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Are we lioness enough to question the Brexit elephant?

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What is the effect of Brexit? It's a question few people in England seem willing to acknowledge and fewer still to answer. It's a question that transcends party politics, and silence speaks to our inability to honestly appraise our decision making and learn from it. It's a question that is easy to forget in the heady days of a historic victory on the footballing fields of England by a team now famous as "the lionesses." If we had the courage of real lionesses, would we shy away from questioning Brexit?

To question any positive effect of Brexit or to moot the possibility that it is partly responsible for the UK's ongoing woes is tantamount to treachery. Like unthinking loyalists, our only permitted mode is to speak of "getting it done" or "finishing the job," even when some opinion polls suggest most British people now believe that leaving the European Union, a decision *The BMJ* opposed (doi:10.1136/bmj.i3302),¹ was the wrong decision (<https://www.statista.com/statistics/987347/brexit-opinion-poll>).²

That negativity might change as the UK's new prime minister grapples with the cost of living crisis. But the omens don't seem good, as neither government nor opposition is paying attention to the Brexit shaped elephant in the room. How do you "get it done" or "finish the job" without a meaningful analysis of how it's gone so far?

Health and social care are taboo subjects, even though week after week our columnists and writers detail the NHS and social care crises and their impact on patients, the workforce, and services (doi:10.1136/bmj.o1914, doi:10.1136/bmj.o1904, doi:10.1136/bmj.o1906),³⁻⁵ complicated by the additive burden of covid (doi:10.1136/bmj.o1909, doi:10.1136/bmj.o1887, doi:10.1136/bmj-2021-069868).⁶⁻⁸ In each round of *Britain's Got Prime Ministerial Talent*, otherwise known as the Conservative Party leadership contest, responding to the NHS crisis isn't an obvious showstopper (doi:10.1136/bmj.o1934, doi:10.1136/bmj.o1883),^{9 10} and there is little riffing on the welfare of health and social care staff (doi:10.1136/bmj.o1913, doi:10.1136/bmj.o1929).^{11 12}

Empirical studies and data would help, as they do in understanding the fast waning nature of immunity after covid vaccination (doi:10.1136/bmj-2022-071249),¹³ in concluding that the omicron variant is less potent than delta (doi:10.1136/bmj-2022-070695, doi:10.1136/bmj.o1806),^{14 15} in the World Health Organization proposing that minimum alcohol unit pricing is effective against the harms of excessive drinking (doi:10.1136/bmj.o1810),¹⁶ and in advising that routine vitamin D testing is inadvisable (doi:10.1136/bmj-2022-070270).¹⁷ The dangers of rushing down a particular treatment pathway in the absence of sufficient data are evident in the fallout

from Hilary Cass's inquiry into gender identity services (doi:10.1136/bmj.o629, doi:10.1136/bmj.o1916).^{18 19}

In the absence of public debate and meaningful data six years after the UK's Brexit referendum, we asked Richard Vize to examine the effects of Brexit on health and care (doi:10.1136/bmj.o1870).²⁰ The news isn't all bad, although there isn't much good. Brexit hasn't brought about a cut in NHS funding but did fail to deliver the £350m weekly windfall that Boris Johnson and others promised. The European Working Time Directive remains in place, and the predicted "stampede" of European doctors leaving the NHS hasn't happened. But the impacts on social care and lower paid staff are harming delivery of care in an increasingly multidisciplinary service.

Health technology, life science industries, and research, where integration with Europe was greatest and benefits most obvious, are being damaged. Promises to cut red tape have created new complexities and been tarnished by suspect procurement practices at the height of the pandemic (doi:10.1136/bmj.o1893).²¹ Perhaps the most damning legacy of Brexit, however, is the state of unreadiness it created for a pandemic that required utmost readiness. Whether or not you agree Brexit was the right decision, you should at least agree that it is a decision worthy of question, analysis, and redoubled effort if the signs are good and possibly even reversal if the damage is too great.

