

EDITOR'S CHOICE



Big ideas and small pleasures

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As the leaders of United Nations countries meet in New York to discuss the sustainable development goals this week (<https://sustainabledevelopment.un.org/>), *The BMJ* adds more to its collection of articles on universal health coverage. The 17 SDGs aim to bring peace and prosperity to people and the planet. To ensure healthy lives and promote wellbeing is the third goal. Key to achieving this goal is universal health coverage, so now and in the coming weeks we will be taking a close look at how it is playing out around the world (bmj.com/universal-health-coverage).

In the UK it is easy to take universal coverage for granted. Nicholas Timmins recaps the trials and tribulations of the NHS model, a source of profound national pride (doi:10.1136/bmj.l5645). Meanwhile Renee Salas and Ashish Jha (doi:10.1136/bmj.l5302) argue that the future of universal health coverage around the world is bound up with the climate emergency (taking “urgent action against climate change” is SDG number 13). Environmental change will alter disease, displace people, increase poverty, and disrupt healthcare delivery. “Many regions of the world with the highest vulnerability to climate change are also those with the lowest universal healthcare coverage. These regions stand to have enormous gains through an

integrated approach,” they say. And they call on global leaders to consider joint metrics to track health and climate SDGs together.

Primary care is a pillar of universal health coverage in the UK, and Martin Marshall, incoming chair of the Royal College of General Practitioners, is feeling optimistic about it, despite the pressures on GPs. In his interview with Gareth Iacobucci (doi:10.1136/bmj.l5586), Marshall says that excessive workload is the key issue facing general practice and is his priority. But GPs also need headspace to engage with bigger issues such as overmedicalisation, social determinants, social prescribing, and patient centred medicine, he adds.

Helen Salisbury offers advice on where such headspace (or 10 minutes of it) can be found, describing the small pleasures of a coffee break (doi:10.1136/bmj.l5519). It can be hard to squeeze one into a clinical day, but Salisbury reminds us why it’s worth it—and why it’s worth sharing a break with colleagues. Doctors want to work in teams that share time, big and small thoughts, trust, and friendship. “Without this opportunity to value and support each other the likelihood of burnout increases, which is a threat to our own safety and that of our patients,” she concludes.