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EDITORIAL

Brexit: the country goes, but UK public health principles remain

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On 23 June 2016, the citizens of the United Kingdom (UK) voted in favour of the so-called "Brexit" when they were asked in a referendum if they wanted their country to remain in or leave the European Union (EU). Since the vote, the political debate has been tense, showcasing the opposition of two irreconcilable views of the British society and of the role of the UK in Europe. In the Remain camp, it is believed that the common market and free movement of persons will contribute to greater social progress and economic opportunities. The Leavers, or Brexiteers, expect that a more independent nation in control of its borders and migration influx will be stronger and more likely to thrive economically.

In reality things are still uncertain, and the conditions of the "exit" are yet to be negotiated. This transition period has seen so far an increase in hate crimes and other aggressive behaviours toward those with a migration background, or thought to have a migration background such as ethnic minorities (NPCC 2016), encouraged by the discourse of anti-immigration, anti-multiculturalism which fuelled the referendum outcome in the first place (Hobolt 2016). In the meantime, anxiety has reached new heights among migrants from the EU and beyond who reside in the UK and now fear to see their prospects darkened, jobs threatened, and rights dented.

The trigger of Article 50 marking the beginning of a 2-year exit negotiations process in March 2017, and the 8 June 2017 general elections which saw the victory (albeit not as large as expected) of the Conservative Party, have allowed even further the hard stance on Brexit to prevail. Driven by the good intention of making the most out of the inevitability of Brexit, some prominent figures of the UK public health community are arguing that now is the time to start working in favour of a "soft" Brexit rather than oppose the Brexit as a block. They hope that a soft Brexit would at least soften the blow for UK citizens' health (Horton 2017). Their plea for a constructive approach is motivated by mounting concerns about the fact that European health workers may desert or be forced to desert the National Health Service (NHS), that access to healthcare for British people residing in other European countries may become more challenging, and that EU funding for UK-based public health research may vanish.

Unlike the partisans of the pragmatic solution, we believe that there is still an urgent need to clearly position oneself against the underlying arguments of Brexit. Indeed, even its softest version will have far-reaching consequences for bystanders such as refugees and immigrants, and even for non-British EU citizens in the UK. It is this aspect that we are missing in the discussions about the soft Brexit. By focusing principally on the interests of the British people, a soft Brexit will equally contribute to building an othering, "us versus them" narrative that is divisive, contradicting the principles of global health and likely to compromise even further the health of less protected groups such as refugees and immigrants.

Our argument is based on the following possible public health outcomes. First, second-class resident status, or absence of legal status, force people out of preventative and curative care systems, jeopardizing their health and potentially ending up costing more to the health systems than it should have due to emergency procedures. Second, "othering" runs the risk of increasing mental illness among

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those who are flatly rejected by society because of their country of origin (Grove and Zwi 2006). Third, stricter immigration rules are likely to further endanger the health status of those who will be prevented from entering the UK, either because they will make greater use of unsafe passages or because they will remain longer in transition spaces not fit for purpose (Razum and Bozorgmehr 2015).

We agree that some pragmatic steps must be taken to ensure UK population health, for example to secure EU funding for science partnerships with the UK (Galsworthy and McKee 2017), but this should not end in cherry-picking. Promoting a soft Brexit ultimately promotes also the xenophobic agenda of Brexiteers. It is part of the European public health professionals' role, in particular of those from the UK, to insist that the UK continue sharing responsibilities in an interdependent and interconnected world, which includes healthcare for, and integration of migrants and refugees (Razum et al. 2016). An important first step in this direction would include supporting both targeted health and social interventions that address the specific challenges of migrants' health and access for immigrants and refugees to the same healthcare entitlements as the general population.

There is an urgency to take action and rise above the political paralysis, not to negotiate access to health on Brexiteer terms, but with the ultimate aim to reinstate the shared value of health as a universal human right (Knipper 2016).

Compliance with ethical standards

Conflict of interest Oliver Razum is member of the UK Society for Social Medicine Working Group on Brexit and Health. The other authors declare no conflict of interest.

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