After covid, politicians are failing us again over the energy crisis

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With “biblical” floods affecting tens of millions of people in Pakistan, and a cost of energy crisis that threatens the health and wellbeing of millions of children and elderly people in the UK alone (doi:10.1136/bmj.02113), there are only four certainties: death, taxes, a worsening climate emergency, and the relentless growth in energy companies’ profits.

The link between energy policy and health has never been clearer. A new investigation by The BMJ finds that hospitals in the UK are predicting that they will be forced to cut patients’ services to pay their “eye watering” energy bills this winter (doi:10.1136/bmj.02088). Inevitably, the commitment of staff will be relied on to keep the health service going, but how much is left in the well of goodwill? Besides workload pressures, NHS consultants remain aggrieved over pay and pensions (doi:10.1136/bmj.02073), while GPs are losing the sense of “specialness” that attracted them to primary care (doi:10.1136/bmj.02002).

It may be worth remembering how August 2022 feels, because a politician or a commentator may tell you in a year or two that the NHS and energy crises were figments of our imaginations, that the public or experts panicked and foisted disastrous policies on politicians.

That’s exactly the narrative gathering momentum around covid-19, and it is a narrative that dishonestly disregards the unprecedented pressures on staff, services, and patients (https://www.spectator.co.uk/article/the-lockdown-files-rishi-sunak-on-what-we-werent-told). It is the very sort of magical thinking that delayed interventions and precautions and that caused each wave of covid deaths and illness to be worse than it needed to be (https://www.theguardian.com/commentisfree/2022/aug/25/the-guardian-view-on-rishi-sunak-a-claim-too-fat).

A public inquiry has begun into why the UK seemed so well prepared yet performed so disastrously (https://covid19.public-inquiry.uk/2022/07/uk-covid-19-inquiry-launches-first-investigation). It is an inquiry that The BMJ, among others, has pushed for since 2020 (doi:10.1136/bmj.m2052). The lessons must be learnt so mistakes are not repeated. One point of controversy is the use and misuse of science to inform policy decisions, and The BMJ has commissioned a series of papers on how science was interpreted and applied in key areas (doi:10.1136/bmj.02066). Each paper offers home messages for the inquiry and proposes a set of questions it must explore further if it is to fulfil its mandate.

The papers in the series aren’t non-committal. We are not indulging in “both-sidesism” (doi:10.1136/bmj.02136), although as ever we understand that not everybody will agree and welcome ongoing debate through our rapid responses on bmj.com and our letters pages. The papers’ authors take a position and substantiate it. The first two papers focus on airborne transmission and on children and schools. Trisha Greenhalgh and colleagues are unequivocal that the flawed narrative that transmission of SARS-CoV-2 was by droplets rather than by being airborne resulted in avoidable infections and deaths—and still causes harm today (doi:10.1136/bmj-2022-069940).

Deepthi Gurdasani and colleagues argue that UK pandemic policy for schools and children was an international outlier, downplayed the importance of precautionary measures, and accelerated community transmission (doi:10.1136/bmj-2022-071234).

The verdict of The BMJ’s covid inquiry papers is clear: scientists, health workers on the front line, and the public were let down by politicians. They were “lions led by donkeys.” What’s true of the UK will resonate in many other countries. The job of the UK’s inquiry is to find out why this happened and to prevent it happening again.

In the meantime, with the prospect of a catastrophic winter ahead, amid dire warnings of a humanitarian crisis from the NHS Confederation and Michael Marmot, to name but two (doi:10.1136/bmj.02113, doi:10.1136/bmj.02088, doi:10.1136/bmj.02129), the sense that the politicians of the day and their supporters haven’t grasped the depth of crisis we are facing—or that if they do grasp it they have chosen not to help the people most in need—means that the public and health workers must be ready to be failed again.

1 Mahase E. Doctors warn of “significant humanitarian crisis” as half of UK households face fuel poverty. BMJ 2022;378.
2 Torjesen I. Exclusive: Hospitals will be hit with “eye watering” energy bills this winter. BMJ 2022;378:doi: 10.1136/bmj.o2088.
4 Salisbury H, Helen Salisbury. Holding on to what makes general practice welcome ongoing debate through our rapid responses on bmj.com and our letters pages. The papers’ authors take a position and substantiate it. The first two papers focus on airborne transmission and on children and schools. Trisha Greenhalgh and colleagues are unequivocal that the flawed narrative that transmission of SARS-CoV-2 was by droplets rather than by being airborne resulted in avoidable infections and deaths—and still causes harm today (doi:10.1136/bmj-2022-069940).
5 Deepthi Gurdasani and colleagues argue that UK pandemic policy for schools and children was an international outlier, downplayed the importance of precautionary measures, and accelerated community transmission (doi:10.1136/bmj-2022-071234).