# The Social Geography of Medicine and Health

JOHN EYLES
and
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John Eyles and Kevin J. Woods

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# PREFACE

This book is primarily an exposition of medicine and health from a social geographical perspective. We make no apology for starting from this framework or for going beyond it in trying to explain and understand the phenomena under investigation. We feel that spatial patterns formed by social phenomena are a good starting point for examining the relationships between medicine, health and society. Many health conditions vary significantly across space. Most health care provisions, at least of the public variety, are allocated between and within territorial units. Further, social geography, along with its parent discipline, has a powerful synthesising nature which assists the search for meaning and explanation. We address, however, the problem of different perspectives on health and health care in Chapter 1. But to anticipate, we see social geography, partly because of its subject-matter and partly because of the academic climate in which it finds itself, as being part of the broader social science concern with the dissolution of academic boundaries in attempting to understand the social world. We feel unconstrained in selecting elements from different perspectives to assist us with these endeavours.

Medicine and health are undeniably social phenomena. Good health is a necessary precondition for successful functioning in any type of society. Such a statement should be taken to include social as well as biological functioning. Good health is needed for work, leisure and social activity. It enhances general quality of life, whereas poor health or disease both create and are created by deleterious social and economic conditions. Medicine, as one basis of systems of care and as one human response to disease, is also socially produced. Medicine and health care are not simply socially neutral technical procedures for combating disease and ill-health. They do combat such problems and we shall examine the geographical contribution to understanding the relationship between man and disease, mainly as mediated by environment. But they are also social products in the sense that the containing society significantly moulds and influences them. Indeed, we shall argue that it is not only medical care that is so shaped, but our very conceptions of health and illness. We thus see medicine and health

as being truly embedded in the social system with the shape of that system significantly affecting the definition of health and the nature of health care provision. We do not attempt to suggest that there is some inevitable sequence of developments that simply follows some logic of industrialism. Culture, history and economy ensure that different societies have different definitions and different care systems.

We shall, however, investigate the geographical work which attempts to use and apply mathematical and theoretical models to the development of health care. In a way, such attempts are suggesting that similar ideas and practices can be applied in different social settings. These economically-oriented perspectives are challenged by considerations of behavioural factors and of existing, operating economic and political systems. Indeed, we consider this embedding of medicine and health in the societal order to be of central importance. We shall emphasise this point on several occasions. There is also some overlap of material in several of the chapters. This overlap – or linking – is in fact a key element in our presentation. We hope to provide a sequential argument which moves, after a discussion of perspectives and definitions (i.e. the background), from medicine as seen through an understanding of disease environments and health problems (i.e. the raw material), to health care policy theoretically and practically conceived (i.e. the response) to society as the significant mediation between man and his conception and treatment or ill-health (i.e. the context). Thus environment and culture are necessary to understand medicine and health but such understanding must also be predicated on the dialectical relationship between man and society. It is our hope that we address some of the elements of this relationship – a relationship in which ideas (conceptions) are as important as actions (policies) and which sees social geography as a necessary part in explanation.

# ACKNOWLEDGEMENTS

All academic endeavours build on that which is already present. This book is no exception, but in working in the field of medicine and health care we have been able to draw on a vast and rich existing literature in geography, sociology, epidemiology and political studies. We have been fortunate in other ways too. At Queen Mary College, we are members of a thriving Health Research Group, consisting of staff members and graduate students in the Department of Geography. We wish to thank our colleagues in the Group for providing a thought-provoking environment in which to work. In particular we are indebted to David Smith, not only for providing a stimulating academic atmosphere in the most pressing of times, but also for giving us the incentive and encouragement to begin and finish the book. We are also grateful for the many valuable comments he made on reading an earlier version of the manuscript. Similarly, Eva Alberman of the Department of Clinical Epidemiology in The London Hospital Medical College has been an invaluable source of quiet advice and encouragement. Parts of the book were written whilst both of us held posts as visiting lecturers in Australia and we wish to record our thanks to the many friends we made at the University of New England, Armidale and Flinders University, Adelaide who gave us the opportunity to gather our thoughts and commit some of them to paper. These opportunities enriched our own collaboration. While we each had individual responsibilities, with John Eyles Chapters 1, 2, 3 and 7, Kevin Woods 4 and 5 and both different parts of Chapter 6, all parts were read by both of us and in several places substantially modified.

We would also like to acknowledge the diligence and perseverance of secretarial and technical staff in the Department of Geography, QMC, the Department of Clinical Epidemiology, LHMC and outside. Original figures were drawn by the cartographic unit at QMC under the direction of Lynne Fraser, while Pat Mitchell made sense of our lists of references. Working against the pressures of time and virtually unreadable writing, Linda Agombar, Eileen Bruce, Dorothy Eyles, Linda Goodchild, Carol Gray and Sue Nettleton produced a high quality manuscript. Many thanks to one and all. Finally, we dedicate this book to our long suffering but understanding families.