



EDITOR'S CHOICE

A fresh look at shortsightedness

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The BMJ

We want you to read *The BMJ*, but perhaps it should carry a health warning. Research published this week includes a worrying finding: more study worsens eyesight (doi:10.1136/bmj.k2022). Each year spent in education raised myopic refractive error by an average -0.27 dioptries, the researchers found.

This “elegant study,” as the linked editorial describes it (doi:10.1136/bmj.k2248), used bidirectional mendelian randomisation to determine whether myopia led to more years in study—or the other way around—among nearly 70 000 adults. The researchers’ analyses strongly favoured the second hypothesis, but they did not explore a mechanism.

Natural light may be protective, writes one of the researchers on BMJ Opinion (<https://blogs.bmj.com/bmj/2018/06/06/education-and-myopia-assessing-the-direction-of-causality-by-mendelian-randomisation>). She advocates that children spend more time outdoors. Myopia’s association with education has long been known, she says, but assessment of causality has been impossible—until now.

Elsewhere in *The BMJ* this week: we may soon see the UK government scrap a policy to limit immigration that is harming health services. Its cap on visas issued to foreign doctors who have been offered posts in the NHS has meant at least 1500 visas being declined in just a few months. Last week *The BMJ* launched its Scrap the Cap campaign (bmj.com/scrap-the-cap).

Now the home secretary, Sajid Javid, says that he’ll take a “fresh look” at the policy (doi:10.1136/bmj.k2479).

This is good news. Only last month his government made a U turn on another health damaging immigration policy. After much criticism it reduced the requirement for the NHS to share data with the Home Office for immigration control (doi:10.1136/bmj.k2115).

Ministers should remember that the NHS was founded to provide equitable access to care. Populist but disjointed policies that pander to xenophobia or racism risk causing real and deep harm, not just to patients and staff but to society as a whole.

The government should look again at controversial policies requiring doctors to check patients’ immigration status for billing purposes. Of 8894 hospital patients asked for identity documents in a two month pilot study, a mere 50 (0.6%) were found to be ineligible for free care (doi:10.1136/bmj.k2475). Perhaps others were deterred by this newly hostile environment, but such infrequent medical tourism seems unlikely to justify the cost to the doctor-patient relationship and to vulnerable patients deterred from seeking help.

For many people the NHS is the UK’s proudest achievement. Now, to honour its first 70 years, we’re asking you to identify the NHS’s greatest achievement (doi:10.1136/bmj.k2121). Please vote today on bmj.com. We’ll announce the winner later this month, in time for the big birthday. It’s plain to see: we have much to celebrate.