book review

Status syndrome

By Michael Marmot. Bloomsbury, London 2004. 320pp. £12.99.

Although the relationship between poverty and ill-health had been recognised for very many years, the Black report on *Inequalities in health* (1980) was the first to provide incontrovertible evidence of its importance.[1] A clear correlation was shown between those in higher occupational categories (with all the associated advantages of wealth, education, better housing) having better indices of health than those lower down the scale. The interpretation seemed simple. All the recognised concomitants of poverty were to blame – smoking, alcohol abuse, unhealthy eating, poor living conditions, inadequate medical care, higher levels of violence – and recommendations were made about improving the material conditions of the poor. The report had been commissioned in the last days of Labour rule but appeared after the election of the Conservative party under Mrs Thatcher. It was not greeted with enthusiasm by the new government; very few copies of the report were printed and distributed. The attempt at suppression failed – within a short time an abbreviated version was printed by Penguin Books and received wide publicity.[2] But little was done.

Michael Marmot's book confirms the relationship, barely acknowledging the contribution of the Black report but taking the link in an interesting and unexpected direction. If one excludes the vast global population at the lowest extreme of deprivation, there is a health gradient according to occupational or social rank – the higher the rank the better the outlook, even after excluding the obvious deleterious influences. A long and thorough study of Whitehall civil servants, amongst whom dire poverty does not exist, provided the initial data, but Marmot demonstrates the same correlations in many different places and circumstances. The explanation appears to be 'status'; it is not the level of resources available to an individual that counts, but his or her position relative to others. How much power or control does one have? This is where Marmot's thesis becomes interesting: contrary to established opinion, he concludes that people lower down the hierarchical scale who lack power and have little control over their lives suffer greater stress than those at the top. The idea that hard-working, over-conscientious CEOs (or administrators in the civil service) suffer more stress, and therefore more heart disease and earlier death, than those lower down in the hierarchy is turned on its head. He believes the upper echelons are happy in their jobs, which are stressful – yes – but enjoyably so because they participate and can exercise control over themselves and the people below. The higher status conferred on them by their jobs and the sense that their worth is appreciated protects against ill-health, and goes some way to explaining the relationship between status and health he and others have found.

Marmot admits that concepts of stress are ill-defined, and that it is not easy within large groups to determine who is chronically stressed and who is not. He falls back on a biochemical marker, the level of basal blood cortisol measured in the early hours before waking when it is normally at its lowest level. A higher than expected basal cortisol is taken to indicate stress. (As an innate sceptic I hope this simple non-specific indicator will be properly validated before it is widely adopted.)

The case for incriminating status as a health determinant is well argued in the book – perhaps at times a little too persuasively. Some of the points he makes appear naïve, an unexpected and unlikely shortcoming in an author as clever as Michael Marmot. One assumes that in his eagerness to convince, he occasionally gives undue emphasis to causal relationships. For instance, the 'sickness' of society in the Soviet Union could not explain its collapse, which followed complex political and economic pressures. His claim that high rates of violence and homicide in Chicago are linked to inequalities in income may well be true, but the city suffers a hangover from the days of prohibition when lawlessness and gangsterism were rampant and an ethos of violence developed from which it has not wholly recovered. In the US, despite the country spending twice as much of its GDP on health, life expectancy is lower than that of Japan. Marmot explains this anomaly by citing the 'cohesive nature of Japanese society' which protects against ill health. The high cost of medical care in the US is surely related to profligacy – far more spent on often fruitless investigations and futile treatment – and the extremely high administrative costs of the profitable private health care system. Inequalities of health care must contribute to poor health outcomes. An estimated 45 million Americans have no health insurance at all and probably receive inferior and reduced medical care. The US may spend more per capita than any other country on health, but the World Health Organization ranks it 37th in the quality of its service. Does one have to look further to explain its poor performance relative to the Japanese?

Awareness of the important link between status and health might fill one with despair about putting things right. Marmot is not without hope. He ends his book with an appendix of recommendations made by the Acheson Inquiry into Inequalities in Health, of which he was a member.[3] They cover a lot of ground – reducing income inequalities, improving education and opportunities for fulfilling employment, better housing – and amount to 39 recommendations in all. I found his arguments plausible, as I did when I read the Black report 25 years ago. Let's hope more action follows.

References

1 Department of Health and Social Security. *Inequalities in health: report of a research working group*. London: DHSS, 1980.
2 Townsend P, Davidson N (eds). *Inequalities in health: the Black report*. London: Penguin, 1982.
3 Acheson D. *Independent inquiry into inequalities in health*. London: HMSO, 1998.

SIR RAYMOND HOFFENBERG
Past President, Royal College of Physicians