

All roads lead to coronavirus

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A paternalistic approach to public health does not work in our new age, argues John Ashton, even in an autocratic regime like China's.¹ Openness and transparency are essential today when it is easy to bypass official sources of information, and almost any citizen, professional or patient can raise their voice through the Internet and social media. What's true for China is also true for the UK, stresses Ashton, and trusted professionals must work with politicians, not for them.

The response to coronavirus is complex, and the job of perfectly containing any virus seems an improbable one. But such a complex challenge tests every aspect of a health system, exposing any weaknesses and vulnerabilities. In that sense, while no other piece in this issue refers to coronavirus, you might argue that every article is entirely relevant to ensuring that illness and death from any new virus is limited.

The costs of developing and purchasing new vaccines and treatments can financially cripple a health system. Livio Garratini and Anna Padula explain why the current model of drug pricing is broken.² The era of austerity in public funding is in direct opposition to the pharmaceutical industry's desire to set high prices for its drugs and maximise profits. A five-step system of 'rational budgeting' on a national scale is their answer.

Whatever the system for drug approval, rationing implies that some drugs must be no longer available on the public purse. But making a rationing decision is one thing, implementing it is another, and one reason for implementation failures is that people find it difficult when something is taken away. Dienneke Hubbeling describes this as the endowment effect, and asks whether there should be a different threshold for taking something away as opposed to starting it?³

Coronavirus reminds us of the importance of data sharing, both for research and for clinical practice. When the medium- and long-term strategies of health systems drive towards a digitally rich future of secure and easily shared personal data, these noble, if rose-tinted, ambitions seem out of step with the limitations of the technology available and the persistent failures of implementation. Ultimately, suggest Joe Zhang and colleagues, data sharing

should be considered a quality issue and might only be improved if the Care Quality Commission takes on a more central role.⁴

It is clear that coronavirus increases anxiety, and if that stress becomes chronic, then social prescriptions and social movements can play a role in reducing it and promoting health in adults.⁵ Any pandemic also affects the most vulnerable in society, and this month's research paper confirms the unsurprising finding that preventing young people from offending leads to better health outcomes in adult life.⁶

But Doug Altman, the most eminent medical statistician, would have agreed that it is worth generating evidence to support an important hypothesis however unsurprising. Iain Chalmers recounts the early days of his association with Altman and their pioneering role in conceptualising systematic reviews and the role of meta-analysis.⁷ And it is these methods that will eventually dictate the best vaccines, treatments and public health responses in any outbreak or pandemic.

References

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