

References

- 1 *Binley's directory of NHS management*. Basildon: Beechwood House Publishing, 2009.
- 2 Department of Health. *Transparency in outcomes: a framework for the NHS*. London: DH, 2010.
- 3 Edwards N. The triumph of hope over experience: lessons from the history of reorganisation. London: NHS Confederation, 2010. www.nhsconfed.org/Publications/Documents/Triump_of_hope180610.pdf
- 4 Oxman A, Sackett D, Chalmers I, Prescott T. A surrealist meta-analysis of reorganisation theories. *J R Soc Med* 2005;98: 563–8.
- 5 National Audit Office. *Reorganising central government*. London: Stationery Office, 2010.
- 6 More brickbats than bouquets? *BMJ* 2010;341:228–31.
- 7 Hawkes N. Do GPs have the stomach for the battle ahead? *BMJ* 2010;341:232.
- 8 Roland M. What will the white paper mean for GPs? *BMJ* 2010;341:211–2.
- 9 Mascie-Taylor H. What does the white paper mean for hospital consultants? *BMJ* 2010;341:414.
- 10 Ham C. Why the plans to reform the NHS may never be implemented. *BMJ* 2010;341:586.

Robert Allan

■ EDITORIALS

Clinical Medicine 2011, Vol 11, No 1: 4–5

Tackling the social determinants of health: of giants and men

Fiona Adshead

The Royal College of Physicians (RCP) policy statement *How doctors can close the gap* was launched at a conference in June 2010 and was supported by 18 months of work and several policy dialogues on this key agenda.¹

As the day opened it was hard not to think of the giants who had gone before on 'whose shoulders we stand'.² A fitting tribute to Sir Douglas Black who 30 years earlier, during his own presidency, wrote *Inequalities in health*, a seminal publication which put this agenda on the map and has formed the foundations of the policy debate ever since.³ His work inspired a generation of doctors to take forward the agenda through research and practical action. How appropriate then that the RCP, led by the immediate past president, should champion work on inequalities in health in partnership with many other colleges, faculties and organisations to shape the response of today's and tomorrow's doctors. Leadership and how it underpins this agenda was central to the day's theme, coupled with the real desire to move forward into practical action.

The day brought together the key themes of the report and the preceding policy dialogues which explored the inter-relationships between the big global challenges facing health, climate change and chronic disease, and how today's doctors can tackle tomorrow's problems. Climate change, chronic disease and inequalities have many common features and interdependencies. Each is a complex systems problem requiring both societal

and individual action. Each challenge the way societies are structured and lives are lived. Each, by their very complexity, raise some difficult questions about where to start, what to prioritise and how best to secure traction. All are problems that can at the same time compel the desire for action and overwhelm in scale and complexity.

Throughout the day delegates were reminded that doctors in their daily work come into contact with the lived experience of inequalities in their patients, and that this brings policy to life in a unique way. Encouraging examples followed of practical action, improved services and communities whose lives had been changed. As Sir Michael Marmot stated, much has been achieved in the last 30 years and if further progress is to be made then tough choices will be needed.^{4,5} Inequalities are not inevitable but sadly neither is the necessary action to tackle them.

So what to do? In reflective mode, a discussion was prompted by a question on whether doctors were part of the solution or part of the problem. Who in the end was best placed to act? Others such as politicians were surely better placed to tackle this complex agenda. In the end it seemed that the crux of the debate centred on two inescapable truths: that we all need to act in whatever capacity we can, but we have to choose to do so.

The ability to inspire a generation to act is a rare gift. A recent event at the Royal Society where the moon mission astronauts met the next generation reflected on exactly how that happened in space exploration.^{6,7} Over a 10-year period the Apollo programme had 400,000 people and hundreds of organisations working on the seemingly impossible task of

Fiona Adshead, international adviser on the social determinants of health, Royal College of Physicians, London

landing a man on the moon by responding to President Kennedy's challenge that, 'We choose to go to the moon. We choose to go to the moon in this decade and to do the other things, not only because they are easy but because they are hard'.⁷ The story of how, on a visit to Cape Canaveral a man sweeping the floor told President Kennedy that he was there to put a man on the moon is an inspiration and shows what humanity can achieve when such a vision translates into action, however big or small. We must remember what is possible when we work together. Gene Cernan, the last person to walk on the moon, remarked at the same meeting that if man could put an electric car on the moon 38 years ago it was hard to see why they could not become commonplace on earth.⁷

The student dialogue proved to be both vibrant and inspiring, and so was their perspective on the day. Reminding us that while we inspire future generations, they in turn can help to reinvigorate our own actions.

Tackling inequalities is difficult, but the RCP has already proved it can rise to the challenges through its persistent and courageous leadership on key public health issues, such as smoking and professionalism. The future is ours to shape.

References

- 1 Royal College of Physicians. *How doctors can close the gap: tackling the social determinants of health through culture change, advocacy and education*. London: RCP, 2010.
- 2 Adapted from Sir Issac Newton's quote 'If I have seen a little further it is by standing on the shoulders of giants'. Letter to Robert Hooke, 5 February, 1675.
- 3 Department of Health and Social Security. *Inequalities in health: report of a research working group*. London: DHSS, 1980.
- 4 Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of the Commission on the Social Determinants of Health. Geneva: World Health Organisation, 2008.
- 5 Marmot M. *Fair society, healthy lives: a strategic review of health inequalities in England post-2010*. London: The Marmot Review, 2010.
- 6 100% Open (NESTA Agency). *Standing on the shoulders of giants*. Blog available on-line at www.100open.com/2010/03/standing-on-the-shoulders-of-giant-teams.
- 7 The Foundation of Science and Technology. *Event summary: Moon mission astronauts meet the next generation*. March 2010. www.foundation.org.uk/events/pdf/20100312_summary.pdf.

Address for correspondence: Dr F Adshead.
Email: Fiona.adshead@btinternet.com

RCP information

Change of address?

If you receive *Clinical Medicine*, please inform us of any changes to your contact details. This helps us to maintain an accurate record of your account and avoids any problem with journal distribution.

Fellows and members should contact the Membership Department:

Email: membershipqueries@rcplondon.ac.uk Tel: +44 (0)20 3075 1362/1467

Institutional subscribers to *Clinical Medicine* should contact Julie Dalton, Publications Department:

Email: julie.dalton@rcplondon.ac.uk Tel: +44 (0)20 3075 1358 Fax: +44 (0)20 7486 5425



**Royal College
of Physicians**