

Great expectations

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The global picture

Many of us have great expectations of modern medicine. We are encouraged to believe that significant advances in scientific knowledge and understanding have led to the development of treatments or interventions which can address almost every ill, and change our lives for the better. In developed countries, we are so committed to this belief, our governments spend vast amounts of money on these ‘life-changing’ treatments, and the infrastructures which support their delivery. Recent estimates suggest that we spend around £2.4 trillion (\$3.2 trillion) annually on healthcare globally and, in a statement made back in December 2022, the World Economic Forum (WEF) acknowledged that this made **‘little or no impact on good health outcomes’**. This somewhat stark assessment does seem to be confirmed by comparing how much different countries spend on healthcare provision with the overall life expectancy of their citizens.

Who spends the most?

Figures compiled from high-income countries in 2022, showed the USA to spend the most on healthcare per capita, at around £9,500 per annum, with Germany next at £6,000, France further down the list at £5,000, the UK at £4,250, and Japan expending annually the least per capita, at £4,000. Interestingly, in terms of life expectancy at birth, Japan ranks fourth in the world, with a potential life expectancy of nearly 82 years for men and just under 88 years for women. This begs an important question: Is Japan simply more cost-efficient at healthcare delivery than the rest of us, or are other factors at work, such as education, lifestyle, diet and cultural expectations?

By contrast, the USA, a country which spends over double the amount per capita than Japan does on healthcare, ranks 63rd in global life-expectancy ratings, with men achieving just over 77 years and women nearly 82 years. Across the globe, women reach greater ages than men, and longevity is at its greatest in countries where populations enjoy a higher standard of living.

Cost efficient health outcomes

With ratings of 84.56 years for men and 88.63 years for women, Monaco tops the table for longevity, yet only expends in the region of £2,400 per capita on healthcare. There are probably multiple factors at work which can account for their good health ratings: Monaco, the second smallest country in the world, has a small, primarily wealthy, multi-cultural population of just under 39,000 people, and a literacy rate of almost 100%. The entire country covers just under three-quarters of a square mile, so of necessity, is totally urban-based, with a lot of people packed into one tiny area. Situated on the northern coast of the Mediterranean Sea, Monaco is surrounded by France, and is just ten miles away from Italy, which means its citizens have easy access to a healthy diet. Residents tend to be very social, and engage in a wide range of sporting and outdoor activities.

Overall, the standard of living in Monaco is high, life is relatively stress-free for most, the healthcare system is excellent (and cost efficient), and there is a strong sense of community, all of which contribute to supporting good health. In short, Monaco provides an example of the value of good education and healthy lifestyle choices, in enhancing overall health and wellbeing, even

within the constraints of a large number of people occupying one very small space.

Health metrics in the UK

In the UK, we expect our government to provide the services necessary to ‘fix’ our healthcare needs, though we are increasingly reluctant to take any responsibility for how that healing is achieved. It’s the same in other countries, and the cost of healthcare everywhere is continuing to escalate, whilst the overall health of our populations deteriorates. According to the Office for National Statistics (ONS), the UK spent a total of £292 billion on healthcare in 2023, of which £239 billion was government-financed.

An estimated £39 billion of the total figure was spent on pharmaceutical product alone – this represents a decrease from the previous two years because, by 2023, the Covid vaccination programme had been scaled down. The UK government’s per capita expenditure works out at £4,250 per annum – in 2022, our life expectancy at birth rates were 79.5 years for men and 83.3 years for women – this represents a decrease in longevity since 2017 figures. Covid is blamed for this fact, though whether that means Covid the disease, the Covid jab, or the social and psychological impact of lockdowns, is not made clear.

Alive but unwell

However, life expectancy at birth is not a helpful metric to use in order to gauge health, because it only tells us how long someone lives for and provides us with no information about how many of those years have been spent in good health. That information can be found in a report published by the ONS in June 2023 entitled ‘Understanding the drivers of healthy life expectancy’, in which health data from England, Northern Ireland and Wales was analysed for the periods 2011-2013 and 2020-2022. The facts presented are concerning – the report suggests **that men spend over 16 years of their life in poor health, and women over 20 years**, and that healthy life expectancy was lower in 2020-2022 than in 2011-2013. Once again, Covid is cited as being a possible reason for the decline, but the trend was already heading downwards before Covid, so other factors need to be considered if we are serious about delivering improved healthcare in the future.

Determinants of health

Almost every aspect of our lives has the potential to impact upon our health, and the decision makers within healthcare delivery refer to this diverse, and often complex, set of factors, as ‘determinants’. The determinants of our health can be non-medical influences, such as our level of education, our socio-economic status, our outlook on life, the environment in which we live, and our cultural heritage. There are also lifestyle determinants, such as smoking, drug or alcohol abuse, poor diet, and low activity levels. Hereditary determinants, in which overall health outcomes are determined by our DNA, also have a role to play. Finally, there are medical determinants – the drugs or other interventions we are offered when we need medical treatment.

Medical determinants

As outlined earlier, there is an expectation that our healthcare provision should focus on medical determinants. The public

expect a life-changing treatment ‘out there’ for just about every condition. Patients want the ‘quick fix’ solution, and the pharmaceutical industry is more than willing to provide those fixes, at vast profits to themselves. But the healthy life expectancy figures shown above reveal that the quick fixes aren’t working – **they suggest that we are so busy managing sickness, that we have forgotten what health really is and, as a result, our actual health is being seriously compromised.**

The problem

Moving away from healthcare delivery that is dependent upon disease management, and establishing a system that is centred upon health enhancement instead, would require radical changes to how our NHS is managed. The new UK Government has pledged to do just that, and build an NHS ‘fit for the future’ but, so far, the signs of this happening are not promising. The Health Secretary, Wes Streeting, recently faced quite a backlash from the public when he announced he was considering offering weight-loss injections to unemployed individuals who were overweight, so they could get back to work and boost the economy. The public objected to unemployed people being viewed in terms of their economic value, but surely the most concerning aspect of this suggestion was the implication that a few injections could fix obesity.

