Transcript of Professor A C Grayling's lecture:
Tuesday 23 May 2006

Andrew Lyon
Good evening folks. It's my pleasure to welcome you to what is the last in this second series of lectures and seminars from the Glasgow Centre for Population Health. For those of you who don't know me, my name is Andrew Lyon from the International Futures Forum and it has been my great privilege to organise and facilitate the seminar series this year.

Back by popular request is Anthony Grayling from Birkbeck College in London. Many of you will, of course, know his work from radio and television, but before taking up post at Birkbeck College he lectured in philosophy at St Anne's College in Oxford. As you know he has a wide range of publications which cover academic theory, ideas and so on, in addition to that many sort of contemporary issues and his most recent book is called Among the Dead Cities and it covers the sort of moral legacy of bombing civilians during the Second World War which feeds into his interest in human rights and war crimes. I'm not going to say much more about him and I'll just introduce the title in a moment.

So far as I'm aware we have no fire drills planned so if the fire alarm goes off there are fire exits to your rear over there and out here which will take us back down into West George Street. Lets hope that doesn't happen and I hope that as many of you as possible will be able to stay for a drink and some snacks afterwards which will happen through there I would think in about an hours time if that's okay. So Anthony takes for his title tonight 'Civic Humanism and Conversation about the Good' which I hope is something that we'll be taking up in Glasgow in the next year in determining how to make Glasgow a healthier city than it is. Over to you Anthony.

Professor Grayling
Thank you very much indeed Andrew. Thank you so much for your invitation here. It's a great pleasure to be back. I had the privilege and great pleasure to be involved at the beginning of this process and talking about the conversation about the good with specific reference to the idea of improving the health of individuals in society, psychological and physical. The idea floated and discussed at that time was that at the grassroots level within a community itself the hope would be to try to generate a discussion among the folks of that community about health, about lifestyles, about diet, smoking and obesity and exercise and all these other things. But getting there, not because people from the outside have imposed on them need to do it or directions about how to do it, but because somehow or other an organic up-swelling of interest in this matter had been generated in their community. On the practical aspect of that, some of us here today will be talking together tomorrow about how one might get those sorts of initiatives off the ground going and further ideas about that I suppose because after all this has been an ongoing project in many communities and I know here in Glasgow for a long time already.

What I would like to talk about today? If I may – since my sort of day job really is in ideas and trying to find ways of applying ideas to practical problems in society – is to put together two, on the face of it very, very rather displaced matters, one a very contemporary one, namely the issuing just now, just in the last week or two by the Nuffield Council on Bioethics, of a consultation document on the ethics of public health. Some of you will very probably just had this document through the post very recently. The Council have set up a working party earlier this year to try to identify topics for discussion in connection with the ethical constraints on public health initiatives from government, from national organisations. And the fact that that discussion is being renewed now and is being had again now, of course – the discussion with the medical ethics anyway is heard all the time – is very, very interesting because it comes just at a point in our thinking about public health where, I suppose, the old fashioned paternalistic idea of imposing solutions on communities is at it's nadir; that's the least popular option for many people. It doesn't surprise me that this should be on the agenda again because a couple of years ago I was at a conference in Leverkusen just outside Cologne where the bio factories are and the bio-laboratories, talking to a conference of nurses about paternalism in medicine and medical practise. One of the other speakers they had invited to talk there was a doctor, a French doctor from a big practice in Paris – a big immigrant community, mainly Muslim and where health problems of a very severe type are endemic. He was a specialist in the care of diabetes and he had found in this community that very large numbers of young women suffered from diabetes, but their management of their own condition was extremely poor. Their compliance with the advice and medication and so on they had been given by their practitioner was extremely poor, largely because, of course, they were faced with so many grinding difficulties, child care and errant husbands and poverty and strife in their family situations, but one of the last things on their minds was, you know, how to look after themselves properly. And he found, eventually, that the best way to help his patients to manage their affairs was to become very authoritarian with them. He said that he had had an experience of one young woman who kept coming back to his clinic, but she kept failing to comply with regimen with which she had been prescribed and he said to her one day: "Look, what would you like me to do? Would you like me to keep on advising you or would you like me tell you, you have got to do this and you can't come back here unless you've done it?". And she said: "The latter". So he started to be very authoritarian and she complied and things improved slightly and he, of course, got rather distraught about this because what he had wanted all his professional life so far, he had wanted a partnership with his patients and he wanted to explain things to them and feel that he wasn't being the old fashioned, top down kind of doctor.

