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 affect, but the BMJ has been associated with them—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 so 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 more likely to be effective than measures that increase overall wealth but also increase inequalities—namely 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 covered data from different countries. For two studies we publish today both the idea within the United States. George Sigelmann and colleagues have found a significant correlation between the percentage of total household income received by the poorest 50% and all cause mortality across the 50 American states (p 989). The association is unaffected by adjusting for per capita income or percent of the population under 18. The association is also unaffected by adjusting for per capita income or percent of the population under 18. The authors conclude that "polices that deal with the growing inequalities in income distribution may have an important impact on the health of the population." We must hope that Bill Clinton sees the BMJ—and just in case he doesn't we are sending him a copy.

This issue contains several other studies related to inequities in health and an essay from Graham Watt on why we don't do better in responding to the problem (p 1026). Similarly, as so often, has an answer. It is that on a man's back, shirtless and making him move one's back, and yet every member and others that I am in very sorry for him and wish to wish his lot by all means—except by getting of his back. This wish that the world might eventually prompt the wealthy to respond because they are worried by begging and personal struggle, "to see the future we need only look to the United States, where inequalities are wider and one half of the society is fragmented by the other. Watt wants doctors and scientists to talk the lead.

A society, Britain, that manages little excitement over the longstanding and huge problems of health inequity is currently recovering from a lack of hysteresis over various social inequalities. To spending to tomorrow, and we publish six letters on the subject (p 1057). One from John Hinton 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 voices; and pain carefully and evaluate performances." Maybe the British government will do better than this.

Editor's Choice

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