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Improving our chances of a healthier future

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What should we do now to improve health in the future? For women with gestational diabetes, adherence to five healthy lifestyle habits over a quarter century of follow-up was associated with a 90% lower risk of developing type 2 diabetes, when compared with women who had none of these habits (doi:10.1136/bmj-2022-070312).¹ Gestational diabetes is a strong marker of future illness, associated with a meaningful increase in later cardiovascular and cerebrovascular disease. Some though not all of the risk is due to the subsequent development of diabetes (doi:10.1136/bmj-2022-070244).² Quite obviously, then, women with gestational diabetes are especially likely to benefit from public health measures aimed at helping them implement healthy habits.

Despite the need for these and other population level efforts, public health infrastructure in the UK is under threat. "The public is being taken out of public health," charges Gabriel Scally, pointing to the abolition of Public Health England and its replacement by the UK Health Security Agency (doi:10.1136/bmj.02210).³ This comes amid a decline in life expectancy and the ascension of a prime minister who has shown contempt for public health efforts. Scally calls for a royal commission to undertake a public inquiry into the "broken" UK public health system.

Medicine, says Richard Smith, has neglected the effects on health of air pollution and climate change, and the "needed response is political action." He recommends that doctors advise patients to write to MPs and pressure politicians to take up environmental matters (doi:10.1136/bmj.02214).⁴ Political action has also been needed to ensure that "safe space" material collected during medical error investigations will remain confidential. This ensures that those involved in patient safety incidents are able to come forward without fear of blame (doi:10.1136/bmj.01944).⁵

The UK's response to covid-19 is under scrutiny. Among other things, the UK Covid-19 Inquiry will consider the impact of modelling during the pandemic. An early model from Imperial College London predicted catastrophic numbers of covid deaths and contributed to the government's early 2020 lockdown decision. Its most dire predictions were not borne out, and the model has been criticised. "Some of that criticism has been understandable," say Christina Pagel and Christian (Kit) Yates, but much of it, they conclude, is "misplaced" (doi:10.1136/bmj-2022-070615). They suggest that model developers need to do a better job of communicating the uncertainty that affects models, ensure that they get model input from a wide range of sources, and do a better job of sharing data.

No mathematical model is needed to predict the health harms that will flow from the recent US

Supreme Court decision overturning Roe *v* Wade. The court has been politicised. Its credibility is in question and public confidence in it continues to decline (https://news.gallup.com/poll/4732/supremecourt.aspx).⁷ The decision has already altered women's internet behaviour. They realise that many types of online information might be used by government authorities eager to limit reproductive freedom, including emails, online searches, menstrual period trackers, and geolocation data (doi:10.1136/bmj.02075).⁸ The protection of personal data is thus as much a health issue as it is a political one.

Do we want a healthier future? If so, it's not enough to focus on individuals' activities such as exercise and diet. Societal determinants of health, such as data privacy laws, environmental standards, and judicial decisions, also matter.

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