

The epidemic of loneliness

According to the November 30, 2018 Seattle Times, medical providers need to approach loneliness with the same fervor that they address smoking cessation, diabetes, depression and heart failure.

There are the patients who can't pursue necessary surgeries because they have no one to drive them to or from the hospital while under anesthesia; the patients who come to clinic weekly because conversing with the medical team represents their best opportunity to interact with people; and the countless more whom we never see because their isolation is so debilitating they are unable to leave their homes.

In the past, social isolation and loneliness were deemed social rather than clinical problems — issues to be dealt with in the home and community, but not necessarily within the purview of medicine. It is time for that to change.

Loneliness threatens the futures of more people in our country than virtually any other illness. A study from Brigham Young University revealed that social isolation and loneliness are associated with a nearly 30 percent increase in mortality, meaning being chronically lonely or socially isolated may be worse for one's health than smoking or obesity. And this is not a rare phenomenon; a Cigna research survey from this year highlights that nearly half of Americans sometimes or always feel alone or left out.

Yet, loneliness remains a pariah of medical research and intervention. This is partially because of the inherent challenge associated with addressing social problems. Loneliness is complex and nuanced. This complexity may be why the medical community has shied away from addressing social isolation as a health concern. That must change.

It is the duty of medical providers to address social challenges that have salient impacts on patient health. The paradigm of medicine must encompass all facets of well-being, and social connection is foundational for wellness.

In Seattle, Underdog Sports Leagues has organized sports games and leagues for individuals interested in athletic activity. The African American Elders Program provides programming for Black elders in the area, while Generations Aging with Pride has unique events for older LGBTQ individuals. The Seattle Parks department has numerous programs, such as the Sound Steps Walking Program, to build community through physical activity. Those interested in exploring the beauty of Washington state may enjoy Washington Trails Association work parties.

Such programming serves to unite members of our community and should be recommended in clinical encounters when appropriate. However, there nonetheless remain countless individuals without support. Community health organizations and the broader medical community have the opportunity to be leaders facilitating community-building conversations and connections. It is time for medicine to demonstrate investment in and innovate on behalf of vulnerable and at-risk populations. Our community's wellness depends on it.