Among my colleagues, in the medical profession, are doctors, who, in addition to their daily toil against disease and suffering, serve our nation through military service. They, along with nurses and other health professionals, respond to a call and, often at a day’s notice, leave their families, their lives, their jobs and travel to places where natural disaster, war and man’s inhumanity to man overwhelms any form of medical service locally. They are prepared to place their lives in danger in order to carry out the true meaning of their profession: to deliver competent, timely and compassionate medical care to those in need. These doctors and nurses do not discriminate between friend and foe, ours and theirs, paid and unpaid. Along with the medics, the logisticians, the administrators, they set up forward surgical units, field hospitals, operating theatres, intensive care units and wards in desolate, forsaken places wherever our national interest decrees that our presence is needed.

These professionals see suffering that is unfathomable to those of us not involved. Their skills and training, their emotional and psychological strength and their ability to persevere and endure is tested far beyond what is humanly bearable and yet, many go back time and again for several more deployments. Theirs is not the politics of war. They don’t start them or fight in them. They simply patch up the carnage of war. They are also aware that the innocent people of so many of these suffering countries, the locals, mostly did not ask for war either. I am honoured to count so many of these military doctors as my friends.

This book is the result of multiple interviews with many of these men and women. At first I was hesitant in my expectation that they were willing to talk about their experiences but for many of them, they told me that talking about it was the continuation of their healing. It was interesting to see that all of them seemed to share some fundamental characteristics. Most were leaders in their hospitals, in the health system, in the medical professional Colleges or even in government departments and the Ministry. They did these other activities in addition to running busy clinical practices. All of them had a strong sense of duty, someone has to do this, might as well be me, approach. They all felt that their contributions were small and yet they had a sense that even small contributions make a difference.

I have been in medicine a long time and have seen the pretenders and the hypocrites. Iago tells Othello, Reputation is a thing oft got without merit and lost without deserving. I have seen so many around me whose undeserved reputations, got without merit, have gained them enormous personal fortunes. I was perhaps reaching a stage, personally, where my growing cynicism threatened my own sense of duty. I was unprepared for the changes their stories brought about in me. I found them inspirational and energising.

I cannot express how humbled I felt as they generously recounted, often at great emotional cost to themselves, their stories, the patients, the conflicts and also, their own suffering. These interviews allowed me to imagine and to try to relate to the reader what is must be like. It allowed me to re-create their life away from the hospital that they and I know so well, to one that only they know about; their other life, their military life.

Their names cannot be revealed and their stories cannot be identified with them. I have tried throughout this book to use their words, their expressions and their stories. I have tried, through omniscient narrative to relate their emotions and thoughts as they related them to me.

These doctors and nurses are also human, with their own frailties and doubts. All serve their country and humanity at their own cost; a cost that is also borne by their families, colleagues and friends. When they return, they take up their lives where they left off. After weeks or months away, they return to mow the lawn, take the kids to sport, do their ward rounds, operate on their patients and pay the bills. Some do not return the same person that went. This is the story of two such doctors. They are not real. Their hospital is not real and neither is the conflict real. Their friendship, their sense of duty, their courage and their compassion and honour is real.

They are truly, men for others.
Sir Michael Marmot, 70, ranks among the Sydney Medical School’s most distinguished alumni. During an internship at RPA Peter Harvey, a chest physician, recommended he pursue a career in epidemiology because he ‘was asking too many awkward questions’ about the influence of social class on the health of the patients he was seeing. So he went to America with that purpose.

At Berkeley School of Public Health he worked with Leonard Syme, epidemiologist and social scientist, comparing heart disease death rates among Japanese people who had migrated to California. Those who retained their Japaneseness had less heart disease than those who assimilated. This could not be explained by differences in dietary habits, smoking, blood pressure or obesity. This was not to say that the conventional risk factors were powerless but rather that societal factors were at work as well.

After a productive stint at Berkeley, Marmot moved back to London, where he’d been born and lived for his first four years. He was attracted to London’s social stratification as an object of study. He began working with epidemiologist Donald Reid at the London School of Hygiene and Tropical Medicine in 1976. He has settled in London, directing the Institute of Health Equity at University College London (UCL). In the 70s he showed that London civil servants at Whitehall differ in their health according to where they fit in the hierarchy. Again, conventional risk factors did not explain all the variations. Empowerment and control, more the higher up, modified their influence.

That a medical epidemiologist has not confined himself to the study of death statistics about men and women, broken down by age and sex, is itself remarkable. But Marmot has also led a tireless campaign for the recognition of the importance of social determinants of health and the necessity of social change for the achievement of equitably distributed health and health care. Medical interventions alone will not solve this problem. With age he has become, in his own words, more involved in policy and politics as powerful conduits for the evidence accumulated from social and epidemiological studies.

He was a keen commuting cyclist until a serious fall left him with a fractured femur in 2013. He is president-elect of the World Medical Association, having served as president of the BMA. Marmot’s career says much about his political skill for communicating his disturbing moral message without lighting fires in conservative tents. He has a prodigious research pedigree and yet also possesses the ability to lead the development of health policy – in the UK and through international commissions at the WHO – that expresses in readily understood and challenging terms the facts of social inequality, the horrible gaps especially in health that exist worldwide between the haves and the have-nots, the empowered and the disempowered, of which our Aboriginal health gap is a glaring and depressing example. Equally importantly he offers suggestions, based on evidence, on what can be done.

Marmot’s latest book, The Health Gap: The Challenge of an Unequal World, reflects what the BMJ describes as ‘his conviction that evidence should form the basis of policy and that people can make a difference’. In an interview with the BMJ in September this year BMJ 2015;351:h4577, Marmot was asked: What personal ambition do you still have? He replied, “Encouraging as many countries as possible to become active on social determinants of health: social justice demands it. As president of the World Medical Association I want the doctors to take action, too. Health equity is a global concern, and evidence shows that we can make a huge difference really quickly. My ambition? I want my evidence-based optimism to catch on.”

The Health Gap has 11 chapters. It is encyclopaedic – always readable, erudite, evidence-informed, warmly personal and frequently entertaining. Marmot begins with an examination of the factors that lead to health inequalities that are unjust – principally because they are amenable to change. These he refers to as health inequities, driving home the ethical dimension. The second chapter explores the tension between social and personal responsibility for health. Marmot came in for stern criticism for his advocacy for an understanding of health that was seriously socially determined, with the London Telegraph accusing him of leading an unholy alliance of ‘puritans, health fascists and nanny-state control freaks.’ The chapter concludes by quoting Amartya Sen’s words that our task is ‘to create the conditions for people to have the freedom to lead lives they have reason to value’.

In later chapters Marmot considers the power of early childhood experiences to shape our physical and mental lives. Marmot explores the interplay between health and education, and the reciprocal relation between work and health (or illness) and the importance of a sense of control for workers to remain healthy. The book concludes with an examination of the impact of the various reports and commissions that Marmot has inspired and worked on and their global reach. In October 2011, the First World Conference on Social Determinants of Health was held in Rio de Janeiro – a watershed event with wide international subscription and endorsement.

Marmot is an undentable optimist. With regard to overcoming the disempowerment that spins out from the way we organise and sustain our societies and damages health, Marmot has a message for everyone who occupies a powerful position, including doctors. “Do something. Do more. Do it better.”