Ethics after Hours

Why U.K. doctors are doling out 'social prescriptions' to treat mental health
The Current, CBC podcast

Summary:

This episode of the Current focuses on the use of social prescribing in family medicine in the U.K. As an alternative to prescribing pharmaceuticals, family doctors in the U.K. are increasingly prescribing non-medical services, which may include activities such as art classes, knitting clubs, and gardening clubs, supports such as to help with updating of a CV, or education and training in the use computers. Patients are thought to derive health benefit from such prescriptions, just as with pharmaceuticals. There is no cost to the patients, as the prescribed services are covered by the National Health Service (NHS). The purpose of social prescribing is to improve patients' overall well-being by addressing social needs. In Canada, patients with high social needs may be referred to an income security specialist or to legal services, but social prescribing is not generally practiced in Canada. Proponents of social prescribing argue that it has potential to save health care costs in the long run and is an effective way to improve health outcomes. Opponents, however, emphasize the lack of evidence to support non-medical prescribing.

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Discussion questions:

- What do you think of the idea of prescribing non-medical activities, services, and supports to patients?
- Discuss advantages and disadvantages of social prescribing.
- Do you think family doctors, nurses or other primary health care professionals should be able to refer patients to non-clinical services in order to address health concerns?
- What type of local non-clinical services do you think should be covered under referrals?
- If social activities and supports were to be prescribed by health care providers in Canada, should the cost associated with these prescriptions be covered by the health care system?

- Do you think referrals to non-medical services should be limited to patients with high social needs – for example, patients living in extreme poverty - as opposed to the approach in the UK which embraces social prescribing for a broader range of patients?
- What are the ethical arguments in support of social prescribing?
- Are there any ethical concerns associated with social prescribing?