

EDITOR'S CHOICE

Brexit: the clock is ticking

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Amid the confusion and political in-fighting over Brexit, this week we publish a debate between two economists on whether leaving the EU will harm the NHS (doi:10.1136/bmj.k4014). In the absence of a definite deal, we are still no clearer about the implications for health, so here is an attempt to test some of the evidence.

Yes, leaving will damage Britain's health, says Anand Menon, citing a smaller economy after Brexit and vastly fewer NHS staff from other EU countries. Since the referendum the number of foreign EU nationals joining the NHS has plummeted from 2500 to 200 a quarter, NHS Digital statistics show (http://bit.ly/2DtW7jM). By the government's own analysis, the economy will shrink by about 5%, easily wiping out any gain from no longer paying into the EU budget, says Menon. Meanwhile, NHS spending will need to grow by 3.3% each year to absorb cost pressures.

Perhaps tellingly, it wasn't easy finding someone to argue for the benefits to health in leaving the EU, but Graham Gudgin agreed. He acknowledges the twin threats said to be facing the NHS: fewer EU nationals and reduced public spending. Both forecasts have been subject to "gross exaggeration," he argues, because "it is difficult to get a clear, credible or consistent message" from analysts. He points the finger at flawed Treasury reports and the "remain" bias of its civil servants.

So who to believe? The uncertainty is unacceptable to patients, who are alarmed at the looming deadline of 29 March 2019, writes patients' advocate Jeremy Taylor (doi:10.1136/bmj. k4022). He sets out four key questions that demand urgent answers, the first of which is, "Will I still get access to my drugs?" Drug shortages are already affecting patients (doi:10. 1136/bmj.k4040), with hospitals having problems in getting basic drugs such as diamorphine and metronidazole.

The reality of a looming Brexit is perhaps felt most keenly along the border between Northern Ireland and the Irish Republic. In a feature article, doctors, including GPs, an oncologist, and a cardiologist, relate their fears for the future of cross border arrangements covering radiology, emergency and cardiac care, and dialysis (doi:10.1136/bmj.k3941).

In June BMA representatives voted by a large majority to oppose Brexit and called for a public vote on any exit deal (doi:10.1136/bmj.k2821). Yet the profession as a whole remains largely silent on the issue. Despite Gudgin's defence, the evidence seems to be piling up that Brexit will wreak significant damage on the nation's health. The clock is ticking.