Interestingly his talk, this recounting of this experience to this very, very large gathering of nurses at this International Nursing Conference, went down very well. A lot of the nurses there thought that their patients would behave themselves better if only they could wag the finger a bit more. You know, they're not entirely sure that this very collegial approach to medical care is as effective as a highly starched ward matron that we had in the happy days of yore. So, in a way it's not at all surprising that there should be this anxiety among us, among people who are thinking about public health and in particular thinking about things like changing diets and getting people to exercise more and to smoke less and to drink less and so on. How do you do that? How do you get that to work its way through, especially given the fact that as some of you will of course know, most recently some research brought out some very surprising and interesting results. We've seen obesity increasing dramatically in the last quarter of a century and more, so a third of a century. But over that same period, on average, energy intake and calorific intake in the population of a whole has gone down. The reason why obesity has increased, despite the fact that people are actually eating slightly less or are taking in fewer calories, is because the practise of walking and cycling and taking any kind of exercise has practically collapsed. People drive and sit and watch television: all sorts of very profound lifestyle changes have set in which have made this dramatic change.

Of course, lack of exercise is not only bad because of weight problems, it's bad for all sorts of other reasons as well and, yes, it is the most difficult of the lifestyle habits to change. It's something to get people to modify their eating behaviour, or to persuade people to, you know to exercise portion control or just leave out one thing that they normally have with their main meal of the day or whatever, but that's relatively simple in comparison to trying to persuade people, especially people who are very overweight and not very well to get on their bikes or go down to the gym. It's much harder to do. That provides a focus for the kind of problem that people are faced with when they think about trying to introduce changes in the health profile of the community. And, therefore, as I said, it's not at all surprising that the Nuffield Council of Bioethics should have taken up again this question of how you bring about these changes, encourage these changes in lifestyle, get people to take more responsibility from the preventive side in looking after their health without being authoritarian and paternalistic. What is the mechanism? What is the balance between, on the one hand, autonomy of the individual, the respect accorded to a patient or to an individual person or family in society and, on the other hand, the place and the role of expertise, of knowledge and of government organisations charged with the responsibility to try to bring about changes in these things? So there is a very, very familiar, but very vexed issue. So that's one thing.

What I would like to try and set against it as a way of trying to bring in ideas from left field or from an unusual angle that could shed some light on these problems, is to look at the history of a debate – I mean rather briefly, I'm not going to go into huge detail about this – the history of the debate about civic humanism which, of course, started in classical antiquity. It wasn't so much a debate as an assumption at that time and the city states of the ancient world, the ancient Greek world in particular, the assumption was made that fully enfranchised members of those societies would fulfil a responsibility, a duty, to participate in the self government of that community; to take a full part in making decisions about all sorts of things, not just about levels of taxation and whether or not you should go to war, and so on, but how people in that society conducted themselves, what the norms were. Even, indeed, to the extent sometimes of what it was appropriate for people to wear because, as you know, there has been a long tradition of sumptuary with lords and rather dislike of rich people flaunting their wealth by wearing garish robes and silk and very expensive stuff and so on. So it was quite, in its way, a meddlesome kind of democracy among the enfranchised, but it was also a very interesting one because, as I say, it was just an assumption, it wasn't something that they debated and decided on, that people should have this very rich, participative place in society, but that's what the society was. But I keep using the expression 'a democracy of the enfranchised' because, of course, the majority of people in those city states were not enfranchised: women and children and slaves and mechanicals. You may remember, those of you who were reading Aristotle in the bath last night, at least the relevant passage anyway… but Aristotle took the view that lots of people were natural slaves, it was just, you know, appropriate for them that them be enslaved. It was also natural that there should be people who were mechanics, slavers that's to say; people whose highest capacity really was to break stones and carry heavy loads and wash the dishes. In fact Aristotle took the view that slaves were likely to be slightly more intelligent and interesting than labourers for various reasons, among them being the fact that most slaves, of course, had been captured in warfare and might have been upstanding and interesting citizens in their own communities before being enslaved.

