Choices that fail health and wellbeing

Kamran Abbasi editor in chief

Would you spend £2bn of taxpayers’ money on an unproved treatment for covid-19 (doi:10.1136/bmj.01053)? 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.0938, doi:10.1136/bmj.01103)? Wouldn’t you wait for better evidence to emerge (doi:10.1136/bmj.01037)?

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.01082)? 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.01116)? 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.01098)?

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.01090)? 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.01047)? 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.01090)?

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.01100)? 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.01085).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.01018)? 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.01028)? Or be relied on to learn the lessons from a multinational study of outcomes after revascularisation for acute myocardial infarction (doi:10.1136/bmj-2021-069166)? 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.01078).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

2 Modi N. Rising costs spell disaster for the nation’s health. BMJ 2022;377:o938. doi: 10.1136/bmj.o938 pmid: 35396324
3 Limb M. Cancer patients’ health is at increased risk from cost of living crisis, charity warns. BMJ 2022;377:o1013. pmid: 35487512
6 Mckie M. No minister, a “protective ring” was not thrown around care homes. BMJ 2022;377:o1116. doi: 10.1136/bmj.o1116 pmid: 35504654
7 Dyer C. Covid-19: Policy to discharge vulnerable patients to care homes was irrational, say judges. BMJ 2022;377:o1098. pmid: 35487509
8 Mathew R. Rammya Mathew: Tough times ahead for a depleted workforce. BMJ 2022;377:o1100. pmid: 35504647
9 Alderwick H, Charlesworth A. A long term workforce plan for the English NHS. BMJ 2022;377:o1047. pmid: 35474169
11 Iacobucci G. Drug shortages leave primary care staff exposed to abuse from frustrated patients. BMJ 2022;377:o1010. pmid: 35487515
12 Dyer C. NHS compensation scheme is “not fit for purpose” and needs radical overhaul, say MPs. BMJ 2022;377:o1085. doi: 10.1136/bmj.o1085 pmid: 35487377
13 Lehoux P, Rivard L. Major public works ahead for a healthy data-centric NHS. BMJ 2022;377:o1018. pmid: 35459702
16 Birrell F, Johnson A. The tear, flare, and repair model of osteoarthritis. BMJ 2022;377:o1128. pmid: 35473825
18 Best J. From Ukraine to remote robotics: how videoconferencing and next generation technology are transforming surgery. BMJ 2022;377:o1078. doi: 10.1136/bmj.o1078 pmid: 35504650
19 Baun F, Paremoot L, Flavel J, Musolin C, Labonté R. Can the world become a place where the planet and all people flourish after the pandemic? BMJ 2022;377:o1078. doi: 10.1136/bmj-2021-067872 pmid: 35504651