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EDITORIALS

# Brexit is bad for our health

## And can be prevented

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The risks of Brexit to our health and our health services are becoming starker. This should concern us all as health professionals, whatever deal is finally brought before parliament for approval.

In January 2018 the UK government's own estimates of the impact on economic growth were leaked.[1] Ministers dismissed concerns about the scale of the impact, arguing that the leaked documents didn't include their preferred option. This gap has now been filled by the think tank Global Future. Its report includes the estimated economic effect of this "bespoke deal," conveniently expressed in terms of NHS funding.[2] It says that the "Norway" option, by which the UK would remain in the European Economic Area, would reduce public finances by a figure equivalent to 9% of the NHS 2018 budget. The "Canada" option, involving a future free trade agreement, would see funding cut by 31%; no deal by 44%; and the government's preferred option—if it is achievable, which most commentators doubt—by 22%. These figures should be seen in the light of estimates that the NHS will need £25bn (€29bn; $34bn) more than currently planned by 2022-23, to make up for the reduced annual increases since 2010.[3] Over and above the direct effects of budget cuts, there are also severe threats to the supply of health workers, access to pharmaceuticals, medical isotopes,[4] health technology, and much else.[5]

Meanwhile, improvements to health are stalling, with several years of austerity taking its toll. The social safety net is stretched. A faltering post-Brexit economy is likely to make this worse. The most vulnerable, including the growing numbers who rely on food banks,[6] will be first to bear the brunt of inevitable national food shortages.[7]

As if in a parallel universe, the prime minister, Theresa May, has bowed to pressure and promised a long term funding settlement for the NHS.[8] How this will be afforded and at what level remains unclear.

How will a final decision on Brexit be reached? There is now growing support inside parliament for a "people's vote," with a referendum not on an abstract question but on the details of any deal negotiated by the government. This would include a "no Brexit" option. Recent amendments passed by the House of Lords effectively set a deadline of 30 November for a vote in parliament. This would leave enough time for a people's vote before the Brexit deadline of 29 March 2019. But the latest opinion polls give little hope of a convincing result from such a vote, in either direction. If the outcome proved as narrow as for the 2016 referendum, little would have been achieved.

Parliamentarians are at last becoming aware of the threats that Brexit poses, set out clearly in a growing number of select committee reports.[9 10] But when it comes to claims about the impact of Brexit on the NHS, almost no politician is believed. By contrast, doctors and nurses enjoy a uniquely privileged position of public trust.[11] Whatever our views as individuals, or how we voted in the 2016 referendum, we can no longer escape the fact that Brexit in any form so far discussed is bad for health. Nor can we ignore the increasingly well evidenced concern that, in terms of basic stewardship, the state seems headed towards abrogation of its duty to look after the needs of its citizens, individually and collectively.

Time is short. We have barely five months to mobilise public opinion to make MPs sufficiently confident in a conclusive result to demand a people's vote. UK health professionals have supported calls for a "do no harm" amendment to protect public health in the EU Withdrawal Bill.[12] We can do more. As public health advocates we can document the impact that the threat of Brexit is already having on NHS patients and staff, with increasing accounts of shortages of health workers. As citizens we can lobby our MPs. Some can spread the message through social media. As professionals we can share the facts with each other, and with our patients and the wider community.

If we knew that an infectious agent posed a serious threat to the health of our population and we could prevent it, then we would have no hesitation in demanding and ensuring that something be done. Yet when we are faced with clear evidence that political decisions will cause harm, many of us feel we should be silent. Ultimately, politicians decide, but we have a responsibility to ensure that they do so on the best evidence available, regardless of where the threat comes from. With Brexit, the evidence is now very clear.

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Competing interests: MG voted against Brexit in the 2016 referendum. MMcK declares that, as a British citizen and resident, he will be adversely affected by Brexit in many ways, although to a lesser extent than others as he also holds a EU27 passport. He reports funding for research and expert advice from the European Commission, and is the immediate past president (unpaid) of the European Public Health Association. He is an unpaid adviser to Healthier in the EU and Scientists for EU, both campaigning for continued EU membership and has advised the UK Faculty of Public Health in their campaign for a "do no harm" amendment to the EU withdrawal bill. He voted against Brexit in the 2016 referendum. MMB is chairman of Best for Britain, a political campaign "fighting to keep the door open to EU membership." FG is editor in chief of *The BMJ* and responsible for all that it contains. She voted against Brexit in the 2016 referendum.

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