

Profile

Michael Marmot: leader in the social determinants of health

When the then-Director General of WHO, Lee Jong-wook, announced a Commission to look at the social determinants of health, Michael Marmot, who had inspired the idea and would chair it, had no thought that this was a striking and contentious political move. He saw it as the logical consequence of the academic work to which he had devoted much of his life. "To put fairness centre stage and put action on society centre stage is very bold, but I didn't think that at the time. It seemed a natural follow-on from the research that some of us had been doing for a long time", he says.

Concern about the link between poverty and ill-health might seem to sit firmly at one end of the political spectrum, but findings from the Whitehall II study, which he leads, show something more complex: that even among people who are not poor, the higher you are up the hierarchy, the better your chances of good health and a long life. There are issues here for any leader to ponder. The Commission's recent report criticised a "toxic combination of bad policies, economics and politics" for the global health inequalities it found.

Marmot first found himself drawn into the realms of the policy makers 10 years ago on the Acheson Committee on Health Inequalities in the UK, which found that poverty had a disproportionate effect on children. Nonetheless, Marmot, director of the International Institute for Society and Health at University College London says he is a scientist, not a politician. On the WHO Commission, he asked his political colleagues what he was doing as chair. "Their response was that you bring the evidence—we are not just proceeding from ideology. We were strongly driven by that commitment to social justice, but tried to stick to the evidence as closely as we could—perhaps not a distinguishing trait of politicians."

The messages of the report are for all leaders, whatever their stripe, Marmot says. "If you pursue a set of policies which means some people's health does not improve as well as others in a systematic way because of their gender or economic status, that is unfair. The second idea is that health is a good marker of how well a society is doing. I try to argue to politicians if you are in government at some level to try to do good for the population that elected you, then health and health equity is a good measure of how well you are doing."

Ian Gilmore, President of the Royal College of Physicians, says that Marmot has "pushed forward our understanding of the variations in health outcomes in society. The gross differences in life expectancy in various parts of the UK are a matter of national shame and Michael has been a key advocate in bringing this to the attention of successive governments and society". Marmot applies "the highest standards of scientific evidence and rigour, but he does so in a modest and self-effacing way", Gilmore adds. UK Health Secretary Alan Johnson is also an admirer: "Long

before it was fashionable, he was investigating how early life experiences and lifestyle factors would affect disease patterns...Michael Marmot's work has laid the ground for the most important public-health measures which will tackle chronic conditions such as heart disease, that cause so much premature death and disability."

Marmot's parents grew up in poverty in the east end of London. His father, who left school aged 14 years, worked in the rag trade. By the time Marmot was 4 years old, the family moved to Australia. Marmot, youngest of three, became the first member of his family to go to university. At Sydney University, he discovered a much bigger world: "I started to think about society. Even in medical school, I had rather ill-formed ideas about society and health." He trained in an inner-city hospital where "I did think it was pretty clear how people's social environment affected their illness. I used to say we are putting Band-Aids on people and sending them back. You patch them up and they are back 3 months later. I thought there has to be a better way than this." From doing thoracic medicine in an asthma unit, he moved to the USA to Berkeley with a fellowship in epidemiology, where he worked on coronary heart disease and stroke in Japanese men under the brilliant supervision, he says, of Len Syme, a sociologist turned epidemiologist whose picture he still has in a gallery of those who inspired him on the wall of his office. In 1976, he was offered a job with the London School of Hygiene and Tropical Medicine. Making the decision, he said, was awful. Donald Reid, who recruited him, said he could offer neither the pay nor opportunities Berkeley afforded, "but if I wanted a life of hard work but high intellectual excitement, he said, come and work with us in London. It's been wonderful", Marmot says. "It's unfashionable to say good things about the UK, but the intellectual climate is really first rate."

Marmot worked on the Whitehall study of civil servants, identifying the inverse gradient of health with lower grade of job. In the past, studies had controlled for social class. "I asked why should social position in people who are not poor be related to risk of disease?" He set up Whitehall II to try to answer the question. In his work on health inequalities, critics ask whether we don't already know that poor people have worse health. The Whitehall studies showed that it was not that simple: "It is really surprising, not just in the UK but in country after country. Focusing merely on the bottom misses the point." Marmot is now involved in advocacy to a degree he has not been in the past, he says. The worst possible thing would be to see the Commission's report disappear as others have done, without trace, he says. "That would be appalling."

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