

Letter from Glasgow

CHILDREN'S HEALTH IN THE UK

There can be no keener revelation of a society's soul than the way in which it treats its children.¹

—Nelson Mandela (1918–2013)

Nelson Mandela was an immense figure whose magnanimous actions after his release from Robben Island and lack of vengeance towards the perpetrators of apartheid qualifies him, I believe, for political sainthood. He also had a way with words which got to the core of an issue, and none more so than his quote about children (above).

As I get older, I naturally wonder what holds for me as an individual and for older people as a group within society. However, I also reflect on what the future may hold for the children to whom we will bequeath this earth. Over 700 000 babies were born in the UK in 2018 and one of them was my grandchild. As a grandfather of several months and it still never fails to amaze me that I am now one generation older because it seems such a short time ago that our four children were born. Having undertaken an attachment in obstetrics as part of my general practice training (a long time ago it has to be said), pregnancies and births bring to my mind all the things that can go wrong. However, for my daughter, everything went well ultimately and the parents and the baby are doing well. The only exception is the sleepless nights for the parents. In the excellent National Health Service (NHS) maternity hospital, my partner and I enjoyed holding the new baby and sharing our joy with our (exhausted) daughter and son-in-law. I also began reflecting on what the future held for the three other mothers and babies who were in the ward with my daughter. They say the best thing to do to live a long and good life is to choose your parents carefully. Material circumstances will go far to determine the health and life chances of all four babies that were in that ward and social and health inequalities will impact on them differently.

Yet the UK is a wealthy country with the fifth-largest economy in the world with a good record on health, and the healthcare that it provides to its people. In 2016, the UK spent £203 billion (\$257 billion, €230 billion) on health and social care (excluding £5.3 billion on capital spending). That is nearly 10% of UK's gross domestic product (GDP) and equivalent to £3100 (\$3918, €3520) per person.² Despite this spending, deep-seated and growing, social inequalities among the UK population, including children, is affecting the health of the population adversely. As a consequence, the potential of large numbers of children will remain unfulfilled and society will miss out from the contribution they could have made.

In 2018, the Nuffield Trust and the Royal College of Paediatrics and Child Health published the report entitled 'International comparisons of health and well-being in early childhood'.³ It compared the UK to 14 comparable countries, noting that this period in a child's development can have far-reaching implications. It looked at life expectancy, factors contributing to health outcomes in children, social determinants of health in early childhood, and stillbirths and deaths in early childhood. The report found a mixed bag for the UK with it being good in some things and bad in others. Examples include life expectancy (79 years for boys and 83 for girls) which is at the lower end of European comparators, breastfeeding rates of 34% compared to 62.5% for Sweden, above

average levels of overweight and obese children, lower rates of child income poverty (10%), but the proportion of children in relative income poverty has risen to levels seen in 2009–10 after the financial crash. While stillbirths, neonatal, infant and childhood deaths continue to decline the rate of decline is slower than that of comparable countries. Even indicators where the UK has historically done well, such as immunization, show signs of stagnation or deterioration in recent years. Cheung concludes: 'While international comparisons of health outcomes should be handled with care, this research has an unequivocal message: we must do much better for our children and young people.'

The changes in relative income poverty noted above reflect the austerity policies followed by the Conservative and Liberal Coalition government elected in 2010 and continued by the Conservative governments elected in 2015 and 2017. These austerity policies have hit the poorest and their health the most. This issue is picked up by an editorial in the *BMJ* by staff at the Farr Institute in Liverpool.⁴ In it, they argue that poverty is causing child health to deteriorate in the UK with adolescent health, the health of babies and young children, and mental health of children either worsening or not improving as fast as it should. They argue that child poverty has been rising with, for example, welfare benefits disproportionately affecting the poorest since 2010 and it is child poverty that drives ill health and health inequalities. It is not that solutions are not available; it is that political decisions have been taken which worsen children's health. The political will to tackle child poverty effectively is, sadly, lacking in the UK government.

