

# Alternative European Healthcare Perspectives

## April 2026

[Roger Steer](#)

All roads come back to Trump. I collated a number of European countries' economic plans in recent editions of this newsletter that described how governments were doing as they have been pressured by Trump; to increase their defence budgets, to buy US missiles to attack Russian forces, which has been funded by decreasing spending on health and social care.

**A**s the forever war in the Ukraine goes on unresolved, so the attack on Iran is threatening to pit the countries in the Middle East into another forever war. The only winners are the arms peddlers, and those that profit from war-lordi-sm.

To make sense of this I've been reading ["the Killing Age"](#) : How Violence made the modern age , by [Clifton C. Crais](#). It covers the period from the beginning of the eighteenth century leading up to WW1 (*a brief epilogue brings the study up to date*) and puts the arms trade and the UK and USA at the forefront of the violence of that period.

We all know, vaguely, about the history of slavery; the Atlantic trade, the slaughter of the beaver and the buffalo and the indigenous peoples of America as the US settler community expanded westwards, the Scramble for Africa, the East India Trading company and the *looting* of India, Pakistan and Bangladesh, and the warlordism and banditry that has pervaded Central and South America to this day.

We know less well about the Opium Wars, the Siege of Nanking and the 100 years of humiliation in China. Still less do we know the links of the whaling industry to the industrial revolution (the need for lighting

to keep the factories open and working); the growth of the palm oil plantations of west Africa (to grease the wheels of the industrial revolution); the Rubber plantations; the sugar and tea plantations; etc.

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*The biggest revelation is how London and Birmingham became the centre of the global arms trade, after developing the armaments invented by the French, the Dutch and the Belgians, by monopolising the trade in saltpetre (a vital component of gunpowder) from India, and then manufacturing and selling arms (on credit) to every would be warlord around the world.*

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[The Brown Bess](#) was in continuous use from 1722 to 1838 and hundreds of millions were sold around the world. They were sold (on credit) to American Indians along with beaver traps and axes to facilitate the clearing of the Great Plains of buffalo; and the draining of land and clearing of forests to make way for settlers.

The furs helped survive the very cold winters and the hides provided tough

leather for the belts of the machines powering the industrial revolution.

In Africa arms supplied to local warlords helped in the capture of slaves and ivory tusks, the establishment of plantations in West Africa, cotton production in the Nile Delta and South Africa, and the creation of mines to supply jewels, gold and copper to be traded in Europe.

None of the this would have been possible without the arms and financial credit provided by London and the ability to enforce debts, supplied by the British Navy.

This focus precludes the machinations in the Middle East following the discovery of Oil, but the description on page 524,...

*“of postcolonial states cobbled together on unstable foundations ...Weapons went to shore up or install cooperative regimes when possible and to a new generation of warlords when necessary. Securing access to resources was all that mattered ultimately”*,

... may be a pithy way of describing recent events in Iran. It was [Churchill as Secretary of war in the 1920's](#) who [discovered the hard way](#) that expecting the area to reflect UK interests was a hard ask. But, with the help of [MI6 and the CIA a coup in 1953 helped install a puppet ruler](#) (until it backfired).

The blowback from that decision has led to the state of affairs in Iran today. There is plenty of terrorism described in this book, but most of the terror was delivered by guns made and sold in the UK.

All the western powers were in on it however, Hitler being motivated by the wish to catch up with the British Empire by

annexing Russia. A motive that surfaces to this day.

There is much discussion of the lack of a clearly articulated set of war aims in Iran by Trump and the USA.

*“Installing a puppet government and securing resources maintained by war lords supplied with guns provided by the western powers “*

may be the best description but it rather strips away liberal pretensions of the benefits of free trade, private property and the rule of law.

I fear I will have to return to this theme in future months as one side seeks to bomb itself to victory (as in the 1920's) and the other halts world trade and plunges the world into economic crisis.

