

Health in an unequal world
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.....In poor countries, tragically, people die unnecessarily. In rich countries, too, the higher death rate of those in less fortunate social positions is unnecessary. Can there be a link between these two phenomena: inequalities in health between countries and inequalities within? Surely, we could argue, the depredations of grinding poverty-inadequate food, shelter, clean water, and basic medical care or public health-that ravage the lives of the poor in developing countries are different in kind from the way that social disadvantage leads to poor health in modern Britain, for example. The diseases of the slums of Nairobi are, to be sure, different in kind from the diseases that affect disadvantaged people in east London in the UK, or Harlem in the USA, and have different proximate causes. There is, however, a link. The unnecessary disease and suffering of disadvantaged people, whether in poor countries or rich, is a result of the way we organise our affairs in society. I shall argue, in this oration, that failing to meet the fundamental human needs of autonomy, empowerment, and human freedom is a potent cause of ill health. In making this case, I shall bring together two rather disparate streams of work. The first is a report of my own research endeavour. I have sought explanations for the social gradient in health, as observed in the Whitehall studies, pointing to the fundamental importance of the circumstances in which people live and work. I emphasise control and the opportunities for full social engagement.¹ The second draws on the work of development economists Amartya Sen and Nicholas Stern.....