No pathophysiologic pathway between wallet and coronary artery

I am profoundly interested in the focus on income inequality in recent years, as exemplified by the study by Lemstra et al in the August issue.¹ I risk being seen as controversial and somehow “right-wing” by writing this, but I speak for many of my colleagues with whom I have discussed this issue.

It is clear that certain privileges—like getting regular dental cleaning, buying medications, and having a gym membership—are afforded to those with higher incomes.

That said, many authors talk of income equality as if there were a direct pathophysiologic pathway that leads from one’s bank account to one’s coronary arteries. How does one’s heart sense that one is poorer than others in society?

It is quite clear to me, and many others, that low income is a risk marker that has been substituted for such true risk factors as obesity, lack of exercise, poor diet, and smoking and other substance use.

I suppose that people’s life circumstances can be completely a matter of luck, but many times they are an outcome of their education, socialization, abilities, genes, and life choices.

The thought that somehow giving poorer people more money will automatically result in health improvements is incredibly naive and overly simplistic. Any physician who has witnessed the “cheque effect” in a community emergency department is well aware that extra money can have a negative effect in some cases, at least on a small time scale.²

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Competing interests
None declared

References

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