A Call to Lead

Imagine a microbe that lowers life expectancy. Suppose this microbe also causes increases in obesity, drug use, teen pregnancy, incarceration rates, and homicide rates, and a breakdown of social cohesion.

We would expect pharmaceutical companies and the Centers for Disease Control to engage in a no-holds-barred campaign to develop an antibiotic or a vaccine to do away with the threat and protect public health.

The threat is here. It is real and it is causing untold harm. But the threat is not a microbe. It is us, or more accurately, how we organize our social environment.

The United States is now the most unequal of the rich developed countries in terms of income and wealth. There are now hundreds of papers and an excellent book, *The Spirit Level: Why Greater Equality Makes Societies Stronger*, by Richard Wilkinson and Kate Pickett, which document the health and social costs of rising income inequality. Yet mainstream medicine seems to have hardly taken notice.

Wilkinson and Pickett document a long list of health concerns and social ills that correlate with increases in income inequality. We don’t live as long as our peers in more equal countries, nor do our infants. We’re fatter, more of our teens get pregnant, we incarcerate more of our citizens, our children score worse on math and science tests, we kill one another more often, and we trust one another less. We even recycle less often.

Correlation, however, does not prove causality. Wilkinson and Pickett address this question at some length. They analyze the data on civic trust and conclude that the overwhelming balance of the evidence supports causality. It appears to be the case that the increasing income disparity causes us to trust one another less. The breakdown in trust causes the social fabric to unravel and we begin to experience life as a Hobbesian struggle of all against all. This results in disease in the individual and dysfunction in our society.

Why is this so important? Recently, Professor Emmanuel Saez has looked at income tax data dating back to World War I. What he found is amazing and startling: we are more unequal now than at any time in our history, and significantly so. The last time we were this unequal, the stock market crashed and ushered in The Great Depression.

What has this to do with medicine and health? A generation ago, Sir Michael Marmot and colleagues showed convincingly that social class was a far more important determinant of health outcome than cholesterol level, blood pressure, diet, and smoking behavior combined. The message was clear. The social environment is the major determinant of health outcome.

In the office, we can help one patient at a time. This is worthwhile and important. I have spent my life doing so. But now it is clear that social policies that promote a more equal sharing of the social product greatly improve population health and the social environment. Physicians can help lead society to a more equitable and healthier future by advocating and working toward a fairer distribution of wealth and income.

In Virchow’s day, the great physician advocated for social reforms as the best way to fight a typhus epidemic. Virchow, the founder of Social Medicine, claimed that “physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.” Similarly, in our day, Sir Michael Marmot has called on physicians to lead “the charge for action across a broad front to reduce inequalities in health.” Will you join me in this noble cause?

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**References**