

HEALTH IN AN INDEPENDENT SCOTLAND, 11.11.13

Dr Kate Wrigley,

Kate pointed out that she had only recently qualified as a GP, so she did not speak from great experience as a practitioner. She had originally been attracted to a career in medicine, because she thought doctors could make a great contribution to people's lives. However, she had become increasingly aware that the structure of society is a much greater determinant of people's health than what doctors themselves can do.

She had first become aware of the importance of class in determining people's health by reading about David Widgery, a socialist doctor in London's East End. After travelling abroad, she could also see that people's health had relatively little to do with health care, and a lot more to do with the economic position different countries had in the current world order.

Although there are committed doctors, Kate had found in Sunderland, that many are largely oblivious to the class nature of ill-health, blaming it on 'lower class' lifestyles, e.g. too much alcohol, and ignoring poverty or the prevalence of industrially related diseases.

When Kate was in Chiapas in Mexico, she found similar attitudes amongst the doctors there, who said that "people do not look after themselves". These attitudes had produced a radical response among the Zapatistas, who were trying to create a new liberation medicine.

Kate then asked those present to write the name of a particular disease on a piece of paper. These diseases were then discussed before Kate placed them on a spectrum from non-class to class-related diseases. The overwhelming majority had a class connection, with a strong link with poverty.

Kate then looked at the Lifestyle arguments – the prevalence of deep-fried Mars bars, smoking and alcohol. She said these did not take into consideration the Structural reasons for ill-health and disease – unhealthy homes, overcrowding, employment uncertainty, unemployment, access to healthy food (which can be more expensive), and access to healthcare (patient/doctor ratios in poorer communities with higher health requirements).

Kate then provided evidence from a Whitehall study of mortality in the highly stratified environment of the British civil service. It showed that mortality was higher for those in the lower grades. There were higher mortality rates due to all causes for men of lower employment grade. This was shown in particular to be the case for coronary heart disease.

There was also a link between employment grade, status and significant risk factors. Risk factors included obesity, smoking, reduced leisure time, lower levels of physical activity, prevalence of underlying illness, higher blood pressure, and shorter height. However, taking these risk factors into consideration, they accounted for no more than 40% of the differences in cardiovascular disease mortality. In other words employment grade/status accounted for a relative risk of 2:1 for lower grades compared to the higher grades.

The origins of ill health begin before birth, with stress in the mother and smoking leading to lower birth weights. Early years relationships and environment alter growth, health and brain architecture.

Inequality, lack of trust, sense of shame and lack of control (alienation) and unhealthy environments lead to chronic stress in all of us. These affect our immune system, brain chemistry and metabolism.

The benefits of public health intervention are themselves experienced unequally. This leads to a situation of health 'learned helplessness'. Lack of control leads to a feeling of helplessness and lack of hope.

Kate then divided those present into two groups, which discussed:-

- 11) How to address ill-health
- 22) How to address inequality

These groups reported back.

Kate summed up by looking to areas that an independent Scotland could address.

Do we ban smoking, increase alcohol prices, increase benefits, subsidise gyms, fund housing, provide early years support, set up peer education, provide good access to mental health and addiction services, provide preventative medicine with good access to healthcare and free prescriptions or do we try to change the structure of society?

Kate argued that both approaches were required – specifically improving health provision and trying to change the structure of society.

Specifically as a health practitioner though Kate would try to:-

- 1) identify priority areas
 - 2) focus on children's early years, where inequalities first arise and influence the rest of people's lives.
 - 3) address the problem of the high economic, social and health burden imposed by mental illness and the corresponding requirement to improve mental wellbeing.
 - 4) Deal with the problem of the "big killer" diseases – cardiovascular and cancer. Some risk factors, such as smoking, are strongly linked to deprivation.
 - 5) Address the problem of alcohol-related violence that affects young men in particular.
- However, important although these all are in improving health, they still do not reduce inequality. This must be a prime focus on those campaigning for a new Scotland.