



FEATURE

Your vote counts: how will a soft or hard Brexit affect health?

Your vote on 8 June could affect whether the UK pursues a “hard” or “soft” Brexit. **Anne Gulland** looks at how each option might change healthcare

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Almost a year after the UK voted to leave the European Union it is still unclear how Brexit will affect the country. The government has played its negotiating cards close to its chest, though if the Conservatives win the general election the signs are that the prime minister will pursue a hard Brexit. Theresa May has already indicated that she wishes to leave the single market and to break ties with the European Court of Justice. Other parties are taking a softer line, with the Liberal Democrats, the Scottish National Party, and Labour stating they wish to stay in the single market. So how will a soft or hard Brexit affect health?

Public health

Soft Brexit

Before the referendum many Remainers trumpeted the EU's positive influence on public health through laws on air quality, drinking water, and food standards.¹ The UK is also a member of the European Centre for Disease Prevention and Control, which coordinates European action in the event of a disease outbreak, and it is unclear whether that membership would continue once the UK left the EU. If the UK joined the European Economic Area after Brexit it would become an observer on the centre's management board and advisory forum. If it decided not to join the EEA but still wanted to participate the UK would have to adopt and “apply legislation of equivalent effect to EU legislation on communicable diseases,” the centre stated last year.

Hard Brexit

Peter Roderick, a barrister and principal research associate at the Institute of Health and Society at Newcastle University, says that, from a legal point of view, negotiations to leave the EU are not that important. It is how the UK government applies the hundreds of EU directives that have become law that will be important. He is particularly concerned about the loss of the precautionary principle, which means that any action affecting health and the environment should be assumed to be harmful unless known otherwise. Roderick is concerned that a

Conservative government may scrap it. The environmental protections the EU has introduced on air quality, water quality, and food safety would be under threat without the principle, says Roderick. “If there was a law that industry was happy with but the public health community were concerned about they would not be able to use the precautionary principle as an argument because it would no longer apply,” he says.

Health workforce

Soft Brexit

EU leaders have said that the UK cannot cherry-pick which rights it wishes to retain, and so it is unclear how a government could remain a member of the single market without retaining rights to free movement of people. Labour has conceded that free movement of people will have to end, despite saying that immigration will not be at the centre of its Brexit negotiations. However, Labour's spokesman on leaving the EU, Keir Starmer, has said that on day 1 of a Labour government it would “immediately guarantee” that all nationals of other EU countries who are currently living in the UK—including the 30 000 doctors whose primary medical qualification is from an EU country other than the UK²—will see no change in their legal status as a result of Brexit. It will also seek reciprocal guarantees for UK citizens in mainland Europe.

Hard Brexit

The Conservatives have given no clear guarantees to EU workers, though May wants to ensure that the “brightest and the best” are attracted to work in the UK. England's health secretary, Jeremy Hunt, told the health select committee in January that Brexit was a moment of “change and opportunity” for the health service and would enable tighter professional regulation, such as more in-depth language testing.³ A report by the Institute for Public Policy Research identifies six main options for migration between the UK and the EU.⁴ Commenting before the publication of the Conservative Party's manifesto, Marley Morris, the report's author, said that the government

was most likely to favour one of two options, with a preferential system for EU nationals or controls on EU migration and free movement for others. Marley says, “The government should aim to seek an agreement with the EU that continues free movement for workers in key parts of the economy but not others. If that’s not negotiable, the other option is to think how you could have temporary controls on EU immigration.”

Drug regulation

Soft Brexit

Through its membership of the European Medicines Agency—currently headquartered in London but seeking a move to another city on the continent—the UK has access to the single marketing authorisation scheme, meaning that companies have to go through just one approval process before launching their drugs in Europe. Labour’s Starmer says that the party will “seek to maintain membership of or equivalent relations with” a range of European organisations, including the EMA.⁵ Nick Fahy, senior researcher in health policy at Oxford University and special adviser on Brexit to the health select committee, said that the soft Brexit approach pursued by the main opposition parties could be interpreted as meaning that the UK would remain part of the European Economic Area and end up with a Norway style arrangement with the EU. “If we remain in the single market for good then we could retain membership of the current pharmaceutical licensing practices,” he said.

