EDITOR'S CHOICE

Challenging the status quo

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Improving healthcare means challenging the status quo. This week *The BMJ* offers a range of ways to do that.

First, Mike Gill and colleagues ask you to speak out against Brexit. They argue that it poses a serious threat to health in the UK because it will lead to significant direct cuts to the NHS budget (doi:10.1136/bmj.k2235). Caps on entry visas are already contributing to the shortage of doctors (doi:10.1136/bmj.k2224), and Brexit is likely to make this worse, they say. To mitigate or even avoid this damage to health, they support a “people’s vote”—“a referendum not on an abstract question but on the details of any deal negotiated by the government.” This would include a “no Brexit” option. They ask all health professionals to document the effects that the threat of Brexit is already having on patients and staff, lobby our MPs, spread the message on social media, and share the facts with each other, our patients, and the public.

The NHS still provides the best universal healthcare in the world, according to the Commonwealth Fund (www.commonwealthfund.org/publications/fund-reports/2017/jul/mirror-mirror-international-comparisons-2017). But in terms of outcomes the NHS has fallen down the global rankings. In partnership with the Harvard Global Health Institute, we launch a series this week that explores the challenges of achieving effective universal health coverage (www.bmj.com/universal-health-coverage). In the first article, Jishnu Das and colleagues (doi:10.1136/bmj.k1716) write that high quality, universal healthcare eludes many low income countries where, despite

improved access, patients don’t receive accurate diagnoses or appropriate treatments. Doctors often lack knowledge, established policies lead to “predictable” mistakes, and safety and patient centredness are not considered. These authors challenge countries (and, by extension, international aid organisations and funders) to look beyond access to focus on the quality of care.

Universal health coverage seems designed to tackle undertreatment. But overtreatment is rife in many health systems. In their essay, Steven Woloshin and Lisa M Schwartz (doi:10.1136/bmj.k2035) respond to critics of the “less-is-more” and “too much medicine” movements, which they say aim to counter inertia, to make it easier for doctors and patients to understand their options, and to help patients “choose the most effective care that reflects personal values rather than commercial forces, ignorance, or fear.” They argue that maintaining the status quo for fear of unexpected consequences is not an option.

Technology can also help us challenge established practice. Clare Gerada asks GPs to embrace digital consultations to improve patients’ access (doi:10.1136/bmj.k2206), and in their randomised trial Rosie Dobson and colleagues show that a tailored programme involving text messages helps people improve control of their diabetes (doi:10.1136/bmj.k1959).

But lest we embrace technology uncritically, Margaret McCartney reminds us always to read the fine print (doi:10.1136/bmj.k2143).