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The profile: Michael Marmot

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Professor of epidemiology and public health and director of the International Centre for Health and Society at University College London
Principal investigator of the Whitehall studies of English public servants, showing there is a social gradient to health status

Mid 1960s studied medicine at University of Sydney; 1970s researcher University of California, Berkeley; 22 years ago began work on Whitehall studies.

THE SOCIAL SIDE OF MEDICINE

The red carpet was rolled out for his visit. There was a meeting with the Governor General and a televised address to the National Press Club in Canberra, not to mention a stack of media interviews and talks with top health bureaucrats and medical leaders.

Michael Marmot rushed around like the proverbial chook during his recent trip back to the country where he grew up and became a doctor, but no longer calls home. Not that he is used to operating at anything other than full steam ahead

During his Press Club address, Marmot, 54, professor of epidemiology and public health and director of the International Centre for Health and Society at University College London, took his audience on a whistle stop around the world - and his career.

Marmot’s studies establishing the links between socioeconomic status and health, which have been done in several countries, are attracting increasing interest from politicians, bureaucrats and researchers. In particular, he has shown that how much control people feel over their lives and in the workplace has a profound influence on their wellbeing.

First stop on the Marmot Express is Sydney University, where he thought to himself during medical training in the mid 1960s, when patching up the same patients repeatedly, “there has to be a better way than this”.

After a few years as a student and junior doctor at Royal Prince Alfred Hospital, next stop is postgraduate research at the University of California under the stewardship of sociologist and epidemiologist, Len Syme.

“He was a remarkable teacher,” recalls Marmot. “He shocked me by saying that just because you’ve been to medical school and know something about biology, doesn’t mean that you understand about the causes of ill health, you need to understand something about society.”

He adds: “My own view is that you need both. I don’t think medicine is just a social science. I think you need biology, but you need a social understanding as well.”

Next stop is Hawaii, where Marmot’s research shows that heart disease rates in the Japanese increase when they migrate to Hawaii and increase still more when they move to California. The finding stimulates his interest in the impact of environmental, social and cultural influences in health.

Europe is the final destination on the tour - thus far, at least. Marmot began work on the landmark Whitehall studies of British public servants 22 years ago and is now the principal investigator. The studies have shown that there is a social gradient to health, even amongst a relatively privileged group such as public servants.

It is not just that those at the bottom of the pecking order are more likely to develop heart disease than those at the top. Even those in the middle are at greater risk than the top, and differences in conventional risk factors such as smoking cannot explain all the difference. Marmot, who has not practised clinically for about a decade, is now also collaborating in similar longitudinal studies in Japan and other European countries.

But this whirlwind tour hardly does justice to Marmot’s career. A list of his publication titles fills pages. His CV also boasts an impressive list of consultancies for the World Health Organisation and British

Government, including as a member of the Royal Commission on Environmental Pollution.

Attempts to woo him back to Australia have been unsuccessful. “He’s doing too well over there,” says Charles Kerr, professor of preventive and social medicine at the University of Sydney.

“Internationally, very senior people are saying that the work he’s done is of Nobel Prize quality,” adds Professor Bob Douglas, the director of the National Centre for Epidemiology and Population Health at the Australian National University. “That is really hard nosed scientists in Canada and the United States saying that.”

Not bad for a boy who arrived in Australia at age four, and whose parents had grown up in “fairly extreme poverty” in east London. Marmot enjoyed a comfortable, middle class upbringing in eastern Sydney. His father was a small businessman, and his brothers are still in Sydney, one in what Marmot calls “primary wealth creation” as a businessman, and the other a pharmacist.

Marmot is remembered by his medical teachers as having been a somewhat introverted, intense, earnest student. During our chat, squeezed between an ABC radio interview and a flight to Melbourne, he is by turns reserved and dryly humorous, firm and charming.

He introduced himself to the Press Club as a “former Australian”, and speaks in the tones of a refined Brit. But he jokes to me that his accent is not quite the real thing: “In Britain it’s certainly clear to people that I am not quite the full ticket.”

The head of population health for the NSW Corrections Health Service, Dr Michael Levy, says his brother-in-law is “international”. “There’s nothing about Michael that’s Australian. No nation can claim him.”

Marmot doesn’t put it quite this bluntly, but just get one thing straight. He is a scientist, not a social activist or reformer. It was science, particularly his interest in chemistry, which first attracted him to medicine.