Hard Brexit

May wants the UK to give up its membership of the EMA, leaving the UK with various options on drug licensing. Some countries that do not have their own systems have adopted an approach that follows the licensing policies of the United States and EU. “I can’t see the health committee or other bodies being happy to hand over licensing medicines to bodies outside the UK,” says Fahy. The UK could create its own licensing system, which would be a costly and lengthy exercise. Cutting ties with the EMA would also mean that the UK would no longer be an attractive place to launch new drugs, as it would lose its status as a stepping stone to the rest of the European market. Fahy predicts that new drugs will take longer to come to the UK. “Companies would launch drugs in America and Europe and then in the UK some time after that,” he says. “Patients will not be happy about waiting for new drugs.”

Research collaboration

Soft Brexit

Before last year’s referendum scientists highlighted the importance of cross border collaboration and EU funding to UK research. A House of Lords report highlighted the funding the UK receives from the EU: between 2007 and 2013 the UK contributed £5.4bn (€6.4bn; \$7bn) to Europe’s research, development, and innovation activities but got back £8.8bn in research grants.⁶ Labour has said that the UK will continue to be part of Horizon 2020 (the EU’s key research grant programme) and any successor programme and that it would welcome research staff from the EU.

Hard Brexit

In its white paper on Brexit the government devoted a chapter to research and innovation, urging researchers to continue to bid for Horizon 2020 funding and promising to underwrite the payment of the awards, even if they continued beyond the UK’s departure from the EU.⁷ The government also said it would “welcome agreement” to continue to collaborate with “our European partners on major science, research, and technology initiatives.” The EU offers “associated country” and “non-associated country” status to countries that wish to participate in EU programmes but are not members of the EU.

Reciprocal healthcare coverage

Soft Brexit

Many EU residents carry a European Health Insurance Card, entitling them to free healthcare when they go abroad for leisure, work, or to live. However, it is those pensioners who have chosen to settle in countries such as Spain who are most concerned about the loss of reciprocal healthcare. Nick Fahy says, “If we’re aiming for an agreement based on the Norway version you could expect some reciprocal healthcare arrangements to be negotiated.”

Hard Brexit

Hunt told the health select committee that it is “perfectly possible” to come to an agreement on the continuation of reciprocal healthcare rights “but it is not possible to predict the outcome of the negotiations.”⁸ However, Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine, told the same committee that without access to the European Court of Justice it is difficult to see how this could continue “until you have resolved the issue of the evolution of the EU policy in the future and the dispute resolution process.”⁸

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- Gulland A. How Brexit might affect public health. *BMJ* 2016;357:i2747. doi:10.1136/bmj.i2747 pmid:27185784.
- General Medical Council. List of registered medical practitioners—statistics. Mar 2017. www.gmc-uk.org/doctors/register/search_stats.asp.
- O’Dowd A. Hunt wants “new relationship” with Europe on health after Brexit. *BMJ* 2017;357:j447. doi:10.1136/bmj.j447 pmid:28126829.
- Institute for Public Policy Research. Striking the right deal: UK-EU migration and the Brexit negotiations. Apr 2017. www.ippr.org/publications/striking-the-right-deal.
- Labour Press. Keir Starmer speech on Labour’s approach to Brexit. Apr 2017. <http://press.labour.org.uk/post/159971207604/keir-starmer-speech-on-labours-approach-to-brexit>.
- House of Lords Science and Technology Select Committee. EU membership and UK science: second report of session 2015–16. 20 Apr 2016. www.publications.parliament.uk/pa/ld201516/ldselect/ldsctech/127/127.pdf.
- Department for Exiting the European Union. The United Kingdom’s exit from, and new partnership with, the European Union. Feb 2017. www.gov.uk/government/publications/the-united-kingdoms-exit-from-and-new-partnership-with-the-european-union-white-paper/the-united-kingdoms-exit-from-and-new-partnership-with-the-european-union-2.
- House of Commons Health Committee. Brexit and health and social care: people and process. May 2017. www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/640/64002.htm.

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