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This book is an antidote to learned helplessness. The opening line of my book *The Health Gap* was 'Why treat people and send them back to the conditions that made them sick?' A clinician, faced with overwhelming evidence that social conditions had made her patient sick, might be tempted to throw up her hands - what is she, or he, to do about those conditions. The mission of this book is to provide an answer, many answers.

When I began as chair of the WHO Commission on Social Determinants of Health I said that we wanted to foster a social movement for health equity achieved through action on the social determinants of health. The argument was that all social change came through social movements: universal suffrage, civil rights, women's rights, improvements of working conditions. So, too, with health equity - reducing those social inequalities in health that could be remedied and were hence unfair.

Not being expert in social movements, I emphasised two components: a commitment to social justice and taking the practical steps necessary to achieve change. The purpose of the WHO Commission report was to do both of these. Laying out a commitment to social justice is one thing; generating practical advice for the whole world is another. How could we recommend practical steps that would at the same time be appropriate for sub-Saharan African countries, South Asia, Latin America, North America, Australasia and Europe? Hence, I welcomed the invitation of the British Government to translate the findings and recommendations of the global commission for one country, England. The result was the Marmot Review, *Fair Society Healthy Lives*. We laid out six domains of recommendations: equity from the start; education and lifelong learning; employment and working conditions; having enough money to

afford to live a healthy life; healthy and sustainable places to live and work; taking a social determinants approach to prevention.

Two linked thoughts about that list, relevant to the present volume: we didn't mention healthcare; nor did we address the question of what clinicians can do about the social determinants of health.

We didn't address healthcare, not because it is unimportant, but because I take it as unarguable that the whole population should have universal access to healthcare, free at the point of use - the NHS, in other words. The second is more challenging: the role of clinicians. Even if clinicians recognise the importance of social determinants of health in their individual patients' patterns of health and disease, what can they do about them?

In answering that question, the present volume represents an important link in the chain from evidence to action. After the WHO Commission report a common question was: OK, but what should actually happen now? One answer was the British Government commissioned a report, *Fair Society Healthy Lives*, precisely to address that: OK, but your recommendations were somewhat general: who is going to do what?

The answer to that question is that one set of actors, not the only ones, are clinicians at the front line. A clinician who asks the question can read this book to find out how it is possible to take action on social determinants of health. By laying out what can be done, this book gives doctors the opportunity not only to fulfil their obligation to treat the sick but also to address the causes of health inequalities and thereby improve population health and health equity. It thus embodies both the moral case of social justice and health and the practical steps necessary to achieve it.