Unhealthy Societies—the Afflictions of Inequality


Why read this book? Read it if you are interested—professionally or otherwise—in the current state of society and the effects this has on our health. And in this case read it even if the complexities of epidemiological research, of anthropology, of social psychology, economics, history or politics are not your home-ground: for though the book draws on all these areas it can and should be read from cover to cover.

Wilkinson’s thesis concerns the relationship between relative income and mortality. He shows this relationship to hold very strongly within a given society or social grouping, ie it is the distribution of income rather than its absolute level which seems the more important, particularly so in developed countries. Wilkinson shows early on how relative deprivation becomes a major determinant of health once a society has passed through the so-called “epidemiological transition”—where predominantly infectious causes of death give way to predominantly degenerative causes (cancer, cardiovascular disease, stroke etc), and where the stark relationship between life-expectancy and per capita income declines as absolute incomes rise. (Interestingly, this also seems to mark a change in the social distribution of some major diseases including most importantly coronary heart disease: in affluent societies the so-called “diseases of affluence” actually shift to the poor.)

Wilkinson then looks for possible explanations for those inequalities in health that are associated with living standards. Genetics, and anomalies of classification or measurement, are shown to contribute nothing; the effects of social mobility, medical care and individual health related behaviour provide only a partial influence. This leaves as the major influence the effects of the social and economic circumstances in which people live. “Health . . . gives us a handle of hard data on the subjective impact of experience . . . [W]e are discovering the toxicity of social circumstances and patterns of social organisation.” Wilkinson develops the case for regarding relative income as the more important factor, by re-examining existing data from a new conceptual standpoint, illustrated by neat historical case studies. He considers on the one hand societies experiencing a rapid compression of income distribution, accompanied by dramatic improvements in life-expectancy (as, twice, in wartime Britain), and on the other hand societies experiencing a rapid widening of income differentials, resulting in a breakthrough of community cohesion and a sharp increase in deaths from coronary heart disease (as in the small close-knit Italian-American community of Roseto, Pennsylvania in the 1960s). The picture starts to emerge strongly: “inequalities are not an inescapable fact of modern life”.

From here the author develops the concept of social cohesion. He draws on a wealth of anthropological literature, and on ideas from the field of social psychology, to establish the reality of this concept and, more significantly, its crucial role in human health. The huge themes this raises are worth some quotation: “[W]e live in ways that are not conducive to social harmony because we are protected [by an overriding authority] from most of the social consequences of doing so . . . only under [that authority’s] jurisdiction can the complaints of the dispossessed be safely ignored. “[W]e come to believe that human beings are by nature what their culture suggests they are . . . [W]e fail to realise how soon a different social order might come to seem a reflection of a different human nature.”

The latter part of the book deals with the possible physical pathways involved. One of the most plausible is the role of chronic stress mediated through the hypothalamic-pituitary-adrenal axis linked to raised corticosteroids, central obesity, insulin resistance, poor lipid profile and increased blood-clotting–with evidence linking all this to the social ordering of the population.

The range and depth of this book do not lend it to compression, since it reads as a whole: it gathers weight and momentum and it strikes up major themes which seem to generate and coalesce of their own volition, while maintaining an open and balanced feel. The merits of this book lie not only at the level of detailed content (which will inevitably date as research moves on). It can already be seen as a pivotal point in the direction of related research. Its methodology is outstandingly demonstrated, as “evidence”-thinking takes on new meanings from different viewpoints. Moreover it refocuses attention on the subjective quality of life as crucial for assessments of social vitality, making material and economic aspects of secondary and indirect importance.

Finally the text is accessible, it assumes no specialist knowledge, and it manages to evoke genuine excitement at the “first views of the landscape ahead”. Read on!

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Clinical Judgement—Evidence in Practice


The authors define the aims of this book as being: (1) to make a case for the centrality and irreplaceability of clinical judgment; (2) to identify the elements of good clinical judgment, and (3) to suggest how these might be developed by using the humanities in medical education.

The book’s message could be summarised as “evidence based practice is not enough”. The case is made by looking at four elements of judgment. Science is not merely a question of facts but also of their interpretation and the construction of theories, matters of judgment. Clinical judgment is needed to apply the general principles of scientific medicine to the individual, who is never identical with the average patient. The two chapters which discuss these topics, although worthy, are
Just a Head: Stories in a Body


"I was no longer an academic, a runner, a skier or a traveller. Essentially I became just a head. My body was gone. I was no longer a physical being." This is how M R Gallagher, previously a diabetes researcher and triathlete from Tasmania, begins this account of her five-year experience of illness, cowritten with friend and nursing lecturer Denise Fassett. After an asthma attack and ten days in intensive care she found she was unable to move her arms and legs, had difficulty swallowing and continuing problems breathing. Tests did not reveal a cause and as she becomes more and more disabled, M R finds herself in the "medical wilderness of the psychosomatic". There is no cure. Five years later she remains in a nursing home, wheelchair-bound, with poor vision and generalised pain. She is surrounded by the paraphernalia of disability: a catheter, a feeding tube, and a voice-activated computer. The reader is ultimately left uncertain about whether there is a physical diagnosis. M R's experience of her illness has led her to campaign for her own and others' assisted suicide and she plans a PhD to explore the doctor-patient relationship.

Paradoxically, perhaps because of my background in experimental psychology, I couldn't help feeling that many of the chapters could themselves have benefited from a bit more evidence—particularly those on clinical judgment and the benefits of teaching the humanities, where empirical research has as much to teach us as philosophy.

The book certainly makes the case for clinical judgment, although not always in a very accessible way. Whilst it includes some interesting insights into the nature of clinical judgment, and into the place of medical humanities in its development, I did not feel that the authors really achieved their second and third aims. As a whole I found it hard to see for what the book was written. Those committed to the view that medicine is both a humanity and an art will find little new here, whilst those still locked in a positivist time-warp (and sadly there are still many such souls in purgatory) might find the style too discursive and philosophical to stick with it.

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Correction

In the December 2000 issue of Medical Humanities the following acknowledgements were inadvertently omitted: Barker P, Metaphors of life and death and Richardson R, A necessary inhumanity.

The original versions of the papers on which these articles are based were first presented at a conference, The Healing Arts: the Role of the Humanities in Medical Education, held at the Royal Society of Arts on 30th March 2000. The papers are reproduced in their original form, complete with illustrations, in D Kirklin and R Richardson, eds. Medical Humanities: an Introduction. London: Royal College of Physicians, 2001.

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