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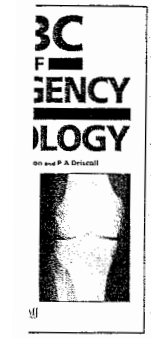

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Guidance for authors appeared in the issue of 6 January 1996, p 41

BMJ

Editor's Choice

The big idea

Big ideas are exciting. Politicians are constantly searching for them and usually failing to find any. Every scientist would like to discover one, and scientific journals love them as well. Big ideas don't often arise, but the *BMJ* has been associated with several—and one of them is explored further this week. The big idea is that what matters in determining mortality and health in a society is less the overall wealth of that society and more how evenly wealth is distributed. The more equally wealth is distributed the better the health of that society. One political implication, appealing to those on the left, is that the best way to improve health in a society might be to take measures to distribute wealth as equally as possible. Such measures would be more likely to be effective than measures that increased overall wealth but also increased inequalities—exactly the measures advocated over the past 10-20 years in Britain, the United States, and many other countries.

The studies that support the big idea have so far compared data from different countries. But two studies we publish today both test the idea within the United States. George Kaplan and others have found a significant correlation between the percentage of total household income received by the poorer 50% and all cause mortality across the 50 American states (p 999). The association is unaffected by adjusting for median state incomes. The researchers also found significant associations with low birth weight, homicide, violent crime, work disability, poor educational outcomes, and various measures of social harm. A second study from Harvard uses two different measures of income inequality and again finds strong associations with all cause mortality and mortality from heart disease, cancer, and homicide (p 1004). The authors conclude that "policies that deal with the growing inequities in income distribution may have an important impact on the health of the population." We must hope that Bill Clinton reads the *BMJ*—and just in case he doesn't we are sending him a copy.

This issue contains several other studies related to inequalities in health and an essay from Graham Watt on why we don't do better in responding to the problem (p 1026). Tolstoy, as so often, has an answer. "I sit on a man's back, choking him and making him carry me, and yet reassure myself and others that I am very sorry for him and wish to ease his lot by all means—except by getting off his back." Watt thinks that self interest might eventually prompt the wealthy to respond because they are worried by begging and personal safety. "To see the future we need only look to the United States, where inequalities are wider and one half of the society is frightened by the other." Watt wants doctors and scientists to take the lead.

A society, Britain, that manages little excitement over the longstanding and huge problem of health inequalities is currently recovering from a bout of hysteria over bovine spongiform encephalopathy spreading to humans, and we publish six letters on the subject (p 1037). One from John Harrison points out that the United States Environmental Protection Agency has published guidelines on communicating risk to the public: "accept the public as a legitimate partner; listen to your audience; be honest, frank, and open; meet the needs of the media; speak clearly and with compassion; coordinate and collaborate with other credible sources; and plan carefully and evaluate performance." Maybe the British government will do better next time.

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