- Godlee F, Abbasi K, Gulland A, Coombes R. Why doctors should vote to remain in the EU on 23 June. *BMJ* 2016;353: doi: 10.1136/bmj.i3302 pmid: 27302192
- In hindsight, do you think Britain was right or wrong to vote to leave the European Union? Statista. 2022. <https://www.statista.com/statistics/987347/brexit-opinion-poll>.
- Salisbury H. Helen Salisbury: A feeling of safety. *BMJ* 2022;378: doi: 10.1136/bmj.o1914 pmid: 35918082
- Oliver D. David Oliver: Politicians' abject failure to tackle the existential crisis in the NHS. *BMJ* 2022;378: doi: 10.1136/bmj.o1904 .
- Palmer B. What should a health and social care workforce strategy look like? *BMJ* 2022;378: doi: 10.1136/bmj.o1906 pmid: 35905983
- Griffin S. Covid-19: Staff absences in July surged amid ongoing pressure on hospitals. *BMJ* 2022;378: doi: 10.1136/bmj.o1909 pmid: 35914777
- Wise J. Long covid: Hair loss and sexual dysfunction are among wider symptoms, study finds. *BMJ* 2022;378: doi: 10.1136/bmj.o1887 pmid: 35896202
- Hereth B, Tubig P, Sorrells A, Muldoon A, Hills K, Evans NG. Long covid and disability: a brave new world. *BMJ* 2022;378:e069868. doi: 10.1136/bmj-2021-069868 pmid: 35914783
- Waters A. Tory leadership contest reveals complacency about NHS crisis. *BMJ* 2022;378: doi: 10.1136/bmj.o1934 pmid: 35918068
- McKee M, Hiam L. Britain's not working. *BMJ* 2022;378: doi: 10.1136/bmj.o1883 pmid: 35905984
- Torjesen I. Huge rise in GP expenses could make some practices unviable within two years. *BMJ* 2022;378: doi: 10.1136/bmj.o1913 pmid: 35914781
- Greenhalgh T, Kane B, Reicher S. "Downgrade your mask before entering"—a dangerous NHS policy at a critical public health juncture. *BMJ* 2022;378: doi: 10.1136/bmj.o1929 pmid: 35918096

- 13 Horne EMF, Hulme WJ, Keogh RH, et al. Waning effectiveness of BNT162b2 and ChAdOx1 covid-19 vaccines over six months since second dose: OpenSAFELY cohort study using linked electronic health records. *BMJ* 2022;378:e071249. doi: 10.1136/bmj-2022-071249 pmid: 35858698
- 14 Ward IL, Bermingham C, Ayoubkhani D, et al. Risk of covid-19 related deaths for SARS-CoV-2 omicron (B.1.1.529) compared with delta (B.1.617.2): retrospective cohort study. *BMJ* 2022;378:e070695.pmid: 35918098
- 15 Lorenzo-Redondo R, Ozer EA, Hultquist JF. Covid-19: is omicron less lethal than delta? *BMJ* 2022;378.pmid: 35918084
- 16 Boniface S. WHO concludes there's "no place for cheap alcohol". *BMJ* 2022;378. doi: 10.1136/bmj.o1810 pmid: 35868643
- 17 McChesney C, Singer A, Duquette D, Forouhi NG, Levinson W. Do not routinely test for vitamin D. *BMJ* 2022;378:e070270. doi: 10.1136/bmj-2022-070270 pmid: 35850784
- 18 Cass H. Review of gender identity services for children and young people. *BMJ* 2022;376:doi: 10.1136/bmj.o629 .
- 19 Dyer C. NHS gender identity service to close and be replaced by regional centres. *BMJ* 2022;378. doi: 10.1136/bmj.o1916 pmid: 35914784
- 20 Vize R. The Brexit predictions that came true, those that didn't—and what we didn't see coming. *BMJ* 2022;378:doi: 10.1136/bmj.o1870.
- 21 Dyer C. Covid-19: "Impossible" to be confident that government awarded Randox contracts properly, say MPs. *BMJ* 2022;378. doi: 10.1136/bmj.o1893 pmid: 35896187