Anyway, the democracy of the enfranchised is a very small one and a very select one, but in it, and the interesting point here for our purposes, is that this assumption is made about what it was to be a citizen, what it was to be a member of the polis, .the political unity there. The political unity was an ethical domain, the domain interested in the good life of those who were fully participants in it. And it is that idea that was revived and discussed with great vigour and great relish in the renaissance period. Very often when people look at renaissance and they say things like: "humanism was a reviver of interest in the rediscovered texts of classical antiquity". What they fail to notice is that when people became interested in the texts of classical antiquity they were interested in their content, so they were interested in there discussions about the good life, the good for human kind, the good society in which the good for individuals could flourish. But, therefore, especially in Florence, the 15th and 16th century debate was a very lively one about the concept of a citizen, the concept of a republic, thinking of a republic not as we would now – just a political entity, a state, something that institutions that purvey justice and express the will of the people or the will or the ruling hierarchy or whatever. They thought of a republic as being a community, a cohort of people who felt that they had a common project to which they could contribute and in which they were interested and from which they derived certain sorts of benefits. In that debate the Florentine humanists talked always about the health of the republic and the health of the members of the republic and by this phrase they meant the flourishing, the sense of wellbeing and well-doing, a sense of belonging, a sense of commitment, the sense of achievement that came out of being able to participate in trade and in learning and in artistic endeavour and in building and in making a home and establishing a family and so on.

The idea of health, which, of course, if you look at the etymology of the Anglo-Saxon expression means wholeness, a certain completeness of fulfilment, of being was really this rather rich and inclusive notion. It wasn't just that you didn't suffer from too many colds, it was that you were so pleased justly with your position and with your doing that you had what Aristotle recognised as having situated as a great ideal mainly eudaimonia, which is a sense of well-doing and wellbeing that marks out the well lived and satisfying life. That is what the Florentine humanists identified as being the good republic, the good society is one in which there is a good life, satisfying and a fulfilling life for the individual members of that society.

But there was a condition, or a set of conditions attached to being such a citizen, to playing this role, and that was the idea of recognising and fulfilling certain sorts of responsibilities, taking cognisance of where in the network of relationships that constituted that society and the individual apparent himself. (I use the masculine there again for the obvious reason that we are talking about the past and the past is sexist domain as you know.) So it was really again the question of the enfranchised, so it was the head of the family or the individual male or whoever, but who had a responsibility to play a part and to bear the relevant part of the burden of making that society work. There were no free riders. The idea of just benefiting from the overall flourishing of the city's fate without having to put in anything to achieve that flourishing would be a certain kind of anathema unless, of course, you were a very senior member of one of the small group of families that ran those institutions, but then you would claim at any rate that your family's achievement justified your sitting on your laurels. Everybody else in that society – to be a paid up member of it – had to be a fully working contributing member of it. And that meant that each individual had to be sure to be able to keep up to speed with society, they had to be informed, had to go along to meetings, had to pull his weight, had to be aware. This was going to be a society said the Humanists, a society of governance, a society which everybody was a governor of the whole, so to speak; everybody was a member of parliament, everybody was on the committee, nobody would be outside if genuinely a citizen of this community. And you can see that that carries with it all sorts of ideas. It carries with it assumptions about what it is to bring up people, your own children lets say, those for whom you're responsible, to become full members of such a society: they have to be educated. They have to be educated not only in the traditions of the society and to be literate and numerate and the rest, but to be able to bear arms. One part of the discussion of civic humanism is about inequality and equality in arms, that everybody was equally a soldier with everybody else and could therefore take the full part in the defence of the city – that would be one responsibility. We would now think much more, concentrate much more really, on the civic virtues that need to be evolved in order for an individual really to play that kind of part, but at that time conditions of life being what they were, civic virtues and warrior virtues were of equal importance and everybody had to be equipped in both respects. So you can see that a whole raft of assumptions and attitudes and beliefs about what it is to be capable of being fully a citizen. Carry with it this idea of the responsibility of the individual, so the conversation that society had with itself was a conversation that just assumed that people knew what was expected of them to be full participants in that. And that's very interesting because it gave rise in that, from that idealised beginning in the discussion of the Florentine humanists in particular, it gave rise to several centuries of discussion about how you could turn this ideal republic with its ideal citizens into something practical. Without going through all the different phases and stages of how that conversation worked out, one need only look at the debate in this country, in Britain, in the 18th century to see how it (under pressure of reality) transformed itself from a democratic ideal to an aristocratic one. I

