

## **Prof Phil Hanlon**

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### **What have we learned from ten years of GCPH seminars and what does it mean for Scotland's health?**

#### **Summary**

In this seminar Prof Hanlon reflects on what we have learnt from the past 10 years of the GCPH Seminar Series and the implications for the health of Glasgow. Prof Hanlon leads us on a fascinating tour of the multiple themes addressed through the seminars, themes such as philosophy and the importance of civic conversations, history, the fundamental determinants of health, biology, the economy, ecology, the limits of the state, resilience and human healing. These themes, he argues, all matter when we consider how Glasgow might confront its seemingly intractable problems. He concludes by suggesting that the current crisis of modernity is bringing to the fore the consciousness needed to respond in a transformational way and to together create whatever comes next. He argues that we need to develop a way of thinking, being and acting that reflects an inner life, biology, economy and culture, all four elements changing together. This will not be easy, but he is inspired by history which shows we have surmounted such challenges before and that we can do so again.

#### **Introduction: the mission mattered**

Prof Hanlon introduced his talk by reminding us of the Centre's original mission. The Glasgow Centre for Population Health was established 10 years ago to create fresh thinking in the confrontation of Glasgow's long-standing health problems. The people who came together in the original meeting, out of which the idea for the Centre emerged, recognised that there was a lot of wisdom and energy in the city but that there needed to be a fresh take on things. The Seminar Series has been one of the chief ways this fresh thinking has been developed and shared. So what have we learnt over the past ten years of the Seminar Series and what are the implications for the health of Glasgow?

#### **Philosophy (what we think) matters**

The series started with [Prof Antony Grayling](#). He described how people in Greece would debate with each other about how to live, what is a good life, individually and collectively. One idea that developed was that of the *golden mean*. The opposite of cowardliness is not bravery but recklessness, and the wise citizen sought the 'golden mean' which was courage. Prof Grayling suggested that human beings need to debate and engage with each other about how we should live as individuals and collectively, and that this is an endeavour worth pursuing.

The way this was pursued in Greece was the *civic conversation*. He encouraged us to develop a civic conversation which was tried formally but has perhaps emerged more successfully informally. In the recent referendum debate people were amazed at just how engaged Scots became. We see genuine concern and a real commitment to this

civic conversation in Scotland, and the Seminar Series and Antony Grayling contributed in part to this development.

### **History matters**

In Season 2, [Tom Devine](#) shared his thoughts on Scottish *history*. The public health community has come to appreciate the importance of this history through the contributions of Tom and others, including a number of people from the Centre. An appreciation of how Glasgow came to be as it is today has enriched our analysis.

Scotland has changed from a country which in medieval times looked east and where the west was relatively underdeveloped. This change was due to the coming together of a variety of factors - the Union, the British Empire, the Scottish Enlightenment and the natural resources. These together provided an opportunity for the West of Scotland to develop and for Glasgow to become the hub of early capitalism as described by Adam Smith. Then over time industrialisation of the region created wealth and opportunity and created the modern region and city we know today. This industrialisation reached its peak at the end of the 19th century and by the beginning of the 20th century was already under threat. However, it was extended for a while by two world wars and the need for ships, locomotives and steel. By the 1960s Glasgow was largely unchanged, but since then it has changed more than it had in the last 150 years.

The end of this period of stability was marked by rapid deindustrialisation (more rapid than almost any other area in Europe) and the move to the modern era of globalisation. This change brought opportunity and economic growth to many and Scotland has become a rich and diverse economy but at the same time we have seen a widening of inequalities. So why does Scotland as a whole fail to celebrate the extraordinary economic progress since the 1960s? The response is because too many of our citizens have failed to benefit from this change. This was Tom Devine's analysis and it is an important further contribution to our thinking.

### **Health status matters**

A further element that matters is *health status*. This is unsurprising given that we are talking about the Glasgow Centre for Population Health. However, Prof Hanlon suggested that it matters in a much more symbiotic, two-way relationship to the ideas that are being presented than is perhaps always appreciated. Michael Marmot made the argument at the University of Glasgow that life expectancy and health status is an exquisite indicator of how well a population is doing. This was very insightful. Using the example of the Soviet Union, up until the 1960s they were ahead even of the USA in many ways and they had better life expectancy than many countries in Europe, but from the 1960s life expectancy in the USSR plateaued and this mirrored the loss of faith in the regime and the stagnation of the economy. Twenty years later the Berlin Wall had fallen.