Until the smoke clears no one knows how it will end. [But it's not looking good.](#)

## Social Trends

What it is likely to do is exacerbate several social trends that the FT have helpfully summarised in [“five ways demographics are changing the economy \(FT 6th March\)](#) .

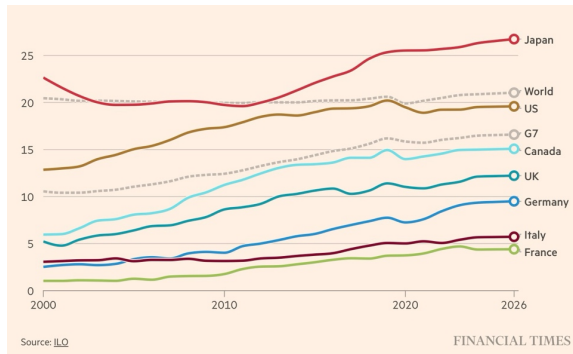
They are mixed blessings.

Although the extension of working lives for more and more people can be a good thing , if it means losing access to incomes, pensions and economic security it may not be.

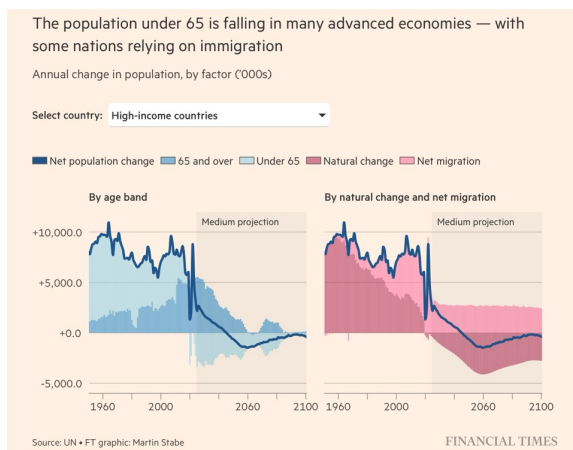
What is undoubtedly true is that European rates of participation of elderly people in the workforce are relatively low. As fiscal pressures increase many will wish to target

an increase as a way compensating for other social trends.

### People are working longer into their lives Share of labour force participation rates, 65+ (%)

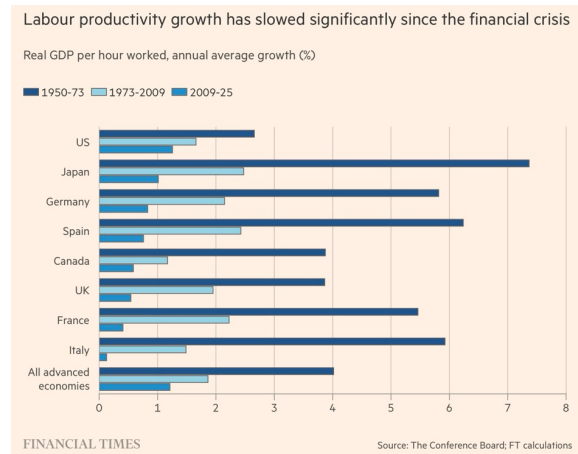


For example, it is not widely understood that populations of the under 65's are set to fall sharply as the baby boomers linger into old age. This event has been mitigated by immigration in the past but social tensions are making the continuation of this policy problematic, even though it is set to continue. And, younger people are finding both the labour market and the housing market so difficult that rearing children has become impossible for many.