In the 18th century people like Shaftsbury and others in considering the question of what a good community, a good society would be, they kept coming to the conclusion that such a society could only be good in the ideal way that the Florentine humanists had envisaged it, if it was well led, if it had good leaders, if the people who were responsible for making decisions about the government of the society had a very clear conception of what the good was for everybody in society. In other words this Florentine humanistic ideal had evolved into the ideal of the genuine aristocratic government society whereby aristocrat is meant the best, the people with the clearest vision and the deepest understanding who had the interests of the community at large at heart and who were realistic and recognised that the vast majority of people weren't capable of being citizens in the Florentine sense, therefore had to be led and guided and told what to do for their own benefit. It might best therefore be described as the high point of paternalism.

Now I'll just pause for a moment there, freeze frame for a moment, and just bring up on the screen next to it something that, of course, the whole humanist tradition was presenting itself as an alternative to. And what the humanist tradition was presenting itself as an alternative to was, of course, the standard view that those involved in heaven and the idea of a religious arrangement of the universe was very much a monarchical ideal; there is a ruler who hands down divine commands and tells people how to live and what they are and how to accept the circumstances in which they find themselves and which, by the way, provides a whole set of motivations for behaving in certain ways and promised a certain kinds of rewards or punishments for not behaving in those ways. It's a very simple and powerful model of how the universe is structured and there is a parallel force between that kind of vision of the universe and the sort of social structures that have persisted in human society all the way up until the modern periods: the monarchical principal, the ruler of the head and the cohort of adjuncts to the ruler of the aristocrats and then the body of society as a whole taking direction from it.

Now what the city states of renaissance Italy had done was to some extent break away from that model and to research an alternative, namely, some idealised version of the classical model of the self-governing society, society which didn't just take it's orders from a single individual at a time (although, footnote, of course in practice that's what did happen to some of the city states of course, but that's not what the renaissance humanists were aspiring to). So the contrasting models threw up a number of difficulties for people who wanted the humanistic model to be the preferred one, to be the one that actually was applied in society, because whereas in the other model it says we were born into a universe governed by a benign creator who has certain requirements of us, he wants us to live in a certain way and here are the incentives for living that way; instead of that, the humanist model has to find different incentives, different reasons for behaving one way rather than another, different motivations for being a good citizen. If a humanist comes to you and says: "be a good citizen, give up smoking" or whatever and you say: "why?", well what the humanist can't do is to say: "because if you don't you're going to go to hell" or something. They haven't got that kind of sanction which the other model provides, then what is your answer going to be? "But it's for your own good." "But I'm not interested in my own good and I'd rather drink and smoke and live a short and happy life than a long boring one", so that's what somebody might say. And so you have this difficulty of trying to elicit a set of considerations that would be persuasive for people to be good citizens under the humanistic model.

As you see, this is a parenthetic remark; I am simplifying somewhat for brevity and speed but you can see that there is this interesting contrast and it's important to remember that the humanistic tradition of debate from the renaissance afterwards was consciously… self-consciously it tried to distanced itself from a very different model of the ethical and metaphysical structure of the world in which all sorts of different incentives and motivations existed.

