The BMJ

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Cite this as: *BMJ* 2022;377:o1115

http://dx.doi.org/10.1136/bmj.o1115

Published: 05 May 2022

Choices that fail health and wellbeing

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Would you spend £2bn of taxpayers' money on an unproved treatment for covid-19 (doi:10.1136/bmj.o1053)?[1] Would you spend that money in the throes of a cost of living crisis that is worsening the health of people on low incomes and forcing people with cancer to turn off their heating (doi:10.1136/bmj.o938, doi:10.1136/bmj.o1103)?[2,3] Wouldn't you wait for better evidence to emerge (doi:10.1136/bmj.o1037)?[4]

Would you continue to deny staff respiratory protection in defiance of the evidence and the airborne nature of SARS-CoV-2 transmission (doi:10.1136/bmj.o1082)?[5] Would you continue to maintain that you had no idea that asymptomatic transmission of the virus was possible in defiance of the fact that you, your science advisers, and the available evidence had acknowledged this possibility from the outset (doi:10.1136/bmj.o1116)?[6] Would you show no remorse over a High Court verdict that condemns you for failing vulnerable patients by discharging them to social care from hospital beds without a covid test (doi:10.1136/bmj.o1098)?[7]

Would you demoralise your healthcare staff and the public further by perpetuating your failure to tackle the urgent and long term workforce crisis (doi:10.1136/bmj.o1090)?[8] Would you pretend that you had the workforce crisis in hand when, despite exhortation after exhortation, editorial after editorial, and patient complaint after patient complaint, it is clear that you don't have a workforce plan (doi:10.1136/bmj.o1047)?[9] Would you sit on your hands and button your lips as those very same overburdened staff are mauled by the press (doi:10.1136/bmj.o1091)?[10]

Would you persist with your strategy of pretending that major challenges are over, as you do with the pandemic and Brexit, even when one of the results is drug shortages for patients with chronic disease (doi:10.1136/bmj.o1100)?[11] Major challenges don't disappear overnight and must be tackled. Clinical negligence is yet another example where a demonstrably effective alternative approach of a no blame culture is being successfully implemented by other countries (doi:10.1136/bmj.o1085).[12]

If you made these choices, how could professionals and the public be confident that you will take full advantage of the opportunity of a data-centric health service, including a full and frank conversation about companies' use of health data (doi:10.1136/bmj.o1018)?[13] Could you be trusted with striking new evidence that joint injections for osteoarthritis are potentially beneficial and help us rethink osteoarthritis as a disease of tear, flare, and repair instead of wear and tear (doi:10.1136/bmj-2021-068446, doi:10.1136/bmj.o1028)?[14,15] Or be relied on to learn the lessons from a multinational study of outcomes after revascularisation for acute myocardial infarction (doi:10.1136/bmj-2021-069164)?[16] And you would probably struggle to maximise the clear potential of telemedicine for surgery, a potential that is being realised in the international support for the surgeons and people of Ukraine (doi:10.1136/bmj.o1078).[17]

When making sense of all this self-destructive decision making, a growing number of the rest of us are left wondering how different these choices would be in a world that prioritised the health and wellbeing of people and the planet. A starting point would be a global and national focus on policy reform, particularly economic, to help achieve the internationally agreed sustainable development goals (doi:10.1136/bmj-2021-067872).[18]

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