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DR. LISA BARKLEY

MEDICINE AS SCIENCE IN A SOCIAL SETTING

"Medicine is a science that is done in a social setting and the two cannot be separated. Separating medicine from the social sciences does not work because understanding the personal experiences of a patient is essential to a physician's work. My role as a physician involved translating health and wellness to the general public, especially since I worked in adolescent sports medicine. Adolescent medicine is a great example of how it is impossible to separate medicine from social sciences because of how the environment plays such a large role in child morbidity and mortality rates. My experiences practicing family medicine allowed me to practice medicine in a social setting with all of my patients and it really made a big difference."

HEALTH EQUITY IS PATIENT CARE

"When I started medicine, there was less awareness of the term "health equity." As a physician, I simply want to provide the best patient care, and in order to do that, you have to be concerned with health equity. I've drawn from experiences of discrimination and medical mistrust in my clinical practice. My advocacy work with the Society for Adolescent Health and Medicine and clinical experiences in schools and corrections facilities have shown me the stark health inequities faced by adolescents of color and the need for systemic change. As I practiced medicine, I came to realize that the factors that lead people to become sick are actionable at a population level, through policy work. In my time as a medical educator, I became more interested in designing public health programs to reduce health inequities and advocating for better policy."

IMPROVING EQUITABLE CARE

"Personalized care is key. Everyone is different and deserves full attention. We have to try as providers to set a space and listen well to our patients. We must create equitable situations for patients as healthcare providers. Every person has different challenges, and as providers, we have to listen well to each patient's whole story. A patient's social history contextualizes the patient's medical history. For example, we look at the presence of high-risk behaviors for people, especially for people in marginalized communities, but we should be seeking a full social history across people regardless of their background. As another example, poor health outcomes are not solely due to a patient's personal failures with their health; providers should try to comprehend a patient from a holistic perspective."