

## **The plight of the relative deprived**

**Velittin selcuk Engin**

Associate Professor, family medicine, Melek Hatun Family Health Cente

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### **ABSTRACT**

In almost every decade, health systems were being tested in terms of capacity, preparedness and resilience by unforeseen challenges(1). The last pandemic reminded us one more time that preventive medicine was such a global issue as neglect of one piece drives the whole into a crisis.

It's beyond debate that health services affect life satisfaction and quality. Yet, this impact is not independent from the social circumstances. Among the social facts, probably the most important one is equality. People who live in developed countries are no longer under threat of famine or lack of sanitary water. But studies in these countries have brought new perspectives on relative deprivation. In US, it has been shown that poverty is not necessary to be in worse health. Instead, there was a health gradient in all sections of the society going up as the social level improves(1). In "Status Syndrome", not poverty, but inequality derives worse health (2). In this sense, an increase in overall income in the same country after the war didn't increase average happiness(3). Also in Europe, large scale studies like SHARE reported that the impact of inequality couldn't be over

come by increased income(4). Relative deprivation is especially important taking absolute deprivation into account(5).. Absolute deprivation is about the necessities of life, and one of its essential dimensions is health. Absolute, as well as relative deprivation of access to health services were reported to be associated with late life depression(4,6).

Turkey has undergone a radical health reform which allowed almost every citizen to benefit from general health insurance(7). This was followed by generalization of family practice system. These changes changed the health services and ability to access them dramatically. The purpose of this review is to elucidate the effects of health disparities at worldwide and national levels, and to offer solutions.