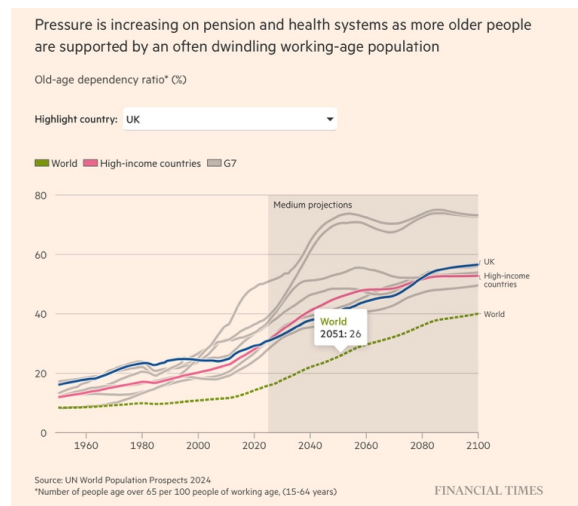


Making people work harder is unlikely to be the answer to the problem of shrinking populations. All countries are facing the consequences of decreased productivity (it is not just an NHS problem!). It is probably

the result of increased competition from China but that is unlikely to go away.



Increasingly the elderly will be dependent on the state for both pensions and healthcare. Rates of dependency are set to soar from 30% to nearly 60% in the UK over the next 75 years. The NHS will have to expand to keep up but without the resource pool being available.



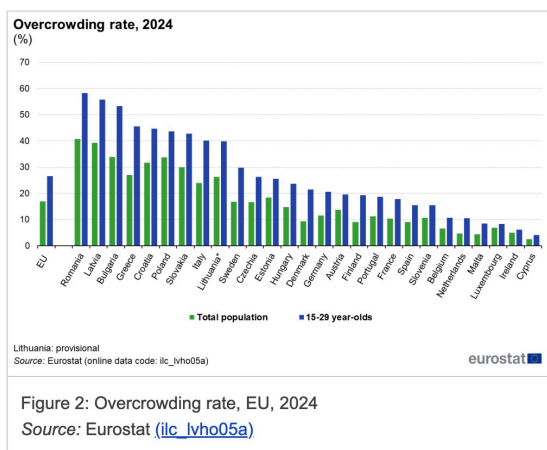
Many are looking for young people to do their duty and have babies, both to care for the elderly and to slow the flow of immigrants required in the labour market.

It will not help in the UK that many cannot afford this, they are saddled with student

debts and live in unsuitable accommodation.

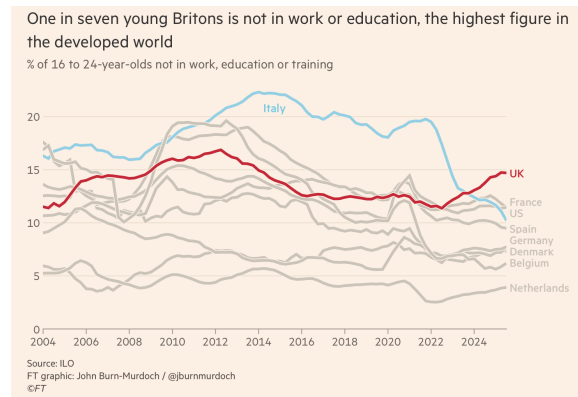


The UK is not alone in facing these trends, but governments everywhere are struggling to respond sufficiently. Europe so far had been responding by spending more on pensions and health than in the UK, and students are [not encumbered with debts](#) as in the UK. [Housing is a problem everywhere in Europe](#) however, as housing costs have soared as housing has become an investment not a social good, causing overcrowding.



[UK rates are similar at 16% of 18-34 year olds in overcrowded conditions.](#)

It doesn't help either that the UK leads the world in youth unemployment:



## Deliverism is Failing

Following previous discussions on *Deliverism* (the notion that governments should strive for delivery of plans to improve the country and be judged on their results) in this newsletter in January 2025 more is being said on the topic.

First, in the pages of [Sam Freedman's substack](#) David Klemperer gives a fuller discussion of the concept and the loss of faith in the political parties that developing policies and plans for delivery is worthwhile, given the time needed and the difficulties of impacting on a political parties re-election possibilities. An opposite approach is merely to make noises and empathise with voters.

