

Editor's Briefing



Euan Lawson.

THE EXTRAORDINARY CHALLENGE OF ANTIMICROBIAL RESISTANCE

We are a long way from the antimicrobial heyday of the 1940s when new antibiotics tumbled out for a couple of decades and a scratch from a rose thorn could spell death to the ordinary person.¹ Yet, the challenge of antimicrobial resistance now feels like we are sleepwalking into disaster. At what point do we realise it is a calamity? Climate scientists and activists may shake their heads wearily and give each other knowing glances. Even with the support of public opinion the drip drip of political action is molasses slow.

When it comes to antimicrobial resistance, the numbers make for sober reading. A review published in the *Lancet* estimated the burden due to antimicrobial resistance and found that 1.27 million deaths were attributable to drug-resistant infections in 2019.² As the authors point out, that puts it up there with HIV and malaria, and just seven pathogen-drug combinations caused more than 50 000 deaths each. The United Nation's *Bracing for Superbugs* report suggests

the number of deaths due to antimicrobial resistance could rise to 10 million per year by 2050.³

Holocaust Memorial Day is held on 27 January, the day in 1945 when Auschwitz-Birkenau was liberated, and this year was themed on ordinary people: '*Genocide is facilitated by ordinary people.*'⁴

In his compelling 2022 book, *The Escape Artist: The Man Who Broke Out of Auschwitz to Warn the World*, Jonathan Freedman details the frustration of getting leaders to act, as well as reflecting on why ordinary people didn't, in large part, resist at each stage. It seems inexplicable – but some of this is hindsight bias and undoubtedly related to the sheer dizzying and, at that point, unimaginable horror of the Holocaust. Another part of the answer seems to be that it is simply human nature. Even existential threats don't always bring action.

The long-term solution to antimicrobial resistance needs a global 'One Health' response that also addresses how antimicrobials are leaching into the environment and driving resistance. Delayed prescriptions, useful as they are, will not resolve this crisis alone. That means tackling pollution and waste management from hospitals and the manufacture of pharmaceuticals; reform to agriculture and aquaculture; as well as the unsexy but essential work of environmental monitoring and establishing international standards.³

The 1940s were extraordinary. It was just a year after the liberation of Auschwitz-Birkenau that the streptomycin Medical Research Council study kicked off and it is widely acknowledged as the first

Issue highlights

How do we address the workforce crisis in primary care? Shemtob and colleagues offer thoughts in an Editorial on this thorny topic. The Bipolar Commission reported their findings at the end of 2022 and we have an Editorial teasing out the key concerns for primary care. As well as multiple articles on infection-related matters, we've also got important findings on adverse drug reactions in older people, and a qualitative evaluation of primary care transformation in Scotland. Don't miss the Analysis article on missed appointments, and we offer some clinical practice pointers around safeguarding and withdrawing selective serotonin reuptake inhibitors.

randomised controlled clinical trial. The full report commented, even then, on the emergence of resistance and its key role in clinical outcomes.⁵ It has always been with us.

There is much work ahead: we need to develop new antibiotics; we need better diagnostic aids to target use; and we need a massive global effort to protect the environment. Otherwise, we may again find ourselves watching on, helpless, as ordinary people succumb.

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