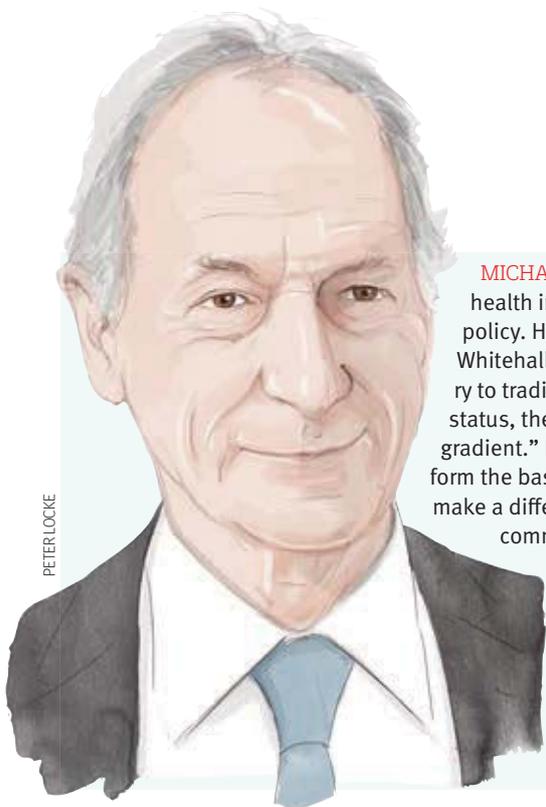


# Michael Marmot

## Evidence based optimist



PETER LOCKE

**MICHAEL MARMOT**, 70, is the doyen of health inequalities, both in research and policy. He led a groundbreaking study of Whitehall civil servants that showed, contrary to traditional thinking, that the lower their status, the worse their health—the “social gradient.” His conviction that evidence should form the basis of policy and that people can make a difference led to his chairing two WHO commissions and the English review on social determinants of health. His new book, *The Health Gap: the Challenge of an Unequal World*, sets this out. He is director of the Institute of Health Equity at University College London (UCL) and will be president of the World Medical Association for 2015-16.

### Bevan or Lansley? Who was the best and the worst health secretary in your lifetime?

I have a dog in this fight. The best was Alan Johnson: we share a passion for reducing health inequalities. He commissioned me to do the Marmot Review, which we published as *Fair Society, Healthy Lives*. The worst? A crowded field.

### What was your earliest ambition?

To make a difference. But, being rather hopeless at art and music and certainly no Dickens, using knowledge and an interest in science seemed the best way. Hence, medicine.

### Who has been your biggest inspiration?

Peter Harvey, a chest physician in Sydney, who listened to me going on about social conditions affecting patients and said, “I have just the thing for you—epidemiology.” Also, Len Syme at Berkeley [University of California] and Geoffrey Rose at the London School of Hygiene and Tropical Medicine fostered population thinking.

### What was the worst mistake in your career?

I was told that leaving training in internal medicine in Sydney for public health in Berkeley was a big mistake: “Once you get off the career ladder you’ll never get back on.”

### What was your best career move?

Ignoring the warning in Sydney and going off into the “unknown,” if that is an apt description of Berkeley at the tail end of the Free Speech Movement, anti-war protests, and scholarly hippiedom. Subsequently, UCL has been quite the best place to work.

### Do you support doctor assisted suicide?

I’ve chaired two debates on this and listened closely to reasoned and impassioned arguments on both sides. It is a clear case for public deliberation and for private conscience.

### Bevan or Lansley? Who was the best and the worst health secretary in your lifetime?

I have a dog in this fight. The best was Alan Johnson: we share a passion for reducing health inequalities. He commissioned me to do the Marmot Review, which we published as *Fair Society, Healthy Lives*. It has proved to be a great way to work with local authorities, Public Health England, and many others on social determinants of health. Stephen Dorrell used his experience as health secretary to be an independent minded and analytical chair of the Health Select Committee. The worst? A crowded field.

### Who is the person you would most like to thank and why?

I believe, and evidence supports it, that good work requires a good home life and vice versa. I most want to thank my wife and three children.

### To whom would you most like to apologise?

When I toddled off to Buckingham Palace to receive an award, I kept thinking that it should have been Jerry Morris [Scottish epidemiologist] and Geoffrey Rose. Jerry rang me and said, “We have come in from the cold.”

### If you were given £1m what would you spend it on?

I was given a lot of money once and established the Balzan Fellowships—bringing young scholars to UCL from all over to do research on social determinants of health. It was terrific. I’d do it again as a way of building up the UCL Institute of Health Equity.

### Where are or were you happiest?

Walking in the mountains, playing in string quartets, and writing *The Health Gap*.

### What single unheralded change has made the most difference in your field in your lifetime?

Equity from the start would make a great change. To reduce health inequalities we need to create the conditions for flourishing early child development: cognitive, social and emotional, and behavioural, as well as physical. Social conditions change the brain.

### What book should every doctor read?

I’m not good on “should.” I divide my life into three: before, during, and after reading Tolstoy’s *War and Peace*—it’s all in there. Chekhov, a doctor, said that medicine was his wife and literature his mistress. If *The Cherry Orchard* or *Uncle Vanya* are anything to go by, he was pretty good on his nights off.

### What is your guiltiest pleasure?

Nibbling halva while doing Sudoku.

### What television programmes do you like?

A bicycle accident and fractured femur have meant exercise machines for rehab. The BBC iPlayer on my iPad relieves the tedium. I’ve turned on the TV in many countries, and Britain is graced by having the BBC.

### What personal ambition do you still have?

Encouraging as many countries as possible to become active on social determinants of health: social justice demands it. As president of the World Medical Association I want the doctors to take action, too. Health equity is a global concern, and evidence shows that we can make a huge difference really quickly. My ambition? I want my evidence based optimism to catch on.

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