MARTIN MCKEE: CHAMPION OF PUBLIC HEALTH IN EUROPE

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Just conversing with Martin McKee is liable to cause jetlag. A champion of European health care, he is a blur of kinetic energy, as he travels around the world to engage researchers and policy makers in neglected health issues of central and eastern Europe.

McKee's laptop is always running while he travels, and he is known for his “legendary ability to write influential and original articles at lightning speed”, says Andy Haines, Professor of Public Health and Primary Care at the London School of Hygiene and Tropical Medicine (LSHTM), where McKee is also based. As Professor of European Public Health, McKee is bold and outspoken: he issues unapologetic challenges to anyone—whether politicians, the media, or doctors themselves—who might be threatening public health.

McKee's passion for social justice was forged in his youth in Belfast. Growing up in the 1970s during the conflict that devastated Northern Ireland for decades, he was the son of general practitioners “working at the interface where riots took place; their practice was totally mixed and had both Catholic and Protestant patients. My views were definitely shaped by that.” Given that one of his heroes is Rudolph Virchow, and McKee's own career is driven by an acute sense of political justice, would he have wanted to step into the fray himself as a politician? “Absolutely not”, he says. “The compromise and constraints of politics means that what you can do is extremely limited.” He sees his role in public health as “making the invisible, visible; bringing people who are marginalised into the public domain and highlighting the behaviour of those who are undermining public health”.

McKee left Belfast in 1986, not as an escape from political unrest but rather for the chance to do an MSc in community medicine at LSHTM, in London, where he soon specialised in European health. In 1989, when LSHTM wanted to develop its research base in central and eastern Europe, McKee took the lead with relish as Co-Director of LSHTM's European Centre on Health of Societies in Transition; he later also became Director of research policy at the European Observatory on Health Systems and Policies.

This proved to be a pivotal time in Europe: in late 1989, the Berlin Wall fell, changing the landscape of European health care and allowing McKee to set up cross-Europe research networks. Ever since, “he has had a key role in forging a unique partnership of universities, national and regional governments, and international agencies”, says Haines. Anne Mills, Vice-Director of LSHTM, says that “Martin has set an example for all UK public health researchers and advocates in his in-depth engagement with Europe and campaigning Europe-wide on important public health issues.” Many of these issues are highlighted in The Lancet's Health in Europe Series, to which McKee has contributed and helped shape.
“Global health” tends to focus on health in the developing world, but seismic political shifts have left many countries in eastern Europe with fractured health-care systems and infectious disease epidemics, notably HIV and tuberculosis. The statistics are shocking; life expectancy in Russia in 2011 was just 68.8 years, lower than many countries including Bangladesh, Iraq, and Lebanon. Some eastern European countries also suffer from an absence of data on key health indicators, a legacy of restrictive political regimes. “Soviet science rejected randomised controlled trials because how could you be uncertain about anything when Stalin or Lenin had set out the path for the future of human history?” comments McKee.

“Europe's biggest problem right now”, says McKee, “is the maintenance of universal health care in the face of the financial crisis.” And when discussing the financial crisis, rather than confine his thinking to cuts in science funding McKee analyses the macro-picture of why failing austerity measures in Europe are threatening health care. He argues that public health researchers need to challenge the government directly on these issues: “suicide rates have gone up in Europe, but suicide prevention programmes are missing the point slightly—ultimately the government needs to fix the economy”.

Within the UK, McKee is “incredibly pessimistic about the current NHS reforms, though people within the system will do their best to mitigate the worst effects”. Constant changes to the NHS have, he argues, destroyed institutional memory and led to “reform fatigue”. As a vocal critic of the UK Government, McKee was fairly surprised to be made a Commander of the Order of the British Empire in 2005. “My first thought was the Inland Revenue don't use such nice stationery.” He views honours such as this, and membership to the US Institute of Medicine, which he received in 2006—a rare honour for a non-US resident—as giving him “credibility and legitimacy to be taken seriously, not for your own sake but for neglected populations in Europe”.

McKee has used this leverage to be an advocate for public health, and values the communication of research. For 6 years he was Editor-in-Chief of the European Journal of Public Health, and last year took on an academic writing residency at the Rockefeller Foundation in Bellagio. Does he ever feel exhausted with his pace of work? McKee quotes Edmund Burke, who apocryphally said, “all that is required for evil to succeed is that good people remain silent”. “There's no point in muttering into your coffee about something being wrong”, says McKee. It's a shame he's not a politician really; that kind of integrity and passion could really win votes.