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# Covid-19: does the UK spend a large enough proportion of its national wealth on the provision of healthcare?

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Letters Covid-19: chance to reduce healthcare

Covid-19: does the UK spend a large enough proportion of its national wealth on the provision of healthcare?

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Responses

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Given that the provision of healthcare services to a population will always be costly,<sup>1</sup> the proportion of national wealth—represented by gross domestic product (GDP)—that a country chooses to spend on health is essentially a political decision. Does the UK currently spend enough?

Ensuring value for money is laudable and reasonable, but it is not acceptable that, year after year, there are insufficient extra funds in the system to, for example, enable services to patients to routinely be expanded and improved; enable the introduction of brand new services for patients; provide better quality buildings for those patient services to be housed in; enable competitive salaries (viewed from a global equivalent rather than a local perspective) to be paid to healthcare staff; undertake meaningful preventive medical work; undertake high quality effective public health related surveillance work; and fund and nurture potentially important “blue skies” science and research.

International comparisons are interesting. In 2017, among the G7 countries the United States spent 17.1% of its GDP on healthcare, France 11.3%, Germany 11.2%, Japan 10.9%, and Canada 10.7%. In the same time period the UK spent 9.6%.<sup>2</sup> Such a comparison is not terribly flattering for the UK, and one might be tempted to ask if the health of the population is not as high a priority as it is in other outwardly similar developed economies.

Could one lesson from the UK’s recent experience with covid-19 be that decisions by UK politicians about spending on healthcare services, research, development, surveillance, and so on should be approached from a perspective of greater generosity? UK taxpayers might not welcome this, but these decisions are, of course, for politicians to make.

## Footnotes

Competing interests: None declared.

Full response at: <https://www-bmj-com.plymouth.idm.oclc.org/content/370/bmj.m2752/rr-1>.

## References

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