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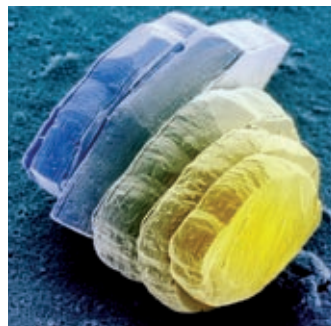
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PICTURE OF THE WEEK

Sir Steve Redgrave helping to launch an appeal for fresh Olympic talent in Trafalgar Square, central London, on Tuesday. The 168 cm tall winner of six Olympic medals for rowing posed in the rain to encourage would-be athletes to take part in the 2012 games, to be held in London.

STEVE PARSONS/PA/EMPICS



THE WEEK IN NUMBERS

400 µg Daily intake of folate in early pregnancy associated with a third less risk of cleft lip (Research p 464)

114 Worldwide deaths every hour as a result of HIV, tuberculosis, or malaria (Letter p 381)

£2.5m Allocated by the UK government for pharmacogenetic research into existing drugs (Feature p 452)

1000 Approximate number of executions in the US since the Supreme Court ended a moratorium on the death penalty in 1977 (Yankee doodling p 454)

1 in 5 Falls in hospital that could be simply prevented (News p 446)

THE WEEK IN QUOTES

"Most people heat the living room and occasionally a bedroom" (Research p 460)

"The GMC will continue to set standards and investigate allegations of serious misconduct by doctors, but the right to adjudicate will pass to a separate body" (News p 441)

"Most ureteral calculi <5 mm in diameter will pass spontaneously within four weeks of the onset of symptoms" (Clinical review p 468)

"Such hotels are favoured by those who want to kill themselves with overdoses, and they hang a 'Do not disturb' notice on their door handle" (Between the lines p 479)

"Disorders of salt and water balance are extremely common" (Practice p 473)



ON THE COVER

Improving health by insulating homes

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COVER IMAGE: PETER DAWSON/REX FEATURES

PLUS

In this week's BMJ careers

Pathological career change

Modernising your surgical career

Complications: a surgeon's
notes on an imperfect science

Politicians are trying to
downgrade our profession

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to bmj.com.

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EDITOR'S CHOICE

Our unequal society

Back in the 1980s, when Margaret Thatcher was confidently asserting that there was no such thing as society, researchers ploughing the unfashionable furrow of health inequalities must have despaired of ever being heard. Things have moved on since then, though not perhaps as far as we might have hoped. There is now good evidence, some of it published in the *BMJ* (1999;319:953) that the healthiest and happiest societies are those with the most equal distribution of income. And compared even with a decade ago, when wider issues such as poverty and housing were excluded from discussion (*BMJ* 1995;311:1177), governments have become braver about embracing these social issues when talking about health. The 2004 Wanless report showed that the British government is taking seriously the need to take action to reduce health inequalities.

But the reality lags far behind. In 2005 George Davey Smith and colleagues looked at health inequalities in the UK (*BMJ* 2005;330:1016). They concluded that, despite government promises of action, inequalities in life expectancy have continued to widen, alongside widening inequalities in income and wealth. Last month's Unicef report has put unwelcome flesh on the bones of this evidence, ranking Britain bottom among the 21 most developed nations in terms of the wellbeing of our children, while countries with more equal wealth distribution, most notably the Netherlands, can celebrate happy healthy children who are not living in a climate of fear. As with health care, the individualistic, market forces and US model—that potent mix of individualism, market forces, and illiberal social policies—does not look like the one that countries should follow. Instead the evidence points towards the benefits of liberal policies on drugs and sex, and comprehensive social welfare.

Doctors deal every day with the fallout of our unequal society and may feel, with good reason, that they lack the tools to make a difference. "We doctors are hiding," says Des Spence (p 478), "in a dugout in the comfort zone of scientific medicine... so that we have lost sight of the wider problems in society. Perhaps it is time to look over the edge and see the devastation that childhood is becoming". The science may be comforting but it can also be powerful. As Hilary Thomson and Mark Petticrew writes (p 434), the Wanless report highlighted the almost complete lack of evidence for interventions to reduce health inequalities. A study in this week's *BMJ* addresses that lack (p 460). Philippa Howden-Chapman and colleagues have pulled off an impressive feat with their randomised trial of improved insulation in low income housing in New Zealand, finding that it improved self reported and objective measures of health. Before this trial, the debate was stuck on whether low income rather than substandard housing was the main problem underlying health inequalities. As the authors conclude, it is easier to upgrade housing than to redistribute income.

Reducing inequity is a global responsibility. One of the four cornerstones of WHO's health for all policy is ensuring equity in health. The *BMJ* and other journals are focusing on poverty and health later this year (www.bmj.com/channels/research.dtl#call) and this year's Global Forum for Health Research in China has taken health inequity as its theme. Good research can change the way people think.

Fiona Godlee editor (fgodlee@bmj.com)

WHAT'S NEW AT THE BMJ GROUP

Student BMJ is looking for an enthusiastic, self-motivated, and imaginative medical student to be the next editor. Starting in June 2007 the post is for one year based at BMA House, London. To apply or find out more <http://www.studentbmj.com/issues/06/04/careers/161.php>

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