



neighbourhood; it seems to have real effects on health inequality, of a kind that politicians and health authorities should take seriously. I also see in their study a more general contribution: the possibility that environmental supports for restoration can be systematically deployed to mitigate health inequalities. The final report of the Commission on the Social Determinants of Health<sup>13</sup> calls for wide-ranging improvements in daily living conditions. Application of a restoration perspective on adaptation and health (table) and attention to the social ecology of stress and restoration<sup>15</sup> can serve that call. As with the distribution of stressors and coping resources, time for restoration and the restorative quality of accessible environments are not equitably distributed.

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## Medical-legal partnerships: transforming health care

Doctors, especially those who care for patients on low incomes, are frustrated that their patients' health is adversely affected by social determinants. For those patients with an acute or chronic illness, social determinants undercut the effectiveness of the burgeoning number of drugs and other treatments. Although this problem is usually considered a public-health issue, experience in the USA and abroad suggests a new way to transform the health-care system to address these social determinants: train lawyers to work as part of the health-care team to enforce the laws and regulations that are in place to protect health.

Many governmental programmes and laws, including programmes to supplement nutrition, housing subsidies, utility assistance, income support for the elderly and disabled individuals, regular and special education services, and health insurance, were created to ensure that basic needs are met. Unfortunately, safety nets are now so complex and unwieldy that many parts of the net are rendered inaccessible, and the disregard of

laws and regulations, such as those intended to protect against unhealthy environments, can result in adverse effects on health.<sup>1</sup>

Individuals and families on low incomes cannot on their own successfully challenge the unlawful actions of a landlord, a governmental agency, or a school system, and therefore many unlawful—and unhealthy—situations persist. As a result, physicians are now looking to lawyers as colleagues to “treat” the social determinants of health, and medical-legal partnership is emerging as a key strategy to combat health disparities.<sup>2</sup> For example, in cases where a landlord ignores the pleas of a parent, nurse, or doctor to fix the leaky pipe that is causing mould that triggers a child's asthma, a lawyer has the skills to contact the landlord and cite the housing and sanitary codes that are being violated. Wrongful denial of benefits can be overturned. Typically, this type of legal intervention gets results for patients without the intensive and expensive litigation often associated with legal services. Thus medical-legal partnerships have introduced the concept



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of preventive law, to help vulnerable individuals and families avoid legal crises that have health effects.

People on low incomes in the USA typically have two or three unmet legal needs, which may be acute or chronic.<sup>3</sup> Virtually all legal needs (ranging from housing issues to domestic violence) are directly or proximally connected to health status.<sup>4</sup> The medical-legal partnership model was developed at Boston Medical Center in 1993. A National Center for Medical-Legal Partnership was created in 2006, and there are now over 120 health clinics and hospitals in the USA that partner with legal-aid agencies, pro-bono lawyers, and law schools to offer legal assistance in the health-care setting to advocate for patients whose basic needs are not being met. Each community across the USA has some form of legal aid agency and with training, their lawyers can be co-located and work efficiently in the medical setting. Lawyers' expertise in navigating decision-making systems, asserting different types of legal authority, and advocating persuasively and effectively, complements physicians' clinical skills, to provide an important synergy to address social determinants of health.

Medical-legal partnership has several advantages. For many vulnerable patients, accessing stand-alone legal services offices can be a challenge, from a lack of transportation and time to patients not recognising their problems as having legal solutions. Even more importantly, this strategy increases the likelihood that patients will receive the help they need before a deprivation of basic needs leads to a crisis. As with preventive medicine, new generations of lawyers are

practising a form of preventive law which allows for the identification of legal needs before they turn into legal—and health—emergencies, such as child abuse, homelessness, failure to thrive, and severe asthma episodes. A 2007 American Bar Association Resolution supports this model as an important mechanism for early identification and remediation of legal violations. Finally, inviting lawyers to join in the delivery of health care expands the lens through which physicians view their patients, and the universe of their patients' needs—thus encouraging a culture of advocacy within the health-care setting.

