

Health effects of the financial crisis: lessons from Greece



Remarkably, 8 years after the onset of the global financial crisis, the consequences for health are still being debated, even in Greece, the country most severely affected by the economic downturn. There can be few better indications of the low priority accorded to health within governments than the difference between the concerted efforts dedicated to understanding the state of the economy and the apparent scarcity of concern about the health of populations. Economists are still divided about the causes of the crisis and how to respond to it, although many view austerity as a mistake;¹ however, at least an active debate is taking place in the political arena, generating extensive coverage in the media. By contrast, with a few exceptions, the health consequences have been largely ignored.

There are several possible reasons for this scant discussion of health consequences of the recession. First, health issues rarely attract much political or media attention unless they threaten privileged elites.² For example, the emergence of SARS in east Asia posed a clear threat to the global business community and thus an immediate, coordinated response occurred. By contrast, many months passed before the world paid any attention to the emergence of Ebola virus in west Africa.³ Only in the past decade have global leaders accepted the need to respond to the increased burden of non-communicable diseases in low-income and middle-income countries,⁴ whereas the horrendous toll of death and disability from road traffic accidents in those countries remains largely unacknowledged. Second, despite impressive progress in improving data collection, encouraged by the Global Burden of Disease project, we still do not have timely data on mortality from many countries. Consequently, although financial data were available within days or weeks of the onset of the financial crisis, several years passed before corresponding mortality data were published. This delay keeps the effect on health from getting onto the political agenda, and reinforces its low priority. Because of the difficulty in obtaining data about what was happening to health in Greece, dismissal of the early signs of a crisis was easy. In 2011, echoing many reports by journalists, we reported what we considered to be “omens of a Greek tragedy”, describing a rising unmet need for health

care, increasing suicides, and an HIV outbreak among injecting drug users.⁵ Yet others dismissed our concerns, arguing, for example, that “there is no evidence that it has affected health”⁶ or that budget cuts were “a positive result of improvements in financial management efficiency”.⁷ In 2015, Tapia Granados and Rodriguez⁸ argued that “claims of a public health tragedy in Greece seem overly exaggerated”. Several of these analyses drew on studies suggesting that economic recessions might benefit health,⁹ although other researchers, including us,¹⁰ have argued that the situation is rather more complicated, depending on how governments respond, with both positive and negative consequences.

Ioannis Laliotis and colleagues’ study¹¹ in *The Lancet Public Health* does much to resolve the argument about what has happened in Greece. Laliotis and colleagues provide a comprehensive overview of changes in mortality by cause of death and age, tracking change over more than a decade. Overall mortality continued to decline after the onset of the financial crisis, but at a slower pace than before the crisis ($p < 0.0001$). Those aged older than 75 years experienced more negative effects ($p < 0.0001$) than did those aged 20–34 years, in whom mortality trends improved ($p < 0.0001$). Deaths from traffic accidents declined faster after compared with before the onset of the crisis ($p < 0.0001$), whereas deaths from suicides increased after the onset of the crisis ($p = 0.002$). Laliotis and colleagues’ findings highlight the crucial importance of national context in understanding the response to a financial crisis. First, path dependency plays a major part. Many examples now exist of how deaths from road traffic injuries fall during a recession, but cannot fall substantially in countries such as the UK or the Netherlands where they are already very low. Powerful cultural determinants of suicide rates have long been recognised, reflecting factors such as religious belief, the stigma attached to self-harm, and social support networks, so that a small rise, in absolute terms, equates to a large relative increase. Rates have always been low in Greece. Second, the effect of a financial crisis will depend on the measures taken in response to it. Governments have substantial discretion as to how they respond,¹² although, in the case of Greece, the discretion is exercised not by the national government but by the Troika,

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comprising the European Commission, European Central Bank, and International Monetary Fund. By contrast with other countries, where the income of pensioners was largely protected, this was a particular target in Greece, where many people were able to retire at relatively young ages. Consequently, that pensioners seem to have been most affected is not surprising. As Laliotis and colleagues note, this relative disadvantage experienced by older people was also the case in the UK, where changes to the welfare system adversely affected low-income pensioners, coinciding with rising mortality.¹³ By contrast, in the crisis that followed the breakup of the Soviet Union, people of working age were most affected.¹⁴

Perhaps the most important finding of this study, and one that has received inadequate attention in published work on the financial crisis thus far, is the increase in deaths due to adverse events during medical treatment ($p < 0.0001$). This increase corresponds with accounts by journalists of the many problems facing the Greek health-care system,¹⁵ as well as the growing evidence of an unmet need for care noted previously. This study should serve as a warning to politicians. Major cuts to health care cost lives. Unfortunately, there is little evidence that they are listening.

**Martin McKee, David Stuckler*

Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK (MM); and Department of Sociology, University of Oxford, Oxford OX1 3UQ, UK
 martin.mckee@lshtm.ac.uk

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- 1 Krugman P. End this depression now. New York: WW Norton, 2012.
- 2 Shiffman J. A social explanation for the rise and fall of global health issues. *Bull World Health Organ* 2009; **87**: 608–13.
- 3 Moon S, Sridhar D, Pate MA, et al. Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola. *Lancet* 2015; **386**: 2204–21.
- 4 Beaglehole R, Bonita R, Horton R, et al. Priority actions for the non-communicable disease crisis. *Lancet* 2011; **377**: 1438–47.
- 5 Kentikelenis A, Karanikolos M, Papanicolas I, Basu S, McKee M, Stuckler D. Health effects of financial crisis: omens of a Greek tragedy. *Lancet* 2011; **378**: 1457–58.
- 6 Liapopoulos L. Greek economic crisis: not a tragedy for health. *BMJ* 2012; **345**: e7988.
- 7 Polyzos N. Health and the financial crisis in Greece. *Lancet* 2012; **379**: 1000.
- 8 Tapia Granados JA, Rodriguez JM. Health, economic crisis, and austerity: a comparison of Greece, Finland and Iceland. *Health Policy* 2015; **119**: 941–53.
- 9 Ruhm CJ. Are recessions good for your health? National Bureau of Economic Research, 1996. <http://www.nber.org/papers/w5570> (accessed Oct 31, 2016).
- 10 Stuckler D, Basu S, Suhrcke M, Coutts A, McKee M. The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *Lancet* 2009; **374**: 315–23.
- 11 Laliotis I, Ioannidis JPA, Stavropoulou C. Total and cause-specific mortality before and after the onset of the Greek economic crisis: an interrupted time-series analysis. *Lancet Public Health* 2016; published online Nov 4. [http://dx.doi.org/10.1016/S2468-2667\(16\)30018-4](http://dx.doi.org/10.1016/S2468-2667(16)30018-4).
- 12 Reeves A, Basu S, McKee M, Marmot M, Stuckler D. Austerity or not? UK coalition government budgets and health inequalities. *J R Soc Med* 2013; **106**: 432–36.
- 13 Loopstra R, McKee M, Katikireddi SV, Taylor-Robinson D, Barr B, Stuckler D. Austerity and old-age mortality in England: a longitudinal cross-local area analysis, 2007–2013. *J R Soc Med* 2016; **109**: 109–16.
- 14 Shkolnikov V, McKee M, Leon DA. Changes in life expectancy in Russia in the mid-1990s. *Lancet* 2001; **357**: 917–21.
- 15 Daley S. Greeks reeling from health care cutbacks. The New York Times (New York, NY), Dec 26, 2011. <http://www.nytimes.com/2011/12/27/world/europe/greeks-reeling-from-health-care-cutbacks.html> (accessed Oct 31, 2016).