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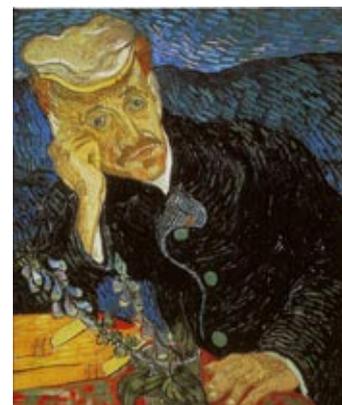
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BMJ Masterclasses

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PICTURE OF THE WEEK

A shell shocked US marine in Vietnam in 1968 at the battle for Hue. The picture is part of an exhibition of photographs by Don McCullin, *Shaped by War*, at the Imperial War Museum North, Manchester, on until 13 June. See <http://north.iwm.org.uk>.

In one of her forthcoming articles on doctors and conflict Helen Macdonald writes, talking to Colonel Hodgetts of the UK College of Emergency Medicine, who has served in war zones for the past 10 years, "The blast can rip limbs off, and penetrating injuries result from pieces of the bomb or its contents (such as nails) or from environmental debris such as stones, wood, or even other injured people. Mechanical trauma can occur if the victim is thrown by the blast, and burns are also common. As well as physical damage, the psychological injuries can be severe."

THE WEEK IN NUMBERS

£15.5m Amount the NHS spent on bath emollients in England in 2008
(Practice, p 361)

78% Survival rate for patients with splenic injuries in the United Kingdom
(Clinical Review, p 357)

4 Major themes arising from qualitative studies on treatment decisions for chronic kidney disease: confronting mortality, lack of choice, gaining knowledge of options, and weighing alternatives
(Research, p 350)

QUOTE OF THE WEEK

"Wrong about severe acute respiratory syndrome, wrong about bird flu, wrong about swine flu: that's an unhappy hat trick of exaggerated alarms that may come back to haunt us one day"

Nigel Hawkes (Observations, p 345)

EDITOR'S CHOICE

What's social injustice to do with medicine?

The challenge posed by the Marmot report is that we cannot afford inaction. As Marmot's earlier report for WHO starkly stated, "social injustice is killing people on a grand scale"

Will Michael Marmot's crucial review of health inequalities in England meet the same fate as its predecessor by Douglas Black? Certainly, as our editorial by David Hunter and colleagues points out (p 323), there are striking parallels in the timing. Published in 1980, the Black report had been commissioned by a Labour government, but it reported to a less than enthusiastic Conservative one. Hunter et al think the Marmot report will fare better. We must hope so, but can we as doctors do more than just hope?

What prompts me to ask is Jane Moore's letter (p 330). In what she rightly calls "the 'contrived and fictionalised image' in Fildes' 19th century painting *The Doctor* she sees a deception that persists today. "It is a fine example of Victorian spin produced to enhance the image of the medical profession and that of the establishment as a whole, by suggesting they had the power to confront the difficulties encountered by society."

Are we—doctors and politicians—as powerless to act as she suggests? The challenge posed by the Marmot report is that we cannot afford inaction. As Marmot's earlier report for WHO starkly stated, "social injustice is killing people on a grand scale." Inspired by another great creator of Victorian fiction Charles Dickens, Michael Marmot decided early on in his medical training that medicine and surgery were just failed prevention. As Zosia Kmietowicz captures in her interview with him, Marmot remembers thinking, "If we could do something about prevention, we could empty the hospital wards" (p 340).

Over time, greater understanding of the complexities of how things work at the national and global level has added sophistication to his message while removing nothing of its power. A

central question behind the WHO report was "why treat people...without changing what makes them sick?" It's a question that many countries find hard to answer. While healthcare costs continue to grow, so too does the health gap between rich and poor. Some countries are bucking the trend. Sweden, Mexico, and Cuba get special mention from Clyde Hertzman and colleagues (p 346), who call for governments around the world to tackle inequality by investing in early child development, and to make their provisions "universal and generous."

Marmot is clear that action has to take place across all sectors, and he is encouraged by the response to his WHO report. Countries that haven't previously prioritised health inequalities are now doing so, as is the European Union under Spain's presidency. It's no surprise, but gratifying nonetheless, to hear Marmot's impassioned support for the NHS. His advice to health professionals is to work on three fronts—providing universal access to good quality care, collaborating with other sectors such as transport and social services, and understanding and measuring outcomes.

Still feeling powerless? You may find inspiration in Iona Heath's review of Amartya Sen's new book *The Idea of Justice* (p 368). Heath applauds Sen's challenge to all those sitting complacently on the winning side of social injustice. She also finds support for primary care's insistent focus on the person rather than their illness. Which leads me to Kieran Sweeney. In a moving obituary (p 365) he is honoured for honouring patients above their diseases.

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