But, as I said, by the 18th century the democratic ambitions of the Florentine humanists had (under pressure of discussion and the harsh realities) come to be transformed into an aristocratic version. Actually in some respects much, much more like its classical models than like the renaissance one that it took. And you could pick out the institutions that were set up in the 18th century actually under the influence of this aristocratic humanism. For example, in 1768 the Royal Academy was founded. That is the institution for the promotion of the arts – painting and sculpture – in Britain with the king, King George III, as its patron and with a remit. If it is going to be an official body with a Royal Charter it has to have a role in society, it got to be there for something, not just, you know, as a tea shop for painters and somewhere to have a summer exhibition, but it's because the Academy is going to have an effect on society. What is that effect going to be? Well it's going to teach society through the medium of art, and in particular, through historical paintings – you know those massive academic paintings of great moments in history – it's going to teach the society public virtues. What it is to be a member of this society and what this society expects from you by depictions of the heroic, of the noble, of great moments in history, the achievements of the nation, it's going to inculcate into people the sense of belonging and the sense of responsibility.

You see now that humanism, in trying to find ways of reaching the emotions of individuals so that those emotions impel people to act one way rather than another, has bethought itself that the arts, the culture, might be able to do that job, might be able to reach into the impulses and emotions of individuals and motivate them to be one way rather than another. It is absolutely fascinating that something like 20-odd years, 25 years, quarter of a century before the founding of the Royal Academy, David Hume had, in his thesis of human nature, argued that reason could never ever identify goals for an individual. The only thing that would ever impel an individual to act one way rather than another would be and an emotion: only a feeling, only a desire, only a response or reaction could ever be motivating. And so at the height of the second half of the 18th century, therefore, this idea that you could only engage and motivate people and bring them into the project of being good citizens (in the humanistic sense, anyway) was by reaching out to their emotions. One way of doing this was to get them to listen to stories, to look at pictures, to open themselves to dramatic representations and in this way to be moved – think of that expression, we still use it today – to be moved to be a certain sort of person, act in certain sort of ways. And this is a direct result of the problem that humanism found in itself, lacking an obvious sort of motivation, justification, for what it wanted to do in society.

And you see that, that idea, that reaching the emotions of people to motivate them, is a version of the problem that the Nuffield Council is addressing today; the problem of should we, top down, tell people what's in their best interests and how they should behave and what they should do and what they shouldn't do, or is there some other way of trying to engage people from the grassroots level? Get them to see if they feel the point, to be moved to take action, to make changes: changes that in the first instance anyway are very difficult to make for themselves individually and in their communities. It's a different version of exactly that same problem, the old tension between what those with expert knowledge have to tell us about the matters that are important and getting the people who are affected by those matters to make changes in their lives. And what the experience, that debate about civic humanism – about how you do it, how you reach out to people and make a difference in their lives – what that teaches us about now is this discomforting factor: I think it is discomforting when one first hears of it and then one realises that one just has to be more imaginative about it and that is this. In trying to persuade the 18th century population of the British Isles to be patriotic and to feel that they are part of the great project in the society, to be motivated to make themselves certain sorts of people to act in certain sorts of ways, the people doing this, the people with the conscious goal or plan of bringing about that effect are, by having that goal, by the process of identifying it and by setting up institutions like the Royal Academy which are meant to see them through are, in fact, being paternalistic. It's a top down endeavour. They've set up a structure in order to get something going and what it is that they hope that they've got going is something that would be bottom up. It would make a difference at the grassroots level and then will well up in the individual lives of people and change the way they behave. So they're being top down in trying to get people to be bottom up. They're being paternalistic in trying to encourage people to be autonomous in their behaviour.

There seems to be no way out of this dilemma. There is a paradox here at the very heart of the enterprise. You have expert medical opinion now which says that people take far too little exercise and it's having a tremendous impact on individual health, community health and on society at large. I can't remember the figures off the top of my head now, but Scotland, I think… it costs Scotland over a billion pounds a year: smoking and drinking and lack of exercise in all sorts of ways. There are all sorts of ways of adding up that cost, but that's a huge sum of money when you think about and that's the kind of thought than an economist or a politician might have. But just think of one person suffering the effects of chronic ill health, or one family who have lost their treasured member of it and think about the emotional cost of that and then multiply it by the many thousands of people who suffer in that way. So, you have this dilemma facing expert opinion and organised opinion (governments and the bodies that advise government on health policy) who say, in fact, we have a crisis, you know. You have several aeroplane crashes worth every day of people who are suffering because of, you know, things that are going wrong in our society in these respects and so we have to do something about it. This is where the chart… looking at the general figures, looking at the broad picture you have this impetus, this aristocratic humanism, if you like, trying to find ways to make a difference of the right kind and recognising at the same time that the only way genuine differences can be made is to get people at the bottom to do it for themselves.