How is Scotland faring in all of this? The health of children and young people in Scotland mirror those in the UK, but the mood music from the Scottish government is more positive. The Scottish government, comprising the Scottish National Party (SNP) which seeks to separate Scotland from the UK, has broadly social democratic leanings. While the rhetoric of the SNP is positive and it is committed to improving children's health and reducing child poverty, their actions can seem anaemic. For example, the Scottish government has some control over welfare benefits, but it will not introduce the income supplement to mitigate poverty until 2022. In reality, the Scottish government is not making the sort of radical investments or using its tax-raising powers as it should to tackle child poverty.⁵

For many people, it seems the UK government is too busy trying to deal with Brexit to respond to the critical challenges the UK faces, including the health of its children and young people. This is a shocking indictment of a government in disarray, the consequences of which in terms of children's health will reverberate long after it is gone. On researching this 'Letter from Glasgow', I found there is no evidence that Frederick Douglass, the 19th century US abolitionist and statesman, ever said: 'It is easier to build strong children than to repair broken men.'⁶ Nonetheless, whoever said it, I identify with its sentiments because we owe it to our children to do much, much better.

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Letter from Mumbai

MEDICAL STUDENTS: THEIR HOPES AND PRIORITIES

A recent question and answers to it in QUORA (<https://www.quora.com>) caught my attention.

The question was: 'What's wrong with medical students nowadays?'

Dr Aheli Bal from Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry provided an answer.

The practice of seeking tuitions outside the teaching institute, initiated in the latter years in school, intensifies in medical college. (In Mumbai, attempts at getting students to attend events in the humanities must take this into consideration. If the events are held during their hours of tuition, an almost empty hall will greet the speaker or performer.)

Dr Bal tells us that the priority for the undergraduate medical student is NOT learning medicine—at the bedside, in clinics, in wards or even in lecture theatres. It is 'cracking the postgraduate entrance'.

Teaching by professors and others in the medical college aims at imparting knowledge and skills that will enable the student to treat patients. Notes offered and tips given in coaching classes help obtain more marks. Ergo, coaching classes triumph over whatever is on offer in the medical college.

Evidently, much has changed since the prehistoric times when I was a medical student.

In response to Dr Bal's observations, Dr Sandeep Das pointed out that one reason that teaching in the medical college was devalued was the disinterest shown by its teaching staff. 'Most of the teachers and professors in my college ... are least enthusiastic to teach students. Most of their time is spent on showing slides, hardly explaining one or two of them, which (made the presentation) incomprehensible.' On the other hand, in the coaching classes attended by him, 'almost all the teachers were enthusiastic, teaching us actively while helping us remember facts which we wouldn't have considered important. In fact, part of my understanding the anatomy of the brain and the head and neck was because of the coaching classes (and also because of the dissection period, which I used to love), and less because of the mundane teaching in our college.'

That these are not isolated experiences is borne by an email sent by a resident in cardiology in a teaching hospital in Mumbai to a senior physician.

I feel sad that in spite of all efforts by young medical students and resident doctors to learn, our generation has suffered an almost total lack of mentorship. Most of my colleagues don't even know what mentor means.

There is almost nobody to inspire our generation in medical colleges.

Most teachers leave the institutions after spending a few hours in order to attend to their private practice. I see my teachers interested only when there is a fascinating case for interventional therapy. They prescribe costly drugs after attending conferences sponsored by pharma and device companies.

Most teachers have sent their children to medical schools in the USA as they have already predicted that things are going to be worse day by day.

Whoever is left for teaching is doing his job out of some compulsion or waiting for retirement.

This is a most difficult time to get trained in medicine and practise in the current hostile environment in India.

I don't see any teaching faculty from MBBS to DM whom I would like as my role model.

I also cannot expect any kind of research or ground-breaking invention from our generation as my teachers neither carry out such studies nor guide us into doing research.

Ask any resident or teacher what was the last original research paper they have read completely? You will get your answer.

Leave alone research, I am scared to go to any of my teachers if I have any medical ailment myself.

When will your generation wake up to save medical education and future of health care in India. Why should our generation be victimized?

He also referred to coaching classes

I find it sad that medical graduates have to attend coaching classes.

Private coaching classes are arranging seminars in medical colleges and nobody cares. What a shame!

The senior teacher to whom he had addressed his email had to confess:

You are, unfortunately, right.

What does one do under these circumstances?