

Alberta Doctors' Digest

Medical student advocacy for marginalized communities ramps up

One aspect of being in the health care field is exposure to people from all different walks of life. To better empathize with and understand those of different cultures, religious backgrounds, family dynamics and incomes, students are trained through courses and practicums with different populations. One of these populations is those who are houseless.

The intersectionality between houselessness, substance use and women's health is an area of increasing importance that is rarely covered in traditional post-secondary curricula. While medical students get some exposure and training, in recent years it has become increasingly apparent that intersectionality is of great importance and needs to be addressed.

The Medical Students' Association at the University of Alberta hosts an annual conference covering various topics surrounding health equity. For this year's conference, the organizers have decided to gather experts and organizations that serve Albertans who fall within these marginalized communities to educate students on services, approaches, impacts and gaps within various health care fields. The conference will be held on November 2, 2024, in Edmonton, and it is entirely organized by medical students, including Sana Samadi and Dasha Bosyy (the authors of this article). The aim is to offer students, faculty and professionals from various health science fields, including medicine, pharmacy, nursing, dentistry, public health, and occupational and physical therapy, the opportunity to gain a multidisciplinary view of these topics to allow them to better understand and thus treat their future patients who may be experiencing these circumstances.

When one thinks of medical school curriculum, the mind may naturally gravitate toward subjects like anatomy, physiology or pharmacology – topics deeply rooted in understanding the human body. However, health care extends beyond treating illnesses to understanding and caring for the whole person. The language we use when communicating with patients significantly shapes their care experience and mental well-being. In recent years, emphasis on patient-centered and empathetic care has been growing. Historically, patients were often referred to by their conditions, but it is now widely recognized that this approach can impact both mental and physical health outcomes. For instance, rather than labelling someone as “a schizophrenic,” it is more respectful and accurate to say “a patient experiencing schizophrenia.” This distinction is crucial as it prevents the illness from becoming the patient's identity. Similarly, instead of saying a patient “is suffering” from a disease, it is more appropriate to say they are “experiencing” the disease. These language choices matter in fostering a more compassionate and holistic approach to patient care.

The health care community frequently interacts with individuals from marginalized groups, including those without stable housing. While “homeless” has been a commonly used term to describe people living without a fixed address, there has been a recent shift towards the term “[houselessness](#).” This change reflects the understanding that a “house” refers to a physical structure such as a building, apartment or trailer, but a

“home” encompasses more than just a physical space – it includes the sense of community and belonging that a location provides. Referring to individuals as “homeless” can inadvertently contribute to their marginalization by disregarding their social connections and community. The term “houselessness” aims to respect and acknowledge the importance of these non-physical aspects of one's life.

While houselessness is enough of a challenge on its own, individuals experiencing houselessness often also struggle with numerous health conditions. According to the 2020-2022 Point-in-Time (PiT) Count, 61% of individuals without proper housing also experience substance use issues. Often individuals turn to substances to self-medicate in response to traumatic life experiences. Individuals experiencing houselessness who were not previously using substances are more likely to begin using them because living without stable shelter is incredibly challenging. On the other hand, individuals who experienced housing instability and relied on substances as a coping mechanism before experiencing houselessness are more likely to end up houseless.⁴ While there is no consensus on whether one issue causes the other, it is clear that houselessness and substance use are very closely related.

According to [Statistic Canada](#), the proportion of [women experiencing houselessness](#) is increasing. Women are more likely to experience traumatic experiences while houseless and become houseless due to traumatic experiences. Some of these experiences include abuse, assault, human trafficking and discrimination. These experiences serve as barriers to women and severely impact their mental health. These traumas make it difficult to cope and difficult for individuals to escape their situation.

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