This is both an ethical and a practical consideration. It's an ethical one because autonomy in modern western liberal democracies is a central value and a deeply important one. I mean the great problem of liberalism really is the problem of what you do, how you deal with refusing, the refusal of an individual to take the advice that ought to improve his or her life or stop smoking or whatever. Surely in a society like ours if somebody says: "No, I'm just not going to do it. I'm going to smoke 40 fags a day and I'm off to the pub, thank you very much indeed. I'm not going to take any exercises, I hate it" what can you do? Well if you're a genuine liberal you have to say: "Okay, that's fine. That's your choice and that choice has to be respected, so far at is goes". You might not in fact respect it, you might say: "I think you're an idiot, but I'm not going to coerce you because I've not right to do so". And so there, in the face of refusal, the face of people who make conscious decisions, there is nothing one can do. But one knows, of course, that very many people, very probably want to be helped, they would love to get out of the pattern of behaviour that they are in, would like to be able to change their lifestyle if only it could be done and it's terribly hard to do. Anybody who has ever tried to lose weight after a certain amount has been put on, will know how very difficult it is to do and in the face of that difficulty and in the face of the fact that so many people have short term problems that obscure longer term goals, it's just undeniable that there is a felt need for help: help from outside, help from the experts, help from people who can advise and do something that would respect your individuality and your autonomy, yes, but nevertheless wouldn't just leave you alone to flounder through the problem yourself.

So the great dilemma that's faced here by the civic humanist impulse is to find that balance, to find a way in which the top down process can nevertheless leave as much room for autonomy and has much respect for the liberty of the individual as possible while nevertheless recognising that there are people out there who want a helping hand even as our paternalistic Parisian doctor says, sometimes in a paternalistic way, in order to achieve those goals that everybody, anybody rationally would recognise as desirable.

So if we look again at that conceptual history, the history of the concept of the good society and the good individual as it played itself out in the early modern period, what kind of solution was found to it? Well, the solution that in fact came out of those discussions in the 19th and 20th centuries was eventually an acceptance of a certain council of this fact. As the democratisation of the political structures in the western world proceeded in the 19th and 20th century, you look back at this very slow and painful process the reforms of parliament in 1832 and 1867 and so on, then the enfranchisement of women in the early 20th century and the general democratisation of society so that the ambition of the Florentine humanists and the aristocratic humanists of the 18th century became etiolated, it became somehow less obviously visible for people at the top end of society, recognising that they have this massive inertia which was individual choices, that people would behave as they did and that the state, if it went too far beyond the certain minimum, would only have counter productive effects. I will give you one particular example of that: the problem with taxation in relation to smoking and drinking as an insolent of health control. If you put taxes onto cigarettes up to a certain level, I mean even quite considerable taxes as there are now, what happens is that people who what to smoke, the people who need to smoke because it helps them to deal with the stresses of poverty and other difficulties in their life, will just divert resources from food to cigarettes. So you pile on the taxes and you're actually doing harm to the individual and that individual's family by diverting important resources that they have. If you put the taxes even higher, up to prohibitive levels, it there was a £20 tax per cigarette for example, then what you will do is you would open the door to criminal activity and smuggling and a

black market in cigarettes and you would create the kind of problem or a simulacrum of it as the Americans had in the 1920's with prohibition of alcohol.

So you have this great difficulty about the limits of public policy affecting the behaviour of people in their choices and what they can do because there are certain limits to how much, for example, taxation can do before it introduces other sorts of difficulties and how much harm it already does in the diversion of resources. So you have this tremendous difficulty that society had in trying to modify behaviour and induce or coerce, even if rather gently, some lifestyle changes in people in the hope of shifting the figures slightly. Again from the point of view of Whitehall or somewhere or Edinburgh, it's very hard to think in individual terms, but only in terms of numbers of how much smoking for example costs the National Health Service or what the mortality or morbidity rates are associated with smoking and trying to change those figures. Whereas in the ideal, of course, its individuals and families in communities, people one might know and meet, on whose does one might knock from time to time and with whom one might engage in conversation whose lives one wants to change for their own intrinsic reasons because it matters to those people and to their families. And that is something that could only ever be done at the grassroots level.