As Klemperer puts it, *"Politics meanwhile would be little more than spin and spectacle... a game of competitive storytelling"*, as I recently heard one Labour MP put it, or as someone recently [characterised](#) American politics; *"people posting adversarially in public"*.

The formula as devised by Stancil is *"Politics is guided by a public perception of reality formed through social consensus, rather than by individuals observing their material conditions and reacting mechanistically"*.

Classically put it's the difference between materialism and ideology.

The article concludes by pointing to efforts to give life to *deliverism* by promoting growth via deregulation or by promoting *Place* as a solution to building local delivery of real solutions to people's lives.

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*Neither look effective to me.  
But the alternative seems at the  
moment to be nihilism.*

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Secondly, I would draw attention to a report in the FT [UK ministers urged to deliver on infrastructure projects as pipeline tops £700bn](#) (10th March).

Although there are over £700bn projects planned by government over the next ten years, the track record of government is poor on delivery with only 59% of projects over the previous ten years delivered (of a much lower sum).

According to the article:

"McKinsey said that spending would need to rise by 54 per cent from its 2024 level of £47bn to reach the £73bn per year needed until 2034 to achieve the UK government's target. Failure to increase spending risks leaving some £254bn of infrastructure undelivered over the next decade, the consultancy added."

Readers of this newsletter will know of the latest on the ["new Hospitals Programme"](#).

For those waiting for this I would express similar scepticism as McKinsey. The Treasury's purpose is to hold up such plans as it prioritises control over planning, with

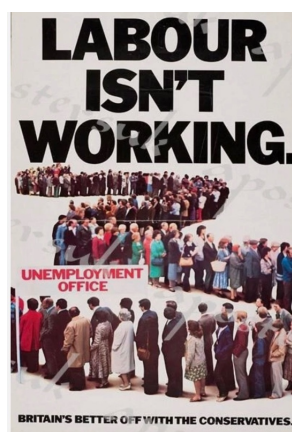
capital spending remaining its most effective fiscal regulator.

A track record of delay and timidity appears to be gripping the government.

**The Chancellors [Spring Statement](#) was given on 2nd March in which Rachel Reeves claims** "... Labour has "restored economic stability" despite downgraded growth forecasts for 2026 and rising unemployment". It invites the old medical joke "the operation was a success but unfortunately the patient died". At a time when the NHS is under ever increasing pressure, we do not want to know that the objective is more of the same; we all want to see more growth, more spending and action to deal with the pressures the NHS is under.

And, for those that were hoping for signs of new thinking in the annual [Mais lecture on 17th March](#) there was more of the same. You know that things are bad when the Chancellor cites the drop in NHS waiting lists as a sign her policies are working. (see below p10)

Fortunately, I attended the Funding the Future conference on 28th Feb organised by Richard Murphy in Cambridge. It will come as no surprise to hear that he is not a great fan of Rachel Reeves, if you have been reading [his blog](#).



"Labour Isn't working" was the slogan of the Conservative Party when they came to power in 1979.

It was a slogan that resonated as the Labour government

of the day had failed to provide an alternative narrative to that supplied by Jim Callaghan's son in law, Peter Jay, then an Economics journalist at the Times; that to cure inflation the country needed to bring in monetarism and create unemployment, reductions in real wages and cuts in public expenditure.

Rachel Reeves is singing the same tune (except for monetarism which has become discredited). It didn't work then and it is not working now. There is an alternative as neatly summarised by google:

### **Key Principles of Richard Murphy's Alternative Economic Plan:**

- **End to Austerity and Neoliberalism:** Murphy argues that 45 years of neoliberal policies have failed, and austerity has damaged public services.
- **Government Money Creation:** A core tenant of his plan is that the UK government is a sovereign currency issuer, not like a household. Therefore, the government can, and should, create money to invest in the economy when there are idle resources.
- **"Taxing Wealth" Focus:** Murphy proposes a radical restructuring of the tax system to increase taxes on corporations, landlords, and the wealthy to address inequality.
- **Green New Deal:** A key component is a £100 billion a

year investment in a "Green New Deal" to create jobs, improve energy efficiency, and build sustainable infrastructure.

