

The comparative mortality of an elite group in the long run of history: an observational analysis of politicians from 11 countries

Presenter: Prof. Philip Clarke

**Tuesday 24 May 12pm-1pm
Via Zoom**

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Philip has recently compared the mortality rate and life expectancy of politicians with those of the age and gender-matched general populations. This was an observational analysis of mortality rates of politicians (i.e. members of national parliaments with available data on dates of birth, death and election, gender, and life tables) in 11 developed countries. Politicians were followed from their election date until either death or the last available year with life table data. Relative mortality differences were estimated using standardised mortality ratios (SMRs).

The study included 57,561 politicians (with follow-up ranging from 1816–2016 for France to 1949–2017 for Germany). In almost all countries politicians had similar rates of mortality to the general population in the early part of the 20th century. Relative mortality and survival differences (favouring politicians) increased considerably over the course of the 20th century, with recent SMRs ranging from 0.45 (95%CI 0.41–0.50) in Italy to 0.82 (95%CI 0.69 to 0.95) in New Zealand. The peak life expectancy gaps ranged from 4.4 (95% CI, 3.5–5.4) years in the Netherlands to 7.8 (95% CI, 7.2–8.4) years in the US. These results show large relative and absolute inequalities favouring politicians in every country. In some countries, such as the US, relative inequalities are at the greatest level in over 150 years



Professor Philip Clarke is Director of the Health Economic Research Centre at the University of Oxford as well as holding an appointment at the Centre for Health Policy at the University of Melbourne. He is a Fellow of the Academy of the Social Sciences in Australia (ASSA). His research interests include developing methods to value the benefits of improving access to health care, health inequalities and the use of simulation models in health economic evaluation. Philip has been involved in the development of the UKPDS Outcomes Model, a health economic simulation model for type 2 diabetes.