

# Professor Sir Michael Marmot

## Acceptance Speech

Council Chairman, Vice-Chancellor, graduates, ladies and gentlemen,

It is an immense honour for me to be invited to give this address on behalf of Mr Reinaldo Maria Cordeiro, Professor Hao Ping, Ms Irene Lee, Professor Joseph Sung and of course myself. We are deeply honoured for the conferment of honorary doctorates on us by the Chinese University of Hong Kong.

“How do you keep going?” a colleague asked me in an SMS message. She was lamenting some reverses that she had had in spreading the word on social determinants of health and health equity.

I was sitting in a hall in the Gwent Region of Wales, in October this year, when I received her message. Gwent had declared its ambition to be the first Marmot Region in Wales and I was in the Welsh city of Newport to speak at the launch of the initiative. Marmot Region – what does that mean? My 2010 English Marmot Review, entitled *Fair Society Healthy Lives*, had been picked up by the English city of Coventry who declared that they were a “Marmot City” – they would make my recommendations on how to reduce health inequalities the basis for their planning as a city. The six recommendations are:

give every child the best start in life; education and life-long learning; employment and working conditions; having sufficient income for a healthy life; healthy and sustainable communities; taking a social determinants approach to prevention. Subsequently, Greater Manchester declared themselves a Marmot City Region. There followed the English Regions of Cheshire and Merseyside, Lancashire and Cumbria and other towns and districts in England. Parenthetically, when Greater Manchester declared their ambition to be Marmotised, I said that my wife thought that calling cities “Marmot” was some kind of egomania on my part, could they possibly use another term for it. It’s too late, I was told, we talk about implementing Marmot. I just have to deal with the personal embarrassment of having Marmot towns, cities and regions.

I responded to my colleague’s call for help, her question on how I keep going. I suggested we think back to when we published the report of the Commission on Social Determinants of Health. I had been invited by WHO to chair this Commission. We published our report, *Closing the Gap in a Generation*, in 2008. We put on the cover: Social Injustice is killing people on a grand scale. We said that we wanted to create

a social movement. Did we ever imagine that that social movement would include sitting in a community hall in Gwent in Wales, while the chief executives of five local authorities declared their ambition for Gwent to be a Marmot Region. Did we imagine that the social movement would include my having lunch in Darwin in the northern tip of Australia with two Aboriginal men, leaders of the Community-Controlled Aboriginal health care organisation, and hearing them tell me that they use our reports “all the time”. Nor did I imagine the social movement would include continued work with colleagues in Brazil, in Morocco, in Italy, Canada, Egypt, Israel, Costa Rica, and Norway.

Certainly, I never imagined that the social movement would include active involvement in research and policy on health equity in Hong Kong. With the vision of the Vice Chancellor and President, Professor Rocky Tuan, we have established an Institute of Health Equity at the Chinese University of Hong Kong. It will work in partnership with the Institute of Health Equity at UCL, which I direct. It is already a fruitful collaboration.

The answer to my colleague, then, on how I keep going, is to reflect on how far we have come in pursuit of fairer societies to achieve greater health equity; and how far we still have to go. In the Ethics of the Fathers we find an important guiding principle: “it’s not your responsibility to finish the task, but you are not free to desist from it either.”

In fact, my build up to commitment to health equity was a life-time of research on social determinants of health. A central finding that I first established in the Whitehall study of British Civil Servants is the social gradient in health: the lower the grade of employment the higher the mortality rate. It might be objected that Civil Servants are a rather atypical group of people. We went on to show that there is a remarkable social gradient in the UK as a whole. Classify people by where they live, classify where they live by level of deprivation, and there is a clear social gradient – the greater the deprivation the shorter the life expectancy and, crucially, the shorter the healthy life expectancy. Such a social gradient in health has now been demonstrated in many countries, globally, including Hong Kong. Whether people are classified by their level of education, their income, occupational status, or degree of deprivation of their area of residence, there is a social gradient in health that runs from the top to the bottom of society.

Our research, starting in the UK, but increasingly global, has been to understand why this gradient should exist. In public health, though, research always has an implied question: how could the results of this research lead to changes to improve the public health and, in the case of my research focus, reduce health inequalities.

Whitehall, the British civil service, may seem like an unlikely platform for an inquiry to reduce global health inequities, but it is a reasonable supposition that the causes of ill-health and

health inequalities will be universal. Insight into causes has great generalisability across cultures and countries. Hence the importance of sharing knowledge globally. The details of how to apply the knowledge, of building practical action, will vary. Of course. Which is precisely why countries, cities, regions need to take these insights from research and work with communities to develop solutions, specific to those milieux, and implement them.

We said: “social injustice is killing people on a grand scale”. Martin Luther King was quoted as saying: “of all the forms of inequality, injustice in health is the most shocking and inhuman”. He may well have been referring to inequalities in access to health care. That said, I take the words as reported. My concern has been, is, and will be with the unfair distribution of health in the population. Access to high quality health care is important and vital, but it is not lack of health care that cause inequalities in health in the first place, but inequalities in the conditions in which people are born, grow, live, work and age – the social determinants of health.

Working in the field of social determinants of health, and health equity, is an astonishing privilege. The work is its own reward. I didn't spend a lifetime in research and, latterly, seeking to influence policy and practice on health equity in pursuit of honours. This honorary doctorate is a bonus, a treasured and much appreciated recognition, not just of the work that I have done but of the whole field in which I have worked for five decades.

I want to finish by reflecting for a moment on the meaning of an honorary doctorate. The clue is in the name. An honorary doctorate is both a special honour and a doctorate. To start with doctorate, it is both reward and rite of passage. To pursue a PhD means intense focus on a single manageable question. Drawing on Peter Medawar, the sight of a scientist locked in combat with a problem too difficult to solve is not an edifying one. The question, then, has to be susceptible of solution in the 3 or 4 years the candidate has. At the end of the PhD, the candidate should be as expert as anyone on the details of that narrow topic. The rite of passage is that she or he is now admitted to a world of scholars, each of whom has pursued the same rigour in answering their question. It is a world where respect for knowledge is the price of entry. A world where truth is the currency.

An honorary doctorate shares salient characteristics with doctorate – respect for knowledge and rigour in approaching a topic; truth is the currency. But there is something more. It indicates a whole body of work, a long-term commitment to scholarship. We live in troubled times globally. The fact that the Chinese University of Hong Kong chooses to celebrate scholarship and social commitment is special indeed. I am delighted to be part of that celebration.