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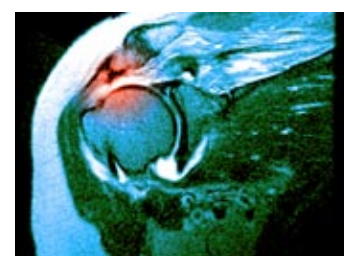
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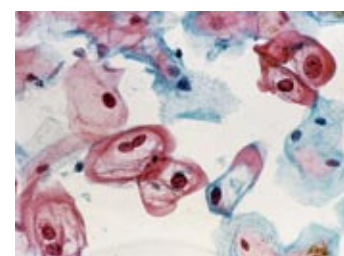
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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly Printed by Precision Colour Printing Limited



MOHAMED AZAKIR/REUTERS

PICTURE OF THE WEEK

Protesters at the offices of the cigarette maker Philip Morris in Beirut highlight the influence of big tobacco as Lebanon's government considers legislation to ban smoking in public buildings. Representatives of tobacco companies have participated in parliamentary meetings to discuss the draft law. Wael Hmaidan, executive director of the League of Independent Activists, said, "Deputies now face a crucial test. Will they support the views of experts, scientific and educational institutions, and civil and international society by fully banning smoking in enclosed public spaces, or will they serve the interests of tobacco companies?"

THE WEEK IN NUMBERS

1 in 10 Average risk of further stroke in the first week after a stroke or transient ischaemic attack (*Practice*, p 96)

26.4% Rate of hospital mortality for patients with acute kidney injury, compared with 2.5% without acute kidney injury (*Clinical Review*, p 85)

4:1 Ratio of reports of unintended pregnancies among obese women aged 18-29 compared with women with normal body mass indexes (*Research*, p 83)

QUOTE OF THE WEEK

"If we really want to fight the alligators of health inequalities, we have to drain the swamp. We have to deal with the consequences of an unfair set of economic and social arrangements"

Michael Marmot, professor of epidemiology and public health, University College London, in his acceptance speech for the BMA presidency (*Observations*, p 76)

QUESTION OF THE WEEK

Recently we asked, "Is offering unemployment advice part of a family doctor's remit?"

71% said no (total 127 votes cast)

This week we ask, "How often do you notice bias in industry sponsored educational materials?"

See *BMJ* 2010;340:c3472 and cast your vote on bmj.com.

EDITOR'S CHOICE

Dreaming of a fairer world

Tackling local and global health inequalities is the great challenge of our generation

I wrote about the paper by David Stuckler and colleagues when it went online two weeks ago. Now it's in print (p 77), and it couldn't be more relevant to the debate in the UK and elsewhere about how much to cut from social welfare budgets and what the cuts will do to health. Much damage, is the answer from these authors. They conclude that spending on social welfare may be more important for health than spending on health care. Over the past 30 years when social spending in Europe was high mortality fell, but when it was low, mortality rose substantially.

They quote Michael Marmot: "Austerity need not lead to retrenchment in the welfare state. Indeed the opposite may be necessary." The opposite—by which I assume he means investment in welfare—seems unlikely in the UK at the moment, but other governments may be in a position to show greater wisdom for the long term.

Michael Marmot gets his own slot in this week's journal, in an edited version of the speech he gave last week at his inauguration as president of the BMA (p 76). You can read the full speech on bmj.com (*BMJ* 2010;341:c3617). Highlighting the 44 year difference in life expectancy between women in Zimbabwe and Japan, he puts before us again the uncomfortable fact that this is not due to biology but to social injustice. Rather than focusing solely on known causes of health inequality such as smoking and obesity, we must also deal with "the causes of the causes," by which he means our unfair economic and social arrangements. Paraphrasing former WHO director general Halfden Mahler, Marmot says, "If we really want to fight the alligators of health inequalities, we have to drain the swamp."

Is there a role for doctors here? Marmot says there is, but I wonder how easy it is for each of us to see where and how to make our contribution. Within the UK, GPs are being asked by the National Audit Office to target the neediest groups with health inequalities initiatives—prescribing for high blood pressure and cholesterol, and smoking cessation services (p 65). Meanwhile at a meeting in London last week, delegates discussed how to get the millennium development goals (MDGs) back on track, particularly the goals to reduce child mortality by two thirds and maternal mortality by three quarters by 2015 (p 71). They heard the depressing news that little has changed since these goals were set 10 years ago. Worldwide 29 000 children under five die each day, mostly from preventable diseases, and only one in four women in sub-Saharan Africa has access to contraception. But they also heard that there are three "straightforward actions" that are cost effective and could make a big difference: promoting free access to health care for the poor, strengthening the healthcare workforce in developing countries, and involving affected communities in decision making.

Tackling local and global health inequalities is perhaps the great challenge of our generation. Marmot invites us to dream of a fairer world but also calls on us to take the necessary practical steps to achieve it.

Fiona Godlee, editor, BMJfgodlee@bmj.com

Cite this as: *BMJ* 2010;341:c3658

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