

# Doctors for Health Equity

Sir Michael Marmot  
President, World Medical Association  
Director, UCL Institute of Health Equity

*It is not enough to know, you must also use the knowledge; it is not enough to wish, you must also act... Thinking in order to act, acting in order to think, that is the sum of all wisdom.* Goethe

I am a medical academic. I have spent my life doing research, the aim of which is knowledge. I have not been the least bit ashamed of pursuing knowledge for its own sake. Certainly the problems that I have been investigating are large - inequalities in health. In the London Borough of Westminster, for example, there is an 18 year gap in male life expectancy between the best and worst off. And, in Britain, with universal access to a National Health Service, this cannot be attributed to lack of access to health care. The gap relates to inequalities in the conditions in which people live.

But we medical researchers have something in mind apart from knowledge for its own sake. In Goethe's words, we want to think in order to act. We want to improve the health of the patients we serve. And, in the case of a public health academic such as I, we want to improve the lives and health of the populations that we serve. As Goethe makes clear having an action perspective in no way negates thinking. My way of putting it is that we have to learn from our attempts at action - to have an evaluative culture.

I chaired the WHO Commission on Social Determinants of Health. When we completed our work representatives of one government described our report as "ideology with evidence". I was pleased with such a criticism, if criticism it was. We do have an ideology: health inequalities that are judged to be avoidable by reasonable means are unfair, inequitable. Putting them right is a matter of social justice. But the evidence really matters. I am told that there are many ways that policy is formed: ideology, buying influence, self-interest. Our domain is evidence, and the moral case that avoidable health inequalities are unjust.

My argument is that as doctors - clinicians, scientists, public health doctors - we are on the side of the angels. We work daily to improve the lives of the patients and populations we serve. To repeat, it is this moral case and the evidence of what can make a difference to health inequalities that we bring to the policy debate.

I came to Presidency of the World Medical Association with a mission: to engage the WMA, National Medical Associations and individual doctors in action on the social determinants of health: the conditions in which people are born, grow, live, work and age; and inequities in power, money and resources that give rise to inequity in the conditions of daily life. I am asked what can doctors do about the social determinants of health.

Stimulated by our colleagues in the Canadian Medical Association, last year we held a meeting at BMA House in central London to discuss this. It was exciting. Twenty countries beat a path to our door. Two hundred people attended.

After dinner on the first day, I was walking up to Euston Station to catch the underground train home. As I passed St Pancras Church, the homeless were getting into their sleeping bags and bedding down for the night on the concrete portico of the church. My first thought was really stupid: it is only 9.15 in the evening, why are people going to bed so early.

If you are homeless what else is there to do?

Next morning, as our meeting resumed I asked our medical colleagues from round the world, should this be any part of our responsibility? The first line of my book *The Health Gap* is: Why treat people and send them back to the conditions that made them sick?

As doctors surely we have a responsibility to work in partnership with others to improve the conditions that make people ill.

As we confront large and growing inequalities of income and social conditions, intolerance to refugees, racism, and other social ills, crucially, we as doctors have to be advocates for a fairer world and for the practical policies that will improve health and reduce health inequalities. When should we do that? Let me close by quoting Martin Luther King Jr:

*We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history there is such a thing as being too late...We may cry out desperately for time to pause in her passage, but time is deaf to every plea and rushes on. Over the bleached bones and jumbled residues of numerous civilizations are written the pathetic words: Too late."*

Colleagues join me as doctors for health equity