Archives of Disease in Childhood, 1981, **56**, 161–162

Annotations

Inequalities in health. Report of a research working group

If for Auden[1] this was 'the age of anxiety', for those in health professions it is the century of reports. *Inequalities in health*,[2] the latest addition, is among the most significant. Rich in fact, restrained in explanation, responsibly radical in its remedies, it describes the context of health in the last period of the 20th century. Produced between 1977 and 1980 at the request of a previous Secretary of State for Social Services it is the work of 4 men of professional authority and distinction—2 social scientists, a community physician and, as chairman, the president of the Royal College of Physicians.

Objectives

These were their objectives: 'To assemble available information about the differences in health among the social classes and about factors which might contribute to these, including relevant data from other industrial countries.

'To analyse this material in order to identify possible causal relationships, to examine the hypotheses that have been formulated and the testing of them, to assess what further research should be initiated and to assess the implications for policy'.

The essay that follows is a sequential analysis of social inequalities in health exposed through their effect on survival, growth, development, illness, and on the provision and use of services.

When valid measurement is possible the authors would encourage us to go further and examine health, 'not only as the freeing of man from disease and disorder but as vigorous, creative, even joyous involvement in environment and community.' In spite of scientific caution they have seen the promised land of health, and the vision keeps breaking through.

Structure of the report

Despite a certain stiffness in style, the report is well planned, well presented, and contains a well-chosen selection of tables and figures. The first 5 chapters measure existing inequalities and their trends, and make useful international comparisons. Subsequent chapters consider the social explanations for the inequalities and the reasons for their stubborn persistence, the gaps in our knowledge, and the priorities for future inquiry. The report concludes by reviewing the service needs and by explaining the wider social policy implications arising from the analysis.

Message to paediatrics

For the readers of this journal the main question is what can paediatricians learn from this report? First and foremost we can see the whole-life picture and the relative significance of different ages: 'Class differences in mortality are a constant feature of the entire human life time. They are found at birth, during the first year of life, in childhood, adolescence, and in adult life. In general they are more marked at the start of life. . . .'

The report lays stress on the social vulnerability of children. The class differences in the incidence of low birthweight, mortality in infancy, physical growth, educational performance, accidents, illness (especially respiratory illness), and the provision and use of services have long been known to paediatricians. The omission has been the reluctance to speak truth to power, to move beyond scientific inquiry and professional care to advocate publicly those changes in policy to which the facts point. Having discovered children the report does not run away from them. 'We believe that a 3-fold scheme of priorities—for children at the start of life, for those bearing the brunt of cumulative ill health and deprivation, and for everyone in terms of preventive action—follows logically from our analysis'. . . 'Early childhood is the period of life at which intervention could most hopefully break the continuing association between health and social class'.

Principles and policies

These priorities point to 3 objectives: 'To give children a better start in life; for the disabled to reduce the risk of early death and improve the quality of life whether in the community or institution and as far as possible to reduce the need for the

latter; to encourage good health among a larger proportion of the population by preventive and educational action. If these objectives, which are interrelated, are pursued vigorously inequalities in health can be reduced and so we recommend their adoption by the Secretary of State'.

A paediatrician's reflections

A report of this size and gravity will have deficiencies and omissions. Some of these have been expressed in a leading article in the *British Medical Journal*[3] and need no repetition. To stress the positive, the main advance for me is the report's attempt to overcome the dichotomy between social and clinical medicine. The authors have retreated from the once fashionable and more extreme position, and it is clear that they want to bridge the divide. 'For the task which we were given the "social model" is clearly more relevant than the "medical model" and we have mainly followed it. However, the two models are neither exclusive nor exhaustive and each has merits.' So far so good, but the division returns in the fact that, apart from the chairman, the authors have no current involvement in clinical medicine or paediatrics, and they took no steps within the working group to add those who had. Had they done so they would have avoided instant and one-sided solutions to complex problems—such as respiratory disease and childhood accidents. Timing may explain their late awareness of the Child Accident Prevention Committee; it does not excuse the omission of any reference to the 25 years of effective prevention in Sweden of childhood accidents, nor does it excuse the lack of any reference to the conference and book which initiated a comparable programme here.[4]

Despite misunderstanding and prejudice the two approaches are coming together. Health is a function of man in society and the aim from each side should be to complete the unfinished bridge between personal and social medicine. In this sense it would have been better had the report been published before *Fit for the future*.[5]

However, those concerned with the health of children and families, especially the British Paediatric Association, can now recapture a missed opportunity; and after studying both reports they can spell out a more-balanced programme for improving children's health and well-being than would be obtained from either in isolation. The mistake in using reports of this kind is to wait for governments to act when we know that they react only to public pressure. There is much that professionals can do in their own right, and since children have special needs which they cannot articulate themselves, parents and professionals must make common cause in educating the public and their servants in parliament.

Political contempt

It is clear that neither the Department of Health nor the government wanted the public to know of the existence of this report.[6] The fact that only 260 copies were printed was an insult to the authors, and was a deliberate attempt to prevent serious discussion of health issues of urgent concern. This is emphasised by the dismissive tone of the foreword by the Secretary of State. A responsible minister must count the cost. With the present issue his accountancy will be seriously at fault unless children move higher up the list of national priorities.

In times of economic restraint the danger is that those with responsibility become cynics, 'men who know the cost of everything and the value of nothing.'[7] For 'where there is no vision the people perish',[8] and both the public and the government should remember this.

Inequalities in health, like *Fit for the future* before it, is neither naive nor irresponsible. The first describes the social inequities and the social remedies, the second the changing pattern of children's health and the comprehensive service that could meet their needs more effectively. It is irresponsible for government to say that because it cannot afford the complete programme we shall have none. In a truly democratic society, the two would address the issue together and answer the question:

What is possible, and what is not.
To what conditions we must bow
In building the just city now.[9]

References

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4 Jackson R H, editor. *Children, the environment, and accidents*. London: Pitman Medical, 1977.
5 Court S D M, chairman. *Fit for the future. Report of the Committee on Child Health Services*. London: HMSO, 1976.
6 Morris J N. Letter: Equalities and inequalities in health. *Br Med J* 1980; **281**: 1003.
7 Wilde O. *Lady Windermere's fan*.
8 *The Bible* Proverbs 28: 18.
9 Auden W H. *New year letter*. London: Faber & Faber, 1941.

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