The connection between lack of social support and adverse health outcomes has been a part of the literature for 40 years. Patients with poor social support from family, neighbors, and communities have higher levels of chronic illness, do less well managing those illnesses, and suffer from depression and other behavioral health problems that also increase their risk.1 Then why, after so much time and research into one of the most important determinants of health and illness, do so many people in society remain disconnected from each other, their neighbors, and their communities? Social isolation and lack of adequate social support is a problem particularly for older men and women.2 Loneliness is one of the most powerful risk factors for all-cause mortality, and while guidelines about screening for depression are being widely adopted, I don’t know any protocol that screens for loneliness.3 Also, screening should not be limited to older people, since the disconnection of patients from others begins early, and earlier interventions may have much more positive consequences.4

In this issue of *WMJ*, Tittman and colleagues5 focus on rural women and ask whether there is a relationship between geographic isolation and social support and, consequently, a higher risk for rural women to suffer the consequences of lack of social support. They found a direct relationship between the degree of rurality and the lack of social support and poor self-perceived health status. The challenge for our state and society is to find creative ways to nurture groups, connections, and collaboration among geographically isolated women so that support exists outside of families. Putnam has written eloquently about the erosion of social connections, social organizations, and simple “joining” that has eroded the social capital of America over the past 50 years.6

The rebuilding of communities decimated by economic recession and creating a truly civil society is perhaps the greatest task facing our country in the next decades. Why this is important to physicians and medicine can be seen in the results from this small study and the large body of literature it joins. Isolated, disconnected people—rural women in this case—are those who are at greatest risk for health problems. If we truly want to help our patients, we should use our influence in our communities and work with social services, faith-based groups, and neighbors to create networks and provide strategies to reach out to the isolated and bring them to supportive groups where they feel welcome.

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clothes, and meals, the program drew on volunteers from the film industry. These volunteers would coach the clients on interviewing skills, then film test interviews and, afterward, critique them with the interviewees. This process was crucial to helping people who lacked interpersonal confidence feel that they could talk and respond to questions in an intelligent way and improve their likelihood of gaining employment. I was reminded of that story in reading the article by Hueston and Holloway, who used a similar approach with medical students preparing to interview for residency positions. They provided an opportunity for senior medical students to engage in a mock interview in a specialty of their choice, fill out an evaluation of how the experience affected them, and receive direct feedback from their interviewers about how they might improve their interviewing skills. The success rate and overall positive review of the experience as helpful was similar for both the medical students and the homeless men: both groups had greater than expected success. Atul Gawande has written about how essential coaching is to improving performance in medicine. Coaching should be essential for improving interpersonal skills as well, and it doesn’t just apply to medical students. In my career, some of the best coaching I have had to improve my relationship with patients has come from thoughtful, engaged students.

Original Research
Prostate cancer and the consequences of our treatment of it have resulted in large numbers of men who suffer from all the surgical and radiation side effects that we fear for our patients. In a very important article about patients who have had increasing side effects and unsuccessful attempts to correct them, Sack and colleagues spoke with 13 patients who had undergone a cystectomy and urinary diversion. The reaction from the large majority of them was that their quality of life would have been vastly improved if they had gone to the radical procedure much earlier. While the severity of the radiation effects is—fortunately—relatively rare, men should be advised earlier about their choices rather than be subjected to the long litany of what the authors call the consequences of a “devastated lower urinary tract.”

Borchardt and colleagues report on a statewide audit of hospitals to improve the prevention of maternal transfer of Hepatitis B infection in newborns. Even though Hep B surface antigen screening is supposed to be universal, we all know that “should” and “is” are often different. They found that all babies born to women who had been screened positive for Hep B received a birth dose of Hep B vaccine, but a large number of women were not screened at all and their babies lagged considerably in receiving a birth dose. The lesson? Make sure that babies with no maternal screening receive a birth dose before going home.

Case Reports
Joshi et al warn us that treatment for severe inflammatory bowel disease, when using biologic agents, can have significant unanticipated complications and should be monitored carefully.

Haid and colleagues remind us that although rare diseases rarely occur, we need early tissue diagnosis, and careful and rigorous monitoring and treatment can have positive results. Cholecystectomies are one of the most common surgical procedures in medicine, while small cell carcinoma of the gall bladder is one of the rarest.

Kremens thoughtfully reviews what should and should not be the process of pulmonary stenting for patients in respiratory distress from obstructing masses. Technology is helpful in treatment and palliative care only if it is done according to evidence-based protocols.

Finally, Joseph Mazza, MD, a longtime member of the WMJ Editorial Board, reflects on the effects of water shortages and contamination on the quality of life and the health in society—certainly an important issue that warrants our attention.

REFERENCES
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