- **"Politics of Care" and Hope:** Murphy emphasizes using the economy to meet human and ecological needs, rather than focusing on GDP growth or the interests of the financial sector.

### **Alternative Budget Proposals (2025-2026):**

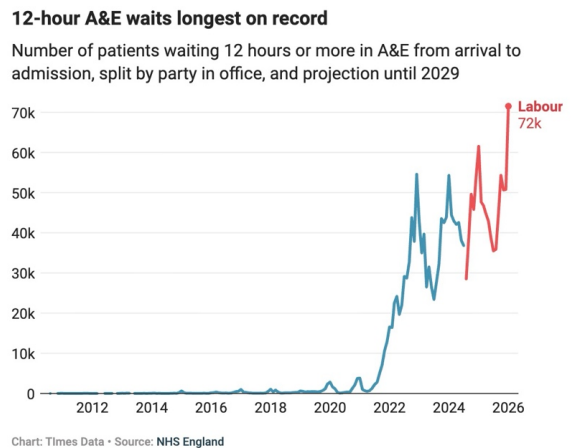
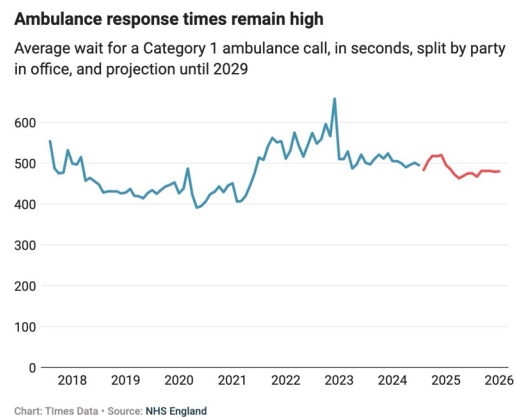
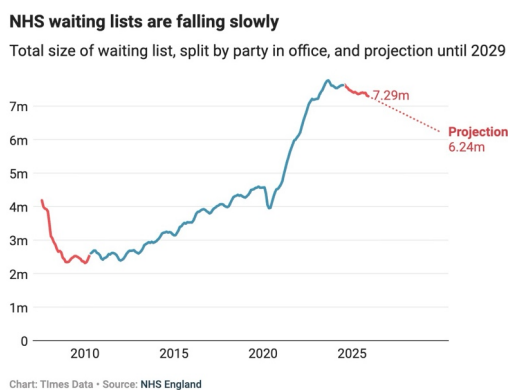
- **Green Investment:** £100bn/year via new ISA savings and pension investment in Green New Deal accounts.
- **Tax Reform:**
  - Implementing a 50% top rate of income tax on earnings over £150,000.
  - Charging capital gains tax at the same rate as income tax.
  - Introducing new top-end council tax bands to increase equity.
  - Applying national insurance to all employment earnings over £100,000.
- **Public Ownership:** Renationalisation of water, rail, and postal services with 4% interest bonds.

- **Banking & Interest Rates:** Reducing official interest rates (e.g., to 1%) to protect mortgage holders and SMEs, and treating debt as a tool to aid, not rule, life.
- **Public Services:** Increasing budgets for the NHS, education, and social care in line with inflation.

So far only [Jack Polanski](#) from the Greens is paying attention. It doesn't seem to be doing him any harm if [the results of the recent bye-election](#) is any gauge.

This doesn't stop Wes Streeting continuing to claim that *his* plan remains on course. But, newspapers are starting to ask searching questions, as this article from the Times on 6th March asks, [Is Wes Streeting fixing the NHS or is this one fight he can't win?](#)

On the first question the answer seems to be not so far:



For more on A&E performance and why performance is getting worse I commend [this from John Lister in the Lowdown](#).

