HEALTH INEQUALITIES Gerry McCartney, Chik Collins, Danny Dorling

Would action on inequality have saved Labour?

Inequality in health is among the factors that could have made a crucial difference in this year’s UK general election. How? We know that the gap in life expectancy between the worst and best local authorities grew in the 10 years after New Labour was elected in 1997. The effects of this inequality have not been politically neutral. In the areas that tend to elect Labour party representatives people are likely to die relatively young, and in the areas that tend to elect Conservative party representatives people tend to live longer.

Taking older voters at previous elections from 1997, 2001, and 2005, we can confidently say that a higher proportion of those who voted Conservative than of Labour voters were still around to do so again in 2010. The great irony is, of course, that this growth in health inequality is now part of the legacy of the longest ever period of Labour government.

The quotation “Vote early—and vote often” has been attributed to Chicago politics. However, an interpretation of the saying can perhaps help cast some light on the recent UK general election result and the subsequent emergence of the Conservative-Liberal Democrat coalition.

New Labour was elected in 1997 on a manifesto that included tackling the underlying causes of bad health and reducing health inequalities. Frank Dobson, as the government’s first health secretary, wanted to establish the basis for the future use of the slogan “vote Labour, live longer.”

After 13 years in government Labour has lost power. The election produced a “hung parliament.” Theoretically 326 seats are required for a parliamentary majority, though in practice fewer would have been workable. With 258 seats Labour could not, even with the support of the 57 Liberal Democrats, come close enough to the required figure. The Tories failed to win an outright majority because their vote rose by most in seats that they already held.

But with 306 seats a coalition with the Liberal Democrats became possible. With such a finely balanced result, anything that could meaningfully have influenced where and how votes were cast in the election could be advocated as tipping the balance of power. One such thing is a continuing inequality in terms of the opportunity that certain people, in certain places, with certain political dispositions get to “vote often”—not in the literal sense of frequency of voting but in terms of the number of opportunities to vote across their lifetimes.

National statistics show that the gap in life expectancy between the worst and best local authorities in the United Kingdom grew from under nine years in 1997 to almost 13 years by 2007. This suggests that during the period of the New Labour government the “political participation expectancy gap” between these local authority areas grew—because of differences in mortality—from roughly two to three general elections.

The effects of this inequality, as indicated above, have not been politically neutral. Those politically disposed to the Tories have tended to benefit from it. In relation to Dobson’s slogan, we might say that those who voted Labour before 2010 did tend to live a bit longer but that those who voted Conservative tended to live rather longer still—and vote more often.

Mass electoral participation is, in historical terms, a relatively recent phenomenon in the United Kingdom. It was not until 1928 that the suffrage, or “right to vote,” was secured for virtually all adults over 21. Without this progress the legacy of New Labour was such that the Tories had many more of their older voters still around to mobilise.

Had it narrowed rather than widened the mortality gap in the UK during its term of government, the balance of the current parliament might have been a bit different—perhaps different enough to have facilitated a coalition that would have seen Labour retain its Downing Street presence.

Gerry McCartney (gmcartney@nhs.net) is specialist registrar in public health, MRC Social and Public Health Sciences Unit, Glasgow; Chik Collins is senior lecturer, School of Social Sciences, University of the West of Scotland, Paisley; Danny Dorling is professor of human geography, Sheffield

References and competing interests are on bmj.com

Cite this as: BMJ 2010;340:c3294

See FEATURES, p 1386, and ANALYSIS, p 1392