Health and the economic crisis

How much is the economic crisis, with attendant rises in unemployment and personal debt, itself to blame for the declining health record in some European countries?

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"Had austerity been run like a drug trial, it would have been discontinued, given evidence of its deadly side effects." So says the political economist David Stuckler about the toll the debt crisis is taking on Europe's health. As Sophie Arie reports this week (p 16), while governments in Greece, Spain, Italy, Portugal, and Ireland implement the most drastic austerity measures, suicide rates have doubled, and mental health problems and drug and alcohol problems have increased. "Malaria has reappeared in Greece for the first time since the 1970s after mosquito spraying programmes were cut," she writes. There is also evidence of a rise in infant mortality since 2008 after a long fall, and an increase in the number of stillbirths, "thought to be related to more women being unemployed and not having health insurance," says Arie.

In their Analysis article (p 18), Helena Legido-Quigley and colleagues focus on the effects of austerity in Spain and examine a range of ambitious health reforms being pursued across the country. While some regional governments in Spain have resisted the imposition of austerity measures from the centre, other regions, such as Madrid and Catalonia, have embraced them, sparking waves of protests among health professionals and the public. The authors' fear is that a health service that has been viewed positively by the public and that a majority felt was working well is in danger of being dismantled as cuts and measures such as co-payments start to bite.

Legido-Quigley and colleagues point to the lack of research on the impact of cuts, but highlight emerging evidence of increases in depression and other mental disorders, including anxiety and alcohol related disorders, since the start of the economic crisis. And herein lies an important distinction: how much is the economic crisis, with attendant rises in unemployment and personal debt, itself to blame for the declining health record in some European countries, and how much of it is instead to do with austerity policies—including healthcare cuts and reform—imposed as a result of the crisis?

At this stage it is probably impossible to unpick. And of course there are many commentators who feel that the public sectors in some countries such as Greece were bloated and extravagant and would benefit from reform and belt tightening. Elias Mossialos, for example, a doctor and economist at the London School of Economics and former Greek politician, tells Sophie Arie of the danger of blaming austerity for the health problems in Greece and elsewhere. The legacy of Greece's years of excess, says Mossialos, "means that it still has more doctors per capita than any European country, more magnetic resonance imaging scanners, consumes more antibiotics, and carries out more caesarean sections."

But while some see the crisis as chance to reduce unnecessary spending, others, as Legido-Quigley and colleagues say, "see crises as an opportunity to pursue their ideological goals of dismantling the European welfare state."

In an accompanying editorial (p 7), Helmut Brand and colleagues warn that measures taken in the economic crisis must be weighed against their future implications. Policies that might save money in the short term could lead to higher long term costs if healthcare needs are unmet. They also call on the European Union to recognise its mandate to protect the health of the European population.

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