What is needed for Universal Basic Income?

We read with great interest Blake’s compelling case for Universal Basic Income (UBI) to decrease the trauma-inducing nature of the current socioeconomic system. As Euan Lawson correctly points out, the very concept of UBI — regular payments to all citizens regardless of circumstance — is not new. Around the world, numerous local experiments show benefits in health and socioeconomic outcomes. In rural Kenya, a large-scale UBI experiment during the COVID-19 pandemic improved food security, wellbeing, and rates of illness. In Canada, a 4-year experiment that ran until 1979 saw an 8.5% decline in hospitalisations and a reduction in GP visits. Other UBI experiments are equally promising.

However, Blake stops short of acknowledging the conditions required to implement UBI including political will, public demand, and the ability to supply UBI. The latter, an understandably pragmatic objection, is a key factor mediating public acceptability, advocating to our politicians for a fairer socioeconomic system with UBI could be one means of fulfilling the doctor’s role as envisioned by Virchow: ‘natural attorneys for the poor’.

Dipesh P Gopal, NIHR In-Practice Fellow in Primary Care; GP, Queen Mary University of London, London. Email: d.gopal1@qmul.ac.uk

Rita Issa, Clinical Research Fellow in Climate Change, Migration and Health, UCL and Lancet Migration; NHS GP, University College London, London.

Competing interests
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Interpreting negative tests when assessing cancer risk

I would like to thank the authors for a concise article, highlighting the importance of safety netting and symptom assessment along a cancer diagnostic journey. There is a complementary aspect to this learning — interpreting a positive test result when assessing cancer risk. One of the authors has highlighted elsewhere that ‘Of women with CA125 levels above the current abnormal cut-off, 10.1% were diagnosed with ovarian cancer and a further 12.3% with another form of cancer.’

Thus, pre-test probability probably needs to be considered in a wider context, at different points of establishing a diagnosis. The paper by Funston et al is a very helpful addition to this editorial, especially in a teaching context for trainers and trainees.

Pawan K Randev, GP Trainer, Primary Care Cancer Lead East Midlands, Measham Medical Unit, Measham. Email: pawan.randev@nhs.net

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