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Narrative Medicine Essay

Health Beyond Healthcare

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“Allison” presented with suicidal ideation but ended up under my care on Internal Medicine while waiting for a bed in our chronically underfunded psychiatric unit. Reading her chart, Allison would be called a complex, high-risk, and medication non-compliant patient. She had a chronic autoimmune condition and depression, both of which were not currently being managed with medications, which contributed to her current hospitalization. Her body was adorned with self-applied tattoos, she often had unprotected sex, and she had a transient lifestyle.

However, as I spent time with Allison, I began to understand the context of her situation. She was medication non-adherent not because she didn’t understand the importance of them, but instead because she did not have transportation to pick up her medication. She had unstable living conditions because her options were staying with friends, in a homeless shelter where she felt unsafe, or trading sex for housing. She had high-risk sex because she received poor sexual education and in her early 20’s falsely assumed she was infertile. Her life experience was a series of impossible circumstances beyond her control. She was focused on surviving today. We focused on helping her plan her future—we restarted her medications, tested her blood borne and sexually transmitted infections, provided sexual education, placed long-acting reversible contraception, and helped her navigate social services to get safe housing after discharge. Allison showed me in no uncertain terms that health is so much more than healthcare.

Unfortunately, Allison’s story is not unique. As doctors, we see daily how all policy becomes health policy: from legislation that clearly affects healthcare like making it more

difficult to enroll in Medicaid and therefore access healthcare, to the more indirect legislation like decreased funding for Supplemental Nutrition Assistance Program (SNAP) making it more difficult for low-income families to eat nutritious food or cuts to the NIH budget that will delay new discoveries that could help cure disease or prolong meaningful life, and even those you may not consider like the brief ban of TikTok causing a patient to leave the hospital against medical advice (AMA) because they are bored or border control changes making it difficult for a patient with a solid organ transplant to attend their follow up appointment.

Despite this, I remain hopeful. I am hopeful that our healthcare system can become less fragmented, emphasizing whole person wellness and prevention, by both making primary care a sustainable career for physicians and by making primary care easily accessible to patients. That through continued advocacy, we can have a society that prioritizes initiatives and funds programs that have potential to impact human health outside of the walls of the hospital. Indeed, imagine how Allison’s story would have been different if she had access to evidence-based school sexual education programs, safe public transportation, affordable housing, clean needle exchanges, healthy and accessible food, and low-cost prescription drug prices. I remain hopeful because during my short time as a medical student and now resident physician, I have been surrounded by inspirational colleagues who share this vision and empower us to fight for a more equitable future. Now more than ever, the role of the physician must include advocacy, for the sake of ourselves, our profession, and our patients.

