

## 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.<sup>1</sup> 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 naïve 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.<sup>2</sup>

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**Competing interests**  
None declared

### References

1. Lemstra M, Rogers M, Moraros J. Income and heart disease. Neglected risk factor. *Can Fam Physician* 2015;61:698-704.
2. Pickett TA, Stenstrom RJ, Abu-Laban RB. Association between mental health apprehensions by police and monthly income assistance (welfare) payments. *Can J Psychiatry* 2015;60(3):146-50.

## Correction

In the Faces of Family Medicine article that appeared in the August issue of *Canadian Family Physician*,<sup>1</sup> the biographical information stated that Dr Parker had recently completed her certificate of added competence in surgical obstetrics and basic gynecology. *Canadian Family Physician* wishes to clarify that this referred to a residency in enhanced surgical and obstetric skills that Dr Parker completed. The College of Family Physicians of Canada does not currently offer a certificate of added competence in this area.

*Canadian Family Physician* apologizes for any confusion this might have caused.

### Reference

1. Glenn WM. The Faces of Family Medicine. Jennifer A. Parker. *Can Fam Physician* 2015;61:705-7.

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