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Editorial

Social pediatrics: the essence and the vision

Social Medicine was born from the realization that in virtually every society the forces of mortality are more powerful among the disadvantaged and the poor. Indeed, it has been repeatedly shown that between poverty, lack of education, and disease, there are strong amphidirectional associations. Thus, poverty reduces educational opportunities and increases the likelihood of disease, whereas chronic disease reduces the potential for education and gainful employment, and low educational status is a risk factor for many diseases as well as a powerful determinant of poverty[1–8]. It is remarkable that although increased wealth in many of the Western Societies and higher literacy levels around the world have been accompanied by a reduction in morbidity and mortality, they have not substantially reduced the socioeconomic differentials in disease occurrence. Equally remarkable is the fact that socioeconomic gradients in morbidity and mortality persist in countries with highly "socialized" health care systems like England[9–11] and Finland, whereas in the socialist countries the existence of such gradients can be inferred from the unequal distribution of disease across geographic regions, characterized by different stages of economic development[12–15]. It is also worth stressing that mortality differences among socioeconomic groups reflect more strongly morbidity differences than unequal coverage or effectiveness of the health care resources in the respective groups.

Social class is a multivariate entity that cannot be adequately assessed with unidimensional indicators; despite these difficulties there have been several studies exploring socioeconomic influences with respect to specific diseases and age groups. A striking and persistent finding has been that in proportional terms socioeconomic contrasts have been much more evident among children, particularly during infancy and early childhood[2]. Although the spectrum of diseases and other conditions affecting health and well-being of children has changed over time, with new entities like accidents, child abuse, AIDS, and drug addiction taking the place of some infectious diseases and nutritional deficiencies, the socioeconomic gradient has practically remained stable or has even been magnified in some instances. It is in this context that social pediatrics has emerged as an important academic discipline and as a service activity towards the socially disadvantaged and underprivileged.

There is no general agreement on the appropriate terminology in this field, but there is a tendency to employ the term "social pediatrics" in order to characterize research, teaching and policy oriented academic activities, whereas the term "community pediatrics" is reserved for interventions targeting time- and place-specific health objectives. However the distinction is rather artificial; research in social pediatrics is frequently service oriented and it is difficult to provide effective and efficient community services without an academic component of planning and evaluation. It should also be pointed out that social pediatrics is not qualitatively different from mainstream pediatrics although there is a difference in emphasis. It is not easy to imagine a good pediatric practice without reference to the social context of the patient; moreover, community involvement has an added value potential, but it is not a substitute for poor pediatric practice. Indeed, many prominent contemporary pediatricians have played a leadership role in the development of social pediatrics.

Social pediatrics focuses on the child, but impacts on the family and community life and can critically affect adult health as well. To the extent that family dynamics, community interactions, herd immunity and the psychosocial equilibrium can affect the health of a child, responsible practice of community pediatrics may have a disproportional impact on community well-being. Furthermore, many diseases in adulthood have their origins in childhood or depend on behavioral patterns established early in life. Thus, prevention of accidents, which now represent the major cause of death in children, requires family education, school health services organization and collaboration with traffic police authorities, whereas child abuse prevention depends on upgrading of family life[16,17], as well as on development of stronger community ties. With respect to adult health, it is established that nutrition and exercise habits are rooted in late childhood and this is also true with respect to substance abuse and dependence.

It is an unfortunate reality that public health and preventive medicine have been separated from clinical and therapeutic medicine in the adult. This distinction has been less clear in pediatrics, since child health care has traditionally had a strong preventive component. It is one of the objectives of Social Pediatrics to reinforce the integration of preventive and curative services and to add components of family care and social concern. In this sense, social pediatrics is in the forefront of primary health care.

The distribution of power and prestige among the medical specialties has always favored the expert

involved in the delivery of high technology-dependent services, whereas primary care physicians have never received a comparable level of respect. Pediatricians have enjoyed a somewhat higher level of appreciation and respect from the community, because of their intimate involvement with the growth and the health of children in societies that have been traditionally pedocentric; however, only rarely have social pediatrics professionals enjoyed the prestige they deserve. Their work is intellectually and emotionally demanding and they should have complex skills, allowing them to address problems of clinical and psychosocial nature under constraints dictated by traditions, culture and frequently limited resources.

Social Pediatrics requires, in addition to intensive clinical training, expertise in pediatric epidemiology and understanding of family dynamics and of psychosocial interactions. The pediatrician who practices with a firm commitment to the social aspects of his profession should consider himself the advocate of the children in the larger world and should be an activist for such issues as the protection of environment, peace and social equity.

Social Pediatrics is and will be served by health professionals who have followed very different carrier paths: pediatricians with degrees in maternal and child health; epidemiologists with special interest in disease and conditions affecting child health; behavioral epidemiologists, social scientists, psychologists and health economists with experience and expertise in the ways social, economic and behavioral factors affect the health and the well-being of the young; health visitors, registered nurses and health educators, who can influence individual and collective health behavior with variable emphasis on prevention, cure and rehabilitation; and communication experts, who in modern societies are responsible for the dissemination of the news that can unite people in their struggle for a better and more equitable world.

For many years "Sozial- und Präventivmedizin" has been a leading Journal in continental Europe fostering the integration of research activities in medical and social sciences towards more effective prevention, better health and improved quality of life of people. The new section of social pediatrics is intended to advance the objectives of this discipline throughout Europe and around the world. This section will include invited articles and reviews, original papers, research reports and commentaries. Scientific quality and commitment to the objectives and the vision of social pediatrics should be the unifying elements of this new section.

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