An Inverse Care Law for our Time
Tudor Hart's seminal idea remains as relevant as ever

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Commissioned, not peer reviewed

"We are still able to do the most civilized thing in the world – put the welfare of the sick in front of every other consideration". Julian Tudor Hart begins his book on his credo as a GP with this quote, as inspiring as it is famous, from Nye Bevan, the founder of the NHS(1). Bevan's vision was animated by two linked concerns: inequalities in health, worse health in deprived areas; and inequalities in access to care, particularly for the poorer members of society who could not afford to pay. Julian Tudor Hart linked these in his essay, *The Inverse Care Law.*(2) Such a simple, yet profoundly important idea: the availability of good medical care tends to vary inversely with the need for it in the population served.

We remember the inverse care law, not just because we remark Tudor Hart's passing, [https://www.bmj.com/content/362/bmj.k3052] at the same moment that the NHS which he served with such diligence celebrated its 70th birthday, but because the inverse care law still resonates today. A quick citations [Web of science] search for 2016 found about 500 citations of the term "inverse care law" and 100 of Tudor Hart's original paper.

There are three arguments in the Inverse Care Law paper, all of contemporary relevance. First, in Tudor Hart's words, "medical services are not the main determinant of mortality or morbidity; these depend most upon standards of nutrition, housing, working environment, and education, and the presence or absence of war." Conclusions more than 40 years later are not so different.(3) Tudor Hart was in no doubt that the high rates of mortality and morbidity in South Wales, where he worked as GP, resulted from worse living conditions rather than from lower standards of medical care. As GP, he saw his role as working with the community. There was only so much GPs could do about deprivation, but he understood the critical importance of a deep knowledge of the community, an understanding of his patients' lives and a clear focus on prevention.

Second, the inverse care law can, in large measure, be attributed to operation of the market for medical care. The NHS, in his view, made a huge difference. Removal of primary care services from exposure to market forces, which were unjust and irrational, meant that access to care was more likely to match social differentials in illness. The Welsh valleys, with a declining mining sector and substantial deprivation were well served by NHS primary care services. In 1971, Tudor Hart fought against calls to return the health service to the market.(2) He and many others have fought such calls ever since.

From the internal market of the 1980s to the Lansley reforms thirty years later, [Is this the end of the NHS's Internal Market.The *Economist November 2 2017*] there has been a presumption of 'markets good, public provision bad'. Tudor Hart, in 1971, able to look back on what preceded the NHS, found nothing to commend in the view that public services are

only appropriate for indigent populations. [please clarify meaning of “indigent”] And much to praise in ‘a comprehensive national service, available to all, free at the time of use, non-contributory, and financed from taxation.’ He believed that motivation was more powerful when driven by the work itself, not the profit motive.

The Commonwealth Fund assesses the medical care system in eleven high income countries. The UK’s NHS regularly scores highest on equity of access to care, and ranks first overall(4) . The US, with its deep inequities in access and emphasis on markets, ranks eleven out of eleven. Not a system to be emulated.

Third, although the NHS helped to counteract the inverse care law, it did not abolish it. Tudor Hart understood that primary care remained different for patients at opposite ends of the prevailing social spectrum. He noted that middle class areas are more likely than working class areas to be served by doctors who went to elite medical schools in Oxford Cambridge and London and by doctors with smaller list sizes.(2)

Graham Watt, Professor of Primary Care in Glasgow, who worked with Tudor Hart, revisited The Inverse Care Law, thirty years later(5). He, too, noted that the equity of access attributed to the NHS may be less than it seems. People in deprived areas are more likely to have psychological problems alongside other medical conditions. They require more time with their GP, and are not getting it.

The inverse care law operates well beyond health care in the UK. Local authorities in deprived regions have had to endure deeper cuts to their budgets than authorities elsewhere (6); the poorer people are, the harder they have been hit by austerity and by profound changes in welfare spending. (7)

Forty seven years after it was first published, the inverse care law remains as relevant as ever, and Tudor Hart was active in combatting it throughout his life. As recently as November last year he was critical of voices suggesting cuts in GP numbers in the UK. “You can do that” he wrote, “only by 1) living in Beckenham not Glyncorrwg or Wigan Pier, 2) rejecting all responsibility for local public health, and 3) excluding brain function from your patients’ anatomy”. [personal communication]

Tudor Hart’s analysis, commitment, and humanity are much needed still.

I have read and understood the BMJ Group policy on declaration of interests and declare the following interests: [list them or state “none”].

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