Bringing this back to Glasgow and reports like '[Let Glasgow Flourish](#)' and the '[Understanding Glasgow](#)' website we can see that from about the 1970s Scotland as a whole suffered relative decline. Even if we cannot pin down the specific causes of

the so-called 'Scottish Effect' and 'Glasgow Effect' surely, in the same way that the Russians should have realised there was something wrong with their society and the legitimacy of their leadership, should not our life expectancy and health data give us an equivalent challenge? But it hasn't really. There is plenty of lamenting and rubbing of hands but not a dynamic for change that follows that, and the danger would be that we go the way of the Soviet Union.

### **Fundamental determinants of health matter**

[Bruce Link's](#) presentation in Season 4 on the *fundamental determinants of health* highlighted another theme that really matters. Over time we have seen the rise and fall of different epidemics in Glasgow and the industrialised world: cholera and water-borne epidemics; respiratory infections particularly TB; chronic diseases such as heart disease and cancer which are now beginning to fall; more recent epidemics of alcohol-related harm, drug use and suicide now possibly reaching something of a peak. The reason why we see this and why the poor are most affected by them in each wave is that the problem is not cholera, or TB, or heart disease, or even alcohol. The problem is the fundamental drivers of these epidemics and the uneven distribution of power, opportunity, resource and everything else within societies. This is a really important insight and we often ignore it. Getting rid of smoking won't do something profound about inequalities. All that will happen is that smoking will be replaced by whatever comes along next as the affliction of poverty.

### **Biology matters**

*Biology* has been a big theme of the seminar series with a lot of presenters. The Black Report (1980) argued that inequalities are fundamentally driven by structural and economic forces. It was always assumed that the diminished life expectancy was manifested through chronic diseases and other biological processes. Over the last ten years we have come to understand these processes much more. There is still much more to be discovered but all of this does matter.

### **The inner life matters**

At the same time we are not biological machines, we are human beings and as human beings what goes on in our interior subjective lives really matters. [Anver Offer's](#) basic argument was that human evolution has made us *short term hedonists*: it didn't pay to plan for retirement on the savannah. However, at the same time human beings did recognise the need for some form of long-term planning for lots of things and so we created what he called *commitment devices*, for example, marriage. He also talked about getting caught on the hedonistic treadmill of constantly seeking pleasure and short-term reward with diminished satisfaction each time.

[Richard Layard](#) spoke about our *psychology* giving us a warped desire to pursue money and status as historically this is what gave us rewards. He argued that we should organise our civic society and social policy to maximise 'happiness'. Similarly [Oliver James](#) spoke about his interviews with people across the globe where he discovered a similar pathology in all places which he has labelled *affluenza*. All these speakers point to the fact that what goes on in our heads matters.

Going back to [Tom Devine](#), he suggested that in the early industrial period Scots derived their sense of self and who they were in society from a variety of factors: empire, church, work and family. He argued that all four have largely been eroded in recent times and that we have seen a much more competitive, individualised notion of self emerging.

Prof Hanlon offered a general observation that this idea of our inner life, our sense of what a human being is, what our purpose is, how a good society is organised has a powerful influence on how we behave, how we organise our society and what our health status is like.

### **The economy matters**

[Tim Jackson](#) gave one of the most important contributions. His main argument was that if you look at the nations of the world and examine life expectancy in relation to per capita wealth you get a dog leg shape. A very poor nation has very low life expectancy. Then, as wealth increases, life expectancy rises rapidly up to a point of about \$15,000 per capita. At this point it then begins to flatten out – you can get a lot richer with very little change in life expectancy. Tim Jackson was making the case, like [Richard Layard](#), that we should be striving for an economy that fulfils human potential not the maximisation of consumption and economic activity.

[Guy Standing](#) gave an equally important contribution. He described the emergence of a new class that he calls the *precariat*. These are people in precarious occupations that don't give them a sense of security, economic wellbeing or the possibilities of development in life that jobs might have done in a previous generation. He lays the charge for this squarely at neoliberal economics.

### **Ecology matters**

[Geoffrey Boulton](#) brought in a theme that is not heard much in discussion in the policy or in the public health community in Scotland. His main point was that over the eons of history the world has been a very inhospitable place for human beings. We have emerged in a very benign period and this has given us an idea of stability which is not reflected over geological time. He also highlighted the issue of *overshoot*, the idea that the globe has a certain carrying capacity based on the number of human beings and the amount of land it takes to sustain any one individual in the manner to which we have become accustomed. According to some calculations, this overshoot point, when we began to exceed the carrying capacity of the earth, was reached sometime in the 1970s at about the same time that the oil crisis occurred and that the west was going through its period of deindustrialisation and the whole process of globalisation was taking place. Prof Hanlon asked us to consider whether it might be the case that one of the reasons that the period of development and economic growth after the second world war came to an end was because of this overshoot?