And no matter the often radical implications of his work, Marmot remains the sceptical scientist who prefers dealing in data and methodology to political manoeuvring.

“Some would argue that the scientist has to be knee deep in the politics of it,” he says. “My argument is that if I get involved in the politics up to my knees and elbows, who is going to do the research?”

It is also an astute political decision, to maximise the impact of his research by not allowing it to become identified with any particular interest or political party.

“I’d describe him as one of the most socially aware and socially conscious doctors I’ve ever met, without being an ideologue,” says ABC broadcaster Dr Norman Swan, who has interviewed Marmot several times.

“He can be quite reserved in the way that he talks about his work and findings. There are people who would love him to get on a soapbox and shout to the rooftops, which he won’t do because what’s more important to him is maintaining his scientific credibility.”

A former student of Marmot's, John McNeil, who is now professor of epidemiology and preventive medicine at Melbourne’s Alfred Hospital, adds: "Part of the reason why he's been so effective is that he talks about these things in an objective manner that adds to his credibility. He doesn't come across as someone who has a particular obsession that he wants pushed without regard to the evidence."

Kerin O’Dea, professor of nutrition and preventive medicine at Monash University, sees Marmot as someone who “provides the bullets” for the reformers: “He’s a scientist first and foremost and that’s his strength. That’s a very valuable role because he can influence the conservative parts of medicine much more effectively that way.”

Much as he might dislike the political fray, Marmot’s had his share of stoushes, including a particularly vigorous one with the food industry over recommendations for the British population to reduce salt intakes. He also points out that he spends a lot of time on government advisory bodies, “so it’s not as if I sit in my ivory tower and don’t get involved”.

Despite his reticence, Marmot clearly has strong views about what should be done. The United States health system is “intolerable in a civilised society” for providing best care to the best off and worst to the poorest. Governments should restructure tax and benefits to halt the slide in relative living standards of society’s poorest.

The belief of conservative governments in the “trickle down effect” of wealth creation in alleviating poverty is wrong. In fact, he argues, it increases inequality. Increasing medical spending will probably not make people any healthier. And business should realise it will benefit from a healthy work force, which feels a greater sense of control over its environment.

Not that Marmot is in search of utopia. “The question is not how do we create egalitarianism,” he says. “The question is, how do we break the link between your social position and your health - given that societies will always be unequal, how do we make the impact on health less?”

With social and economic inequality increasing in Australia, Kerin O’Dea says the implications of Marmot’s work are that we should focus on interventions to minimise ill effects. These could include helping people deal with frustration in the workplace and teaching life skills such as resilience and persistence to children from less privileged backgrounds.

“We’re unlikely to change society, but we shouldn’t therefore say there’s nothing we can do about this gradient,” she adds.

Sure, the rewards of a long, focused career are flowing now for Marmot: grants worth millions of pounds, offers to collaborate around the world. The Federal Health Department paid for his recent trip to Australia.

But it hasn’t been a smooth road. The political environment under the Thatcher Government was not supportive, to put it politely. His work has also met enormous scientific scepticism.

“He’s not had an easy run,” says Bob Douglas. “It’s true of science generally, that if you’re moving outside the conventional wisdom, doing the things that do break new territory, that you get rejected often. It’s only in the last few years that he hasn’t been living in constant uncertainty about whether he would get his grants.”

Marmot welcomes the ongoing arguments about his work as a challenge which drives it onwards. His centre is now collaborating with scientists to investigate the biological pathways by which psychosocial factors influence health.

He's also worked hard to translate his research findings into a form which can be used by policy makers, such as the WHO publication "Solid Facts". His visit to Australia galvanised the Royal Australasian College of Physicians to produce its own version of that booklet.

Asked about interests outside work, Marmot talks of his children, aged 16, 12 and seven. His wife, Alexi Ferster Marmot, is an architect of note. He adds: "I'm a very poor viola player, an enthusiastic but poor tennis player."

But, in a life so full of work, there can be little time for much else. Indeed, the irony seems to be that Marmot's own life could be described as a bit out of control. The schedule during his recent Australian visit certainly was.

"My worry would be that if you ask people who work for me there are certain contradictions between the research findings and the way things operate," he says. "The culture of the place is certainly hard work and productivity - I bear the responsibility and the blame for that."

Michael Levy says Marmot is "constantly at 30,000 feet", and that his huge work demands take a toll.

Levy adds, not quite joking: "He *is* out of control".