Social Medicine, “Beyond the Biologic Basis of Disease: The Social and Economic Causation of Illness” in Northern Uganda was a very meaningful way to spend a month just prior to the start of my intern year in emergency medicine. Within this framework, Drs. Michael Westerhaus, MD and Amy Finnegan, PhD took us through a month-long curriculum focusing on the historical, social, economic and political factors that contribute to disease in Northern Uganda and, by extension, everywhere in the world. The course was a unique combination of small class discussions and guest lecturers with clinical encounters often focused on conditions rarely seen in non-tropical areas.

Our mornings were classroom based—allowing the 15 international students (1 German, 2 Lebanese, 1 Zimbabwean, 11 American) and 14 Ugandan students to learn and discuss aspects of social medicine. Topics in these morning sessions included the effects of colonialism in Africa, neoliberalism on the health sector, trade agreements on access to medications, gender inequality and sexual orientation. The discussions of these topics with this group of students were fascinating. By including arguments unique to people of very diverse regions of the world, the discussions pushed us to think about things we often take for granted. For example, do human rights really exist? Should Western countries impose their values on countries different than them, such as in Uganda where a bill has been introduced to punish homosexuality with death? Should women actually be treated as equal to men if this is not appropriate in a culture?

On most days after lunch we transitioned from our morning classroom sessions to clinical experiences. The evening before these sessions, a third of us went to the wards of Lacor Hospital and visited a pre-determined patient with a unique condition. After performing a full history and physical we developed a narrative composed of a differential diagnosis, unique physical exam finding and social aspects underlying the patient’s illness that we then shared with the class.

While the curriculum was a great driver of discussion it was the social aspect of the course that was often the most informative. Not only did we share time in the classroom with people from many places from around the world, we all lived together—spending free time both continuing our classroom discussions and talking about our lives. This was often where the greatest learning took place and where life-long friendships were built.

At the conclusion of the course we made concrete plans to continue our work in social medicine as a cohort. In the next several weeks we will collectively draft multiple letters to the editors of various Ugandan newspapers in an attempt to increase healthcare expenditures in the Ugandan government. In addition, we have created several videos as part of a public awareness campaign that focus on getting people to ask deeper questions about what makes people fall sick. Through these efforts we will improve our skills in advocacy.
Through a combination of lectures, small group discussions, working on the wards and practicing advocacy the Social Medicine course in Northern Uganda was an ideal way to spend a month prior to the beginning of residency. There is no doubt that the conversations I have had and the skills I have built will make me a better doctor as I think about illness both at home and abroad.