It is not that simple

If it was really that simple, obesity and the illnesses related to it, such as diabetes type 2 and cardiovascular disease, wouldn’t be the major problem they currently are, costing the NHS in the region of £11 billion a year. In 2022-2023, 65% of adults in the UK were estimated to be overweight, with 25% of over 18-year-olds being classified as obese. This statistic is set to become even more alarming in the very near future because currently 10% of children are already obese by the time they start primary school, a figure which doubles by the time they reach year six (10 – 11). **This means the healthy life expectancy of 20% of children now aged between 10 and 11 is dire**, and this will certainly have a significant societal and economic impact on all of us. **The problem definitely needs addressing without delay, preferably by investing in the establishment of practical and meaningful preventative measures.** A weight loss jab is not the solution.

Weight loss treatments

Ozempic and Wegovy are currently the weight loss injections most frequently used in the UK, and they are both manufactured by Novo Nordisk. Their API (active pharmaceutical ingredient) is semaglutide and, basically, they act as appetite-suppressants. Their listed side-effects include nausea, vomiting, diarrhoea, constipation, stomach cramps, tachycardia, sleep apnoea, dermatitis, diabetic retinopathy, stroke and even the possibility of some cancers. Some patients end up in A&E with serious, life-threatening symptoms. In fact, the side-effects of semaglutide can be so unpleasant that around 70% of patients using it for weight-loss, come off it voluntarily because it makes them feel so ill. However, Wegovy remains a popular weight loss prescription and, in the first quarter of 2024, Novo Nordisk made a £3.5 billion profit on semaglutide-based product sales.

Vested interests

Treatments for both diabetes type 2 and weight loss, generate big profits for the pharmaceutical industry, so it should come as no surprise to note that Wes Streeting’s suggestion about the prescription of weight loss injections for the unemployed, coincided with the announcement that pharmaceutical giant, Eli Lilly, had just invested £279 million in Greater Manchester. The plan is for Eli Lilly to set up a biotech lab, and to run a five-year trial involving 3,000 people, to test its own weight loss drug,

Mounjaro. The API in Mounjaro is tirzepatide, another appetite suppressor used for the treatment of type 2 diabetes and weight loss. The problem is that the recommended maximum prescription time for products using either semaglutide or tirzepatide is two years and, once you stop the injections, the weight piles back on. That detail is unlikely to prevent Eli Lilly from reaping rich rewards from its modest investment of £279 million in Manchester.

De-regulating biotechnology

Perhaps the most concerning development to emerge from the Government’s new relationship with Eli Lilly is the fact that in addition to the weight loss trial, they are in the process of establishing a biotech lab. This comes at a time when governments across the globe are de-regulating biotechnology. Public demand for new, quick-fix interventions which involve altering our DNA to treat conditions such as heart disease and cancer, is on the increase, and is being fuelled by unrealistic media reporting. Expectations are high, and the possibilities limitless – following the science will lead to solutions. Or will it? Are memories really that short? Have we forgotten that the real truth about the mRNA jabs is only just coming to light? **Is it really okay that governments everywhere continue to refuse to discuss the life-changing damage experienced by many, as a result of the jabs?**

Harm-denial

The era of silence, or harm-denial by politicians, is about to face a challenge, thanks to the work of one determined and courageous MP in Australia called Russell Broadbent, who represents the Division of Monash, Victoria. Monash just happens to be the region where Pfizer is in the process of establishing Australia’s first large-scale mRNA vaccine manufacturing facility. On 20 September 2024, Broadbent wrote to Australia’s Prime Minister, Anthony Albanese, requesting an **‘immediate and urgent investigation following the discovery of DNA contamination in mRNA Covid vaccines in Australia’**. He cites as his evidence-base, a detailed report published by Canadian virologist Dr David Speicher on 18 September, which confirms contamination levels in both Pfizer and Moderna Covid vaccines, up to 145 times higher than Australia’s Therapeutic Goods Administration (TGA) safety limits. These findings have been replicated in Germany, Canada and the USA, raising serious safety concerns relating to the vaccines. The contamination levels are so high, they raise the possibility of genomic integration.

Altering your genome

This basically means that your genome can be altered by these contaminated mRNA vaccines, with unknown and unpredictable consequences for everyone, especially those of child-bearing age. Russell Broadbent, supported by a team of experts within the field of virology, immunology and genetics, has requested the **‘immediate suspension of mRNA vaccine distribution**, until the serious concerns raised by the report have been independently investigated. The matter is ongoing, and we will keep our members updated when new developments occur. Meanwhile the Speicher report, and Broadbent’s communications with his Prime Minister, are all in the public domain. **Perhaps our most important expectation for the future is to demand that our politicians facilitate honest, open, independent and transparent debate about all matters relating to future healthcare provision and, if things go wrong, they should be held to account.**

To learn more about Russell Broadbent’s campaign go to <https://russellbroadbent.com.au/> select the news webpage, then type ‘Covid 19 vaccines’ into the search box.

The Speicher report is available as a free downloadable PDF from the Research Gate website <https://www.researchgate.net/>.