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What is needed for Universal Basic Income?

We read with great interest Blake's[1] compelling case for Universal Basic Income (UBI) to decrease the trauma-inducing nature of the current socioeconomic system. As Euan Lawson correctly points out,[2] 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.[3] In rural Kenya, a large-scale UBI experiment during the COVID-19 pandemic improved food security, wellbeing, and rates of illness.[4] In Canada, a 4-year experiment that ran until 1979 saw an 8.5% decline in hospitalisations and a reduction in GP visits.[5] 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.[6] The latter, an understandably pragmatic objection, is a key factor mediating public and political will. Proponents suggest UBI could be generated through taxation of income, corporations, wealth, or the abolishment of tax reliefs. UBI could replace alternative welfare systems, and potentially save money overall through improvements in health and wellbeing.[7]

Under a meritocratic socioeconomic system, the concept of UBI may have also found more public acceptance through the furlough scheme, which, while engendering the spirit of UBI, is not UBI. The scheme affirmed how changes in personal economic circumstances are often beyond an individual's control and may have pushed UBI into the Overton window — the frame of acceptable political discourse. Meanwhile, criticisms of UBI, suggesting it fails to tackle the root causes of poverty and discourages work and societal participation,[3] are increasingly unfounded.[8] As general practice experiences increasing pressures related to service delivery, there is ever-less capacity to impact the upstream determinants of health. With growing evidence supporting the financial and social case for UBI, and rising 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'*.

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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.[1]

There is a complementary aspect to this learning — interpreting a positive test result when assessing cancer risk. One of the authors has highlighted elsewhere[2] 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.

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