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The Dangerous Olive of Evidence: Ethical Tension between Technological Advancement and Social Determinants of Health in Diabetic Management

"Future is here, it is not evenly distributed." – William Gibson, Novelist

The role and expectation of social justice in clinical practice and ethics are both complex and controversial. In the context of medicine, social justice is the equality in access, quality and cost to all. Behaviors and social determinants of health (SDoH) and socioeconomic disparities accounts for more than 60% in the outcome of a disease. The social policy, professionalism, and system-based practice of physicians fall short of the Social Determinants of Health (SDoH) and disparities in health through socioeconomic status (SES).The health effects of education, income and occupation are mysterious but are also powerful components of SES and SDoH. Education in Social Justice requires self-reflection, advocacy and collaboration in patient care via community assessment. There is a global burden and inequality in the care of complex and chronic diseases like DM. Social Justice in the management of Diabetes Miletus (DM) requires the knowledge, skills and attitude for the effects of SDoH, the role of advocacy, community need assessments and development of DM care. The environmental/community infrastructure like transportation, economic stability, food security, education, access to care and social and cultural community support play a collective major role in the long- term outcome of DM in communities.

The "Dangerous Olive of evidence" metaphor suggests that we often do not fully grasp the big picture when it comes to the causes and potential solutions to complex problems like the global epidemic of DM. The theory identifies that only a very small proportion of interventions has shown actual evidence of effectiveness, making this concept the core of the olive. Meanwhile, the flesh of the olive consists of studies and data that have not been fully understood yet. In DM, that consists of technological advancements and vast complex contents and outcomes. There have been many mixed outcomes on many technological advances in diagnosing, glucose monitoring, insulin delivery as well as managing and monitoring DM using data management, decision analysis, and connected care with artificial intelligence (AI). As technology continues to progress and become more incorporated into healthcare, many of these technological advances in diabetic management require patient engagement, physical and social infrastructure and access to quality care. One must look at the Dangerous Olive metaphor and ethical tension between social justice, inequality in care, and technological advances. The technological advance can pose an increased risk of a digital divide and health inequality in the management of complex chronic disease like DM. We will debate and analyze the ethical tension and "dangerous olive" in growth of technology in DM management with its relationship with SDoH, SES and social justice in regards to population health.