### **The state (or limits of) matters**

[James Scott](#) came and talked about the *limits of the state*. He used the example of Bismarck's Germany which did many good things and made Germany the dominant

power, but then attempted to use the same approach to forestry, which in the process, nearly destroyed this asset which had been a source of pride for the German people for thousands of years. There are some things that the state is good at and there are some things that represent overreach. At the very least there are limits to the state's ability to make things happen.

Reflecting on this in our own sphere, the Scottish Government has been working on inequality now for about ten years. The Report of the [Ministerial Task Force on Health Inequalities \(2013\)](#) indicates that at best we have stabilised the problem, far less reversed it. The key question is, is it within the state's ability within the globalised world that we have been describing to do this? Is there a technocratic solution or is something more profound needed?

### **Resilience and human healing matters**

[Jerry Sternin](#) and his wife talked about *positive deviance*. They shared wonderful stories from around the world, of communities that faced adversity and difficulty and the individuals, families and communities who overcame against the odds. Prof Hanlon suggested that it was worth listening to this lecture just for the sheer inspiration of it.

[Anthony Hodgson](#) talked about the idea of *panarchy*, the insight from nature that as large systems such as forests start to mature they become less nimble. However, the forest still has the resilience in the face of a forest fire, for example, not to re-establish its previous position but to bounce forward to something even more nimble and better. If you apply this idea to history you can see similar things happening.

[David Riley](#) talked about *human healing*. His central metaphor is a plant. Of course it is relevant to talk about systems and structures and economics but when we consider something organic like human health we are into organic, caring metaphors. Dr Riley uses these to illustrate the capacity for human beings to thrive and heal and the yearning of all human beings to flourish. The task is to clear away some of the adverse factors to allow human flourishing to emerge. These ideas coupled with those of resilience are another strong and important theme.

### **Transformational change matters**

[Maureen O'Hara](#) talked about *modernity* and its impact on us. She described three responses: the neurotic; the psychotic; and the transformational. She encouraged us to do two things to recognise the emergent new consciousness that is leading to transformation in ourselves and in others and to recognise that in changing times what is fundamental to change is the emergence of a new collective consciousness. This brings us back to [Antony Grayling](#) and the civic conversation and people together working out a new way of thinking about what it means to be a human being, how to relate to each other and how to cope with adversity. She suggested that it is only when we find ourselves in that really tough difficult situation that the new consciousness really emerges. And in that sense some of the things we have been talking about in the history of Glasgow, in the challenges of the precariat, in the ecological challenge of our time, in the idea that we need to find how to live with

prosperity not growth – it is those very challenges which are pulling out the consciousness to create what comes next.

### Modernity in crisis and an integral approach

This set of ideas fed in to work here in Glasgow where Prof Hanlon and a number of people have been thinking about the crisis of modernity. The idea that modernity has brought great changes and benefits, but is now beginning to show signs of adverse outcomes such as obesity, alcohol-related harm, rising inequalities and ecological erosion. There is the need for something new to emerge. In recent times the inner life has been characterised by individualism. Our ideology collectively is one of an almost foundational belief in economic growth.

So if this is a headline summary of our current circumstances then what needs to change? Based on what we have learnt from the Seminar Series Prof Hanlon argued that, if Scotland's health is to improve, and if Glasgow is to confront its seemingly intractable problems with fresh thinking, we would need to develop a new way of

	Inner/ Subjective	Outer/ Objective
Individual level	<b>I</b> The inner life	<b>It</b> Objective – empirical biological, physical
Collective level	<b>We</b> The inter-subjective or cultural world	<b>Its</b> Systems, structures, economies

thinking, being and acting at both the individual and collective level. This would reflect four different components - an inner life, a biology, a culture and an economic and social structure. All these components would need to change together to allow us to flourish on a globe of 9 to 10 billion people, in spite of continuing to overshoot our resources and with continuing degradation of the climate and other factors. In the current economic globalisation where 1% of the population has the power and now

owns 46% of global resources, this is not something they are going to give up easily. Yet, we can be inspired by the history of the West of Scotland and the history of human beings, to see that we have been through challenging times before and found a way forward and we can do it again.

The views expressed in this paper are those of the speaker and do not necessarily reflect the views of the Glasgow Centre for Population Health.

Summary prepared by the Glasgow Centre for Population Health.