On the second question of whether Streeter can win his fight to improve the NHS it's too early to say, but it is not looking hopeful.

The medical staff are planning to renew industrial action, and the Harvard Business Review are backtracking on whether planning *Transformation* was a good idea in the first place.

I suggest he reads the latest edition of the Harvard Business Review under the heading "real progress comes from steady adaptation, not endless upheaval."

"This phrase is the core theme of the January–February 2026 issue of the *Harvard Business Review* (HBR), which Rethinks Nonstop Transformation.

It suggests that sustainable progress comes from consistent, iterative changes rather than constant, disruptive, and often chaotic reorganisation.

Key takeaways from this, as highlighted in HBR and related leadership discussions, include:

- **Rethinking Constant Disruption:** While many organisations focus on "endless upheaval" or constant reinvention, real progress is driven by steady adaptation.
- **The Problem with Constant Change:** The narrative that everything must change all at

once rarely produces durable results. Organisations often spend six months implementing changes, only to spend the next six months unwinding them.

- **Defining Steady Adaptation:** This does not mean maintaining the status quo. Instead, it involves asking hard questions about what *should* change, questioning what work is essential, and focusing on improving processes rather than just accelerating activity.
- **Strategic Focus:** Real, sustainable growth often comes from consistency, clarity, and building on what is working, rather than continuous, disruptive transformation.
- **Application to AI/Technology:** In the context of AI, this means moving from hype-fuelled experimentation to operational, enterprise-level integration.

This approach emphasises that durable results come from aligning, clarifying, and making small, consistent steps rather than large-scale, disruptive upheavals. “

Although Amy Bernstein in her editorial boils it down to organisations doing four things:

1. Mastering system management

2. Detecting emergent realities before transformation becomes the only option
3. Increasing agility to keep problems small
4. Grow value-rather than just shifting it from one stakeholder to another.

I'll leave it to you to judge whether the government is mastering system management as opposed to tipping it up; whether it has faced up to [reality](#) or is mainly posturing; whether problems are being tackled or swept under the carpet and whether there is any value in arguing about who pays for social care, local government or the NHS.

Apparently [picking a fight in a phone box](#) is a popular sport in Russia. It may be that the pugnacious Wes Streeting's skills may yet find an outlet.

### Round up from around Europe and elsewhere

Euronews held a [Health Summit](#) on 17th March. The theme was how to promote European sovereignty in Health; by which is meant, how to promote the European drugs industry. A

fter 10.40 mins we get to see the European Health Minister for Health and Animal Welfare(!). I

ts worth listening to for the revelation that the medical/biotechnology industry is growing at twice the rate of the rest of the European economy.

And, there seems to be lots of interests wanting to keep it that way. There is a good

discussion after 2hr38, for those lacking patience, on the relative responsibilities of public authorities and private industry: Public authorities cannot delegate responsibility to the private sector.

[In the UK the "Independent investigation into Maternity and neo-natal services in England -interim report"](#) was published on 26th Feb.

It's one of a long line of reports on failures to take action on obvious failures. The most pertinent comment I can make is that there is no reference in the report to how other countries are able to manage without such failures.

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*Amos's methodology of going round the UK and talking to people might seem like a good way of contextualising the final report but it will erode independence and a fresh perspective.*

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For example, it would be good to know where the UK featured in European comparisons in [this study](#) in the Lancet or [this Swedish comparative study](#).

Performance is mixed across Europe with the Scandinavians excelling. The question I would ask is does Baroness Amos know? If not, why not?

Is there nothing to learn from other countries?

Further progress on Baroness Casey's task-force on Social Care was provided in [a recent speech](#) to the Nuffield Trust Summit. Again, it is disappointing to only find reference to the 22 previous major studies in the UK since 1997.

As I have mentioned before one only has to look at what is being done in other European countries.

They provide better services in both quantity and quality.

All we have to do is copy aspects of their systems.

