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From the eight billion population crisis to unnecessary hospital testing: moving beyond benign uproar

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This week the world's population reached eight billion, which represents an increase by a third in the 23 years since *The BMJ* welcomed the six billionth inhabitant with a theme issue on overpopulation and overconsumption.

That issue called for "benign uproar," or intense debate, to tackle the unsustainable pressures placed on the planet by a growing global population seeking to emulate the production and consumption patterns of rich countries (doi:10.1136/bmj.319.7215.o).[1] Any uproar has, until recently, perhaps been too benign. Population growth follows the worst case scenarios of that time, with the consequent environmental impact of high carbon emissions (doi:10.1136/bmj.319.7215.977).[2]

Another message of the theme issue was the importance of contraception. Again, taken in the broader context of women's reproductive rights, progress isn't where it should be. Maternal mortality, for example, is rising in the UK and Ireland (doi:10.1136/bmj.o2732).[3] New research confirms the UK as one of the worst performing in Europe (doi:10.1136/bmj-2022-070621),[4] and global variation in maternal mortality remains a stark health injustice (doi:10.1136/bmj.o2691).[5]

Paradoxically, as the world population booms, rich countries are now increasingly concerned about the effect of low birth rates on their economies and welfare and are seeking to increase fertility rates (doi:10.1136/bmj-2022-072670).[6] They remain resistant to migration and siloed in their thinking about solutions. A primary lesson of the covid pandemic and the climate crisis hasn't sunk in: that the effects of global inequality cannot be restricted by international borders.

The US is a particular focus of criticism for its population policies (doi:10.1136/bmj.319.7215.998) and its stance on reproductive rights,[7] but Matifadza Hlatshwayo and Esther Choo argue that the recent midterm elections showed that "when given the opportunity, US voters chose health" (doi:10.1136/bmj.o2741).[8]

Hlatshwayo and Choo also emphasise how public health disinvestment and fragmentation contribute to poor health outcomes. Indeed, factors outside hospitals are conveniently overlooked when hospital performance is questioned (doi:10.1136/bmj.o2724).[9] England's NHS registered its worst week ever for waits in emergency departments, in part because the government's promised £500m (€570m; $590m) for extra capacity in social care to unblock hospital beds is yet to materialise (doi:10.1136/bmj.o2719).[10]

The impact of this increase in demand for healthcare, fuelled by worsening baseline health, inevitably falls on frontline staff, who are already struggling to contend with workforce shortages (doi:10.1136/bmj.o2718) and are disillusioned by the basics of fair pay (doi:10.1136/bmj.o2740) and decent working conditions (doi:10.1136/bmj.o2729).[11-13] In these circumstances, even something as clear cut and potentially manageable as reducing routine inpatient blood testing, an example of "low value care that can be avoided up to 60% of the time" (doi:10.1136/bmj-2022-070698),[14] becomes hard to move beyond benign uproar.

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