

## THE HEALTH BENEFITS OF UNIVERSAL BASIC INCOME

### Highlights

The research this month is mostly about when not to prescribe — decisions that are often just as hard and just as important. Two articles focus on the need to avoid potentially inappropriate prescribing and others cover deprescribing and discontinuation of medications.

*Life & Times* adds depth with viewpoints reflecting on these clinical dilemmas. A longer *Analysis* piece offers a welcome global primary care perspective on the

pandemic and *Clinical Practice* articles will help manage cardiology challenges.

The *Editorials* this month merit a sit down with a cup of tea and some time for reflection. The editorial on autistic doctors will blow away some lazy stereotypes and we have informed opinion on the management of negative tests when assessing cancer risk.

The lead editorial from Dame Clare Gerada was penned in response to a deepening crisis in general practice. How do we get through this one? Some of the solutions are radical and, as ever, do write in response.

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### Abolishing poverty

So how about if we could 'prescribe' money? Sarah Blake writes this month in *Life & Times* and offers a potential policy for us to consider: Universal Basic Income (UBI). There is an important intersection here between politics and health. The simple promise of UBI, though it does come in various guises, is an unconditional and non-withdrawable payment for every citizen as a basic right. In May 2021 the Welsh Government announced their desire to run a UBI pilot. COVID-19 has re-kindled interest with the use of furlough payments but it is worth pointing out that UBI is not a new idea.<sup>1</sup> Thomas More made the case in 1516, and Thomas Paine's essay *Agrarian Justice* (1795) suggested a capital grant as people came of age and a basic income for older people. There was a further surge of interest amid the social and economic turmoil that followed the First World War. The Labour Party debated and then rejected it at their conference in 1920.<sup>2</sup> Nixon's Republican administration in the 1960s tried to introduce a version of a negative income tax but couldn't get past the Democrats in the Senate. Martin Luther King Jr talked of it as an approach to abolish poverty and many economist Nobel laureates were supportive, including such doyens of neoliberalism as Friedrich Hayek and Milton Friedman. UBI is a policy with advocates from left and right. What could UBI do for health outcomes and inequalities? The results so far are tantalising. One review suggests potential benefits to early child development, with higher birthweights as one tangible improvement.<sup>3</sup>

The Alaska Permanent Fund has, since the 1970s, provided income to its citizens and is

associated with improved neonatal nutrition and improved health outcomes in later life. There are potential gains in mental health as well; the Manitoba Mincome study showed an 8.5% reduction in hospital admissions driven by a reduction in psychiatric conditions.

Financial insecurity and poverty create an all-pervasive chronic psychological stress that is linked to long-term health conditions including cardiovascular disease, upper respiratory tract infections, and depression.<sup>4</sup> GPs are too often submerged, even drowning, in the downstream consequences of poverty. UBI is an upstream intervention that may, in the long-term, have a transformative effect on health as well as a host of other areas, not least unpaid care work and education. There are complexities with UBIs, and pilots are needed to establish what works and what doesn't, but is giving cash to people really that radical? The universality of UBI strips away the stigma of benefit systems and the emerging evidence suggests very real health gains.

Euan Lawson,  
Editor, *BJGP*

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DOI: <https://doi.org/10.3399/bjgp21X716453>

© British Journal of General Practice 2021; 708: 289–336

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2019 impact factor: 4.190

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ISSN 0960-1643 (Print)  
ISSN 1478-5242 (Online)