If we are being serious. As opposed to kicking the can down the road.

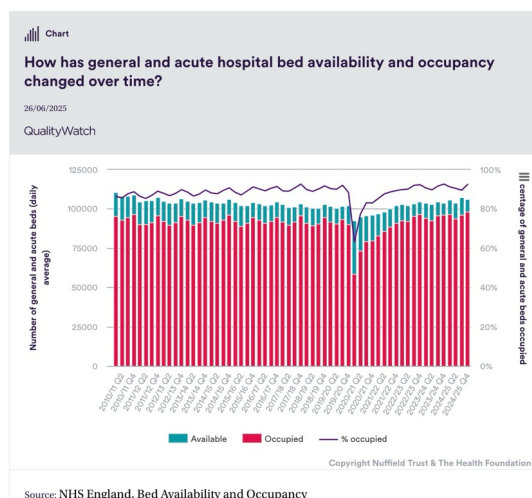
I discussed social care in my May, June, July and November 2025 newsletters. I can only hope Baroness Casey is paying attention and has read [this](#) from the European Healthcare Observatory, The Care Dividend: Why and How Countries Should Invest in Long-Term Care.

March also saw the release of the [latest report](#) from Baroness Hallet's Covid Inquiry.

Personally, I am becoming tired of the hand wringing and more recommendations being tossed into the government report shredder.

Despite all of the calls for more capacity the truth is that capacity is reducing not increasing:

### General and acute hospital bed occupancy

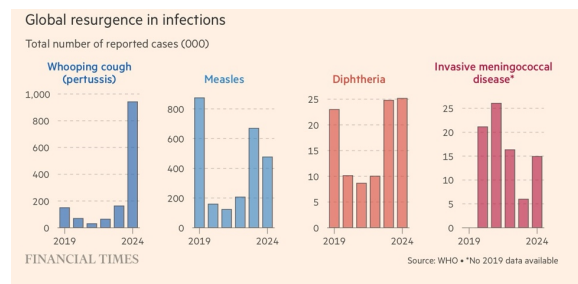


During January and February 2025, hospital bed occupancy reached 94.2%, with a 2024/25 annual average of 93.4%.

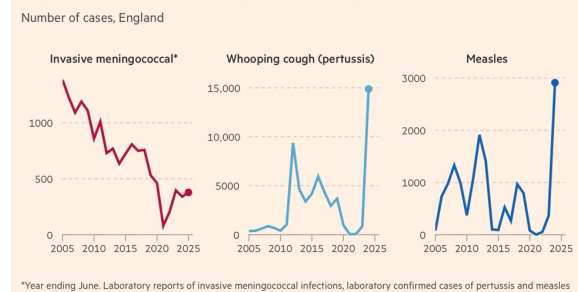
[NHS England interpreted Covid as an endorsement](#) of their long running strategy and not a wakeup call.

There has been no reflection on why other European countries did not experience the same crisis as in the UK.

As a result, the UK remains vulnerable to rising levels of infectious diseases:



### England has also seen a post-pandemic resurgence in infectious diseases



The FT discuss this in a March 21/22 edition [“the grim legacy of Covid”](#). Their focus is on the loss of faith in vaccines, but they also identify the risks of young people and others living in cramped, low-quality accommodation.

The Nuffield Trust also published ,in March, this astonishing long read from their Chief Executive Thea Stein [“navigating complexity: moral distress among NHS chief executives”](#).

The first thing to point out is that moral distress is not just something that Chief

Executives encounter. [This article from the Lancet](#) points out that it is a feature of healthcare workers in general.

