Brexit and Public Health in Europe

Dear Mr Canfin

I am writing to you on behalf of the British medical profession and, firstly, would like to congratulate you on your election as Chair of the EP’s (European Parliament) ENVI (Environment, Public Health and Food Safety) Committee.

You will be aware that Brexit – the UK’s (United Kingdom) impending departure from the EU (European Union) - and the related uncertainty will have profound repercussions for the European medical profession and its ongoing ability to provide high quality healthcare to patients across Europe. This includes the nearly 22,000¹ EEA (European Economic Area) qualified doctors in the UK who can practise there and in other member states due to the mutual recognition of professional medical qualifications (MRPQ) and the principle of free movement.

In addition to facilitating such cross-border working, these principles play a crucial role in both doctors’ professional development and in securing public health standards across Europe.

With over 1/3² of such EEA qualified doctors in the UK considering moving abroad as a result of Brexit, and 18% per cent of that number thinking about leaving Europe entirely, we are extremely concerned that the UK’s decision to leave the European Union could not only threaten public health in our own country but also in the EU as a whole.

In addition, in the absence of a mechanism for collaboratively developing public health policies, Brexit will impact on the common purpose of driving up public health standards across European countries. For example, the UK has led the way in introducing measures such as standardised (‘plain’) packaging for tobacco products, a more robust approach to the labelling of food and drink items, and minimum unit pricing for the sale of alcohol. These measures all impact on public health outcomes across Europe because of the way these products are

regularly traded between countries. A move away from coordinated public health policy
development between the UK and EU will also limit the way in which the implementation of
stronger measures in one country/region sets a precedent for implementation of such
measures in other countries.

Most significantly, perhaps, Brexit may threaten Europe’s ability to address global health
threats – such as the spread of infectious diseases, antimicrobial resistance, climate change and
air pollution – which are the responsibility of all countries. Successful health security and
protection systems are reliant on international cooperation. These systems cannot be
established by a single government, and the effectiveness of collaborative work across a region
will be limited if there is no agreement on areas of action between countries within the region.

To avoid a reduction in the capacity to respond to serious health threats, it is essential that the
UK and EU maintain a coordinated, European-wide approach across the following areas:

- **Emergency preparedness**: ensuring national emergency planning strategies are joined
up and take account of any impacts across borders by agreeing that ECDC (European
Centre for Disease Prevention and Control) and the UK continue to work closely
together in a future partnership. Discrepancies in preparedness planning between
Member States and the UK (e.g. in the flexibility of preparedness plans) would lead to a
non-complementary response at a European level to the spread of a respiratory virus,
as was the case with pandemic A(H1N1) influenza in 2009.

- **Risk assessment, management and communication**: ensuring networks of UK, EU and
international experts and independent bodies work together to provide advice to
decision makers, for example through close working with the ECDC. Inconsistent
decisions by Member States and the UK on measures to limit the spread of
antimicrobial resistance (such as whether to prohibit prophylactic use of antimicrobials
in farming) would severely limit the ability to reduce the spread of resistance across all
European countries. The existing relationship for collecting and sharing national
surveillance data (hosted by ECDC), and analysing risks posed by substances or
technologies, is vital in planning for future emergences and threats across Europe and
should be maintained.

- **International cooperation**: ensuring governments agree, monitor and embed key policy
commitments. Incentivising the development of new antimicrobials and vaccines
requires collaboration across international agencies, as well as significant funding. This
can only be achieved effectively through collaboration between European countries.
Factors that affect climate change and air quality cannot be regulated at a national
level, highlighting the need for the UK and EU to continue to work closely on agreed
targets for reducing greenhouse gas emissions and air pollution levels, as well as
delivering on renewable energy and energy efficiency objectives.

Thankfully, your institution and many of its members, both former and current, have helped to
secure a draft withdrawal agreement that seeks to mitigate Brexit’s impact upon the European
medical profession.

Being fully cognisant that the UK may depart from the EU without a withdrawal agreement, we
would urge your committee to help ensure that the UK and EU continue to work together to
secure Europe’s public health regardless of the outcome of Brexit.
I hope that this information is helpful and can advise that our EU Public Affairs Manager, Paul Laffin – who will be in touch separately, would be delighted to meet with you in person to expand upon these views.

Yours sincerely,

Dr Chaand Nagpaul CBE, Chair of BMA UK Council