So what one has to recognise, therefore, is that that debate about civic humanism and how you induce changes in individual behaviour in a society must carry with it something of the top down, something of the paternalistic, even if it's only instructing a framework on setting goals and recognising what the ideals should be. This process that we're engaged in now is something of that kind. You know, we're not now in a council estate and we're not now wondering whether or not to have another cigarette or go to the pub. We are thinking about the general problem and so we are part of the structure, the top down structure, which is making decisions about things, actually on other people's behalf. So one of the tricks that has to be done best and that we must try imaginatively to cope with is how we can translate, how we can interface, so to speak, that top down approach to these matters to the whole question of public health with the need for getting those changes, that could only happen if they happen at the grassroots level; finding those inducements, those incentives, those motivations for people, individuals at the grassroots level, to make the changes for themselves.

Here is a parallel and I conclude on this point. I always say to my students at university that I can't, however much I would love to, do the work for them. I can't learn the stuff on their behalf – they have to do it themselves. What I can do is show them, give them little advice about what to read and which direction to point themselves, try and motivate them. I always think that, if at the end of the lecture, at least half the people in the audience are thinking to themselves "Oh, I'd really like to find out more about that – it's just so fascinating", then you would have done your job as a teacher. You certainly can't do much more than that because you really can't do it for them, you can't learn it for them. And I say to them also, I say look, you know, if I asked you to stay in your seats at the end of this lecture in order to hear me give the same lecture again you'd be bored stiff, but if at the end of the lecture I asked anyone of you to stand up and give the lecture I've just given, you'd find that you'd probably couldn't do it and that's a very puzzling seeming paradox, isn't it? If you were bored because you'd heard it, why shouldn't you be able to give it? And the answer is that when you sit and listen to a lecture it's only passive knowledge that you've acquired, if you've acquired anything. Educational psychologists say people only learn 25% of what a lecturer says which means you should make a point of repeating it four times if you can *[laughter]* but it's only passive knowledge at best. To make it, to activate it, to make it your own so that you can call it your own work, you have to go and do

something. Go home and tell the people in the kitchen in your halls of residence what you've been doing today and what you've learnt today, write an essay or read a book or go and find out the information, but somehow or other take action yourself. The parallel here with our problem in public health is exactly that: that unless people themselves see the point and have a reason, a reason which is one of being moved to take action and to make a difference to their own lives. No amount of being told how bad it is for them not to exercise and to smoke and to drink is going to make that much of a difference. I don't want to rule out the fact by the way that top down initiatives can make a difference. Dr Brown, the Director of the Heart Disease Unit in the Department of Health in a letter today, if you look in today's Independent, claims, I think probably with justification, that the big government exercise in 2004 on smoking did have an effect that actually just knocked the figures down a little bit. So if the adverts are sufficiently compelling and so on, it can make a difference to individual behaviour. But real long term change, real personalised individual change, can't come from anywhere else but from the bottom and so the great task that people in public health have really is to find those really imaginative ways of going from the top down approach, being the authority figures, having the expertise, knowing the figures and so on, to motivating people from the grassroots level. That's the trick and it very probably is something that wouldn't be done by giving lectures in public health either on smoking or drinking, but in some completely different way, from a different angle, an angle that got at people, not through their minds I don't imagine, but very probably through their hearts some way.

Thank you very much.

[Applause]

Andrew Lyon:
Well, just before I ask you to join us in the room at the back for something to eat and drink, it's been my great pleasure to thank Anthony for giving us food for thought. I'm going away with fresh ideas about inequality and translation and participation. I'm trying to tie all that up in two thousand years of thinking about this which is what always happens to me when we meet…I'm very grateful for that.

I'm really keen and personally very interested to try and turn some of these ideas into something practical in Glasgow and I wish to be held to account for that. So if you meet me in the street and nothing is happening, please give me a row and I'll try and do something. So it just remains for me to say thank you again Anthony and please come and join us next door for something to eat and drink.

Thank you very much.

[Applause]