Health Challenges 2040
Health of the UK population in 2040

Looking into the future often creates a mixture of uncertainty and anticipation. Science fiction is filled with stories of doom and excitement about discoveries yet to be made. The UK Academy of Medical Sciences is exploring what the main health challenges for the UK population will be in 2040, and identifying opportunities to address them. To coincide with the launch of this project in November, 2014, The Lancet asked readers "What do you think will be the three biggest issues for the health of the UK population in 2040?" We received a host of responses from doctors, medical students, professors, and policy makers with ideas that ranged from the expected to pure science fiction.

All respondents were united in their certainty about change, and the idea that to some extent these changes were predictable: the rise in obesity and non-communicable diseases, the demands of an ageing population, and the emergence of antibiotic resistance. Many writers imagined the development of new technologies and told us about smart contact lenses that would plague the wearer with sponsored adverts, individual telemonitoring that would replace general practitioners, or a dystopian National Health Service in which a laser-eyed coordinator moves patients like troops around England from their "war room".

25 years ago mobile phones and the internet were in their infancy. Their expansion might have been a predictable technological development but the human response was perhaps unforeseeable. The way these technologies have made the world smaller and faster, and their effects on the people living in it, could not have been predicted. We can speculate on the problems posed by antibiotic resistance, climate change, and the resultant changes in patterns of infectious disease, but the course these events will take is largely influenced by the human reaction to these situations, of which we are all a part.

At The Lancet we look forward to another 25 years of reporting on the most exciting developments in medical science, collecting evidence for policy decisions, and advocating for human health. The Lancet editors enjoyed every mini-essay and would like to thank all those who sent submissions. All the responses are published online at The Lancet's Health of the UK Population in 2040 webpage. We have selected three pieces for publication in print and congratulate Pieter van de Graaf, Emma Hopkins, and Martin O‘Flaherty.

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Trust me, I’m a patient

The biggest health challenges for the UK population in 2040 will not concern particular diseases or conditions but the much more fundamental issues of how, and by whom, health-care decisions will be made.

By 2040, consultations and admissions to hospital will be rarer than in the past due to limited health-care resources and staff, and a substantial increase in average age and life expectancy. As a result, the future will be dominated by self-care. Supported by technology and related skills, patients will be able to self-diagnose their health problems and initiate their own self-treatment.

With self-monitoring of almost all aspects of personal health and wellbeing commonplace, there will be a deluge of patient-related data. The way in which doctors decide on how to advise or treat those patients they still see in person will fundamentally change. Although advances in information technology (IT) will assist almost all clinical decision making, advice from health professionals will be fully scrutinised by patients who will be much more medically literate and have access to at least the same information and data as the health service.

The reliance on technology will become a major issue for certain patients. Health professionals will need to focus on those combinations of diseases and conditions that the IT programmers will have been unable to tackle. Physicians will also remain involved with those patients who cannot make their own decisions, or those who have been told by their app that their best medicine is...a human touch.

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An emerging threat

Our society is becoming socially lazy. We update our newsfeeds for others to read, discounting the need to meet in person for coffee. We create rifts between perception and reality, leading to feelings of inadequacy which can lead to social withdrawal and isolation. We travel alone in our cars, sneering at the thought of waiting for a bus or a train. Books and films are available at the flick of a button, and our shopping is delivered to our doorsteps. Will there soon become a point when we no longer need to step outside the front door?

Loneliness in the UK is a pervasive problem, especially among our ageing population. We have few close friends and most of us do not know our neighbours. As we age, we naturally lose friends, our mobility declines, and we are restricted to a small sphere of living. It is shocking that many older people consider the television as their main form of company. This problem will persist as welfare cuts to health and social care further limit provision for older people, while their desire for social interaction remains.

Mother Teresa described loneliness as “the worst disease that any human being can ever experience”. Stress, depression, paranoia, anxiety, addiction, and suicide can result from loneliness. Additionally, it has recently been suggested that loneliness could be on a par with smoking and obesity with regard to health. So, with 2040 on the horizon, will technology, longevity, and individuality become our downfall, and wreak havoc on our physical and mental wellbeing?

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The last Public Health Practitioner: a dystopian tale

Liverpool, 2040. I am the last one, the last Public Health Practitioner.

I live in a city with harsh winters and savage hurricanes in summers. I supplement my wages by wearing smart contact lenses, which pay me pennies for watching adverts. This keeps me away from the outsourced social police. Diabetes is everywhere and helping tuberculosis to bite again angrily in our cities. Diseases like Ebola are still there, still waiting for a vaccine and still neglected, at least when contained somewhere in Africa. Famines are happening even at home: many of us cannot afford to buy healthy food, despite our technical abilities to convert soya beans into whatever food we want using land, water, and petrol. Or perhaps because of it. Battles that my dad told me were almost won are now lost, like new old ways of maximising profits by delivering known harmful substances and...WHAT THE HECK! (another soda advert, my contact lenses are driving me crazy).

I was saying, that not surprisingly cardiovascular disease started to rise again, particularly among the poorest of us. Just a few years after they stopped negotiating in 2016, a century of continued decline in deaths was reversed. Sad, but profitable to those selling cheap DIY coronary artery disease stem-cell repair kits in Lime Street station vending machines.

We saw this coming in 2015: we’ve lost the battle to tame corporations. Now, I hope to survive the winter because I know what I need to do. I am the last Public Health Practitioner. I am a Legend.

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