Medical-legal partnership is a flexible model that can be effectively implemented in countries other than the USA if safety-net and related laws are inadequately enforced. While the UN Convention on the Rights of the Child provides an important framework for both health-care professionals and lawyers, an active strategy to enforce existing laws—especially those that ensure access to basic needs, such as food, housing, safety, health care, and education—is essential.<sup>5</sup> In 2006, the Open Society Institute's Law and Health Initiative began piloting several projects to integrate legal services in health-care settings in under-resourced areas.<sup>6</sup> More recently, the Society published a report, *Tipping the balance: why legal services are essential to health for drug users in Ukraine*, that describes how legal advocacy can address the health needs of drug addicts.<sup>7</sup>

In the USA, the future of medical-legal partnerships will involve broad expansion to multiple high-risk populations (the model originated in paediatrics), such as those who are elderly, disabled, or affected by chronic disease. The reorientation of health-care systems to early identification of social determinants<sup>8</sup> and legal aid to prevention of legal emergencies that lead to adverse health is opening a new frontier to address the non-biological factors that profoundly influence health. Medical-legal partnerships have the potential to catalyse permanent institutional change and a reallocation of resources and priorities in both legal and health communities, in the USA and internationally.

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## Anthropology in China's health promotion and tobacco



Health problems vex many residents of China, as they do people elsewhere. These problems need attention from medical professionals and public-health funders. They also require academic inquiry, including that offered by medical anthropologists. Medical anthropology addresses the way in which links between illness, culture, politics, and economics unfold over time.<sup>1</sup> Perhaps no problem is a better example than tobacco, which is wreaking a sizable social, emotional, and political-economic toll on Chinese people today and is one of the greatest causes of premature death. Anthropological study holds practical value for the development of innovative interventions to reduce China's smoking epidemic and attenuate other causes of ill-health.

Health researchers have written many articles about tobacco in China over the past few years, mostly describing smoking behaviours and their biological damage. Of special note is the finding that 3% of women in China smoke cigarettes daily compared with nearly 60% of men.<sup>2</sup> Anthropologists immediately ask what generated this stark contrast. The answer is not a sexist application of tobacco-control policies, because such policies began only a few years ago. More important has been processes that position cigarette smoking as a key gender differentiator that encourages men to smoke as a sign of masculinity and discourages women lest they be regarded as dissolute.<sup>3</sup> These processes began in the early 1900s, when cigarette companies such as American Tobacco and Nanyang Brothers Tobacco were battling to capture initial market share in China. Budding Chinese nationalist and feminist reformers bridled at the way in which the companies inundated cities with sexually charged advertising

copy that promoted cigarette use by women. The reformers argued that women needed to show they were progressive and morally upright beacons of "New China" by spurning the advertisements and abstaining from smoking.<sup>2</sup> This protective ethic has existed ever since, most strongly expressed through antiprostitution narratives in which the female smoker and commercial sex worker are portrayed as one.

Meanwhile, various sectors of Chinese society have encouraged smoking among men as a means of development, both economic and personal.<sup>4</sup> This encouragement has involved expansionist practices by the tobacco industry (first supervised by private firms, after 1949 by provincial administrators, and from the 1980s onwards by the state's China National Tobacco Corporation—today the world's largest cigarette manufacturer).<sup>5</sup> Such encouragement has also involved the insinuation of cigarette use into concepts of the male good life.

During the 20th century, heroic men of the revolution, such as Lu Xun, Mao Zedong, and Deng Xiaoping, were regularly depicted as cigarette smokers. Provincial offices eased mimicry of these heroes between 1949 and 1976 by designing packaging with male revolutionary imagery and by issuing cigarette ration coupons to family heads.<sup>6,7</sup> Since then, to meet the escalating earnings targets set by Beijing, employees of the China National Tobacco Corporation have positioned cigarettes as an index of male economic success and a convenient tool in social exchange. Keeping tax rates per pack low,<sup>8</sup> the Corporation encouraged stratified cigarette pricing (the cheapest pack of domestic cigarettes today sells for US\$0.14,

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See [Series](#) page 1697