Social Clinic.

The little girl from Gaza is just one example of why we desperately need Social Clinics. Speaking more generally, there are numerous social problems (at both local and global levels) that are having horribly detrimental effects on the health of children and adults. Political polarization, hateful intolerant extremism on both the “right” and the “left,” lack of healthy dialogue, etc. The COVID situation is a good example. Social clinic sessions are needed to objectively, honestly, and thoroughly evaluate the root causes of the COVID-19 situation and other serious problems facing Humanity.

**It is important to realize that among the deepest roots of many of the social problems that are threatening individuals and Humanity as a whole are the currently prevailing social and economic models that, unfortunately, are based on unhealthy and inadequately challenged social philosophies---including, most importantly, unhealthy, incomplete, and erroneous understandings of Human Nature. Accordingly, the most effective dialogue in the Social Clinic will be dialogue about social philosophy---particularly dialogue about the understandings of Human Nature upon which current and potential social and economic models are based.**

Children’s hospitals cannot afford to simply and only focus on the conventional medical diseases; they must address the larger social problems. Likewise, society in general, all citizens, including families, have a Social Duty to respectfully address the larger social problems---i.e., to participate in the Social Clinic.

Again, the ultimate goal of the Social Clinic (of holding Social Clinic sessions, whether as a hospital activity, an activity at a university, an activity at a religious site, or at the family dinner table) is to involve as many people as possible in the process of understanding the root causes of illness of society, engaging in healthy dialogue about these problems, proposing solutions, and contributing to the creation of greater Social Beauty. All of us can be social clinicians. All of us can participate in the Social Clinic. If we don’t participate, social illnesses will fester, eventually erupt, and become life-threatening for all. If we do participate, we can contribute to the creation of widespread Social Beauty that all can enjoy.

RMR

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