Its key messages are:

- Psychological distress is widely reported among European healthcare workers (HCWs)
- Burnout is the most commonly measured outcome
- Organisational factors such as staff shortages, high workloads and poor leadership, are key contributors to HCWs psychological distress. Nurses and HCWs from ethnic minorities are disproportionately affected
- Workplace stressors are associated with negative psychological distress and occupational outcomes
- Psychological distress, whether work-related or associated with mental disorders, contributes to low job satisfaction and high turnover intention
- Organisational-level interventions show greater promise than individual-level interventions in reducing psychological distress by targeting systemic problems such as workload, staffing, support, and leadership issues
- There is limited high-quality research on mental disorders, non-clinical HCWs, and European regions outside Western Europe. Measurement inconsistencies restrict comparability across studies
- Addressing modifiable workplace risk factors through policy, leadership and investment is key to protecting HCWs psychological distress and ensuring an effective and sustainable healthcare workforce

Europe is not exempt from these pressures either according to this search:

## Regional Evidence

- **Scandinavia (Sweden & Norway):**
  - Research in **Sweden** indicates that healthcare leaders, particularly in older adult care, experience moral distress daily, due to time constraints and imbalances in organisational versus professional values.
  - In **Norway**, a study during the COVID-19 pandemic found that health workers with **management responsibility** reported significantly higher levels of moral distress than non-managers, especially when they were not directly involved in frontline patient care but had to manage the fallout of systemic constraints.
- **Southern Europe (Italy & Spain):**
  - Studies using the **Moral Distress Thermometer** in **Italy** found that moral distress was present across all professional groups,

including those in hospital management roles.

- In **Spain**, research on intensive care staff highlighted that "management and organisation" issues were one of the most common sources of moral distress, leading to a greater intention to leave their positions.
- **Western Europe (Germany & General EU):**
  - A study in **Germany** found substantial moral distress among hospital workers, with organisational factors like staff shortages and poor leadership cited as key drivers.
  - A 2025 **WHO/ Europe** survey involving 29 countries found that 1 in 3 doctors and 1 in 4 nurses (including those in leadership) face symptoms of depression and anxiety, largely driven by "toxic" organizational factors and temporary contracts.

### Shared European Drivers

The evidence suggests several common triggers for managers outside the UK:

- **Priority-Setting Dilemmas:** Managers often feel forced to "sell" or implement decisions (such as budget cuts) that they do not personally believe are in the best interest of patients or staff.
- **Institutional Constraints:** A pervasive sense of being prevented from doing what is "right" due to a lack of personnel, equipment, or rigid national regulations.
- **Value Misalignment:** A conflict between the manager's professional ethical principles and the economic or political goals of the institution.

For references see [here](#)

So moral distress is neither a function of management nor geography. It can be avoided by aligning personal values with that of the government and your organisation and forgetting any professional or personal principles that may interfere. Presumably this is why chief executives are highly paid and a [disproportionate number are psychopaths](#). Its dirty work, but someone has to do it.

The latest edition of [Eurohealth](#) is devoted to Cancer Care. It concludes:

*“Precision oncology aims to harness advances in genomics, molecular diagnostics and data science to tailor cancer prevention, diagnosis and treatment strategies. While it has the potential to transform cancer care, large-scale implementation is often lagging, and*

equitable access is not ensured. Key barriers include high costs, competing healthcare priorities, inadequate infrastructure for advanced diagnostics such as NGS, and workforce capacity limitations with a need for skills development. Technological, evidence and governance frameworks need to be further developed and implemented in practice. Equally important is addressing the ethical, legal and social concerns that affect public confidence and trust in these innovations. To enable equitable implementation, policymakers will need to tackle health inequalities, design innovative reimbursement strategies, and prioritise the sustainable integration of precision oncology into healthcare systems.”

It comes a month after the UK launched its own [Cancer Plan](#).

The one thing that caught my eye was this:

**“We will become a global leader on cancer survival by 2035.**

*We will roll the Lung Cancer Screening programme out nationally by 2030 and we will increase the sensitivity of bowel cancer screening, catching thousands of cancers earlier and saving thousands of lives.”*

Why is it that we have to always wait 10 years? And, were we told that the sensitivity of bowel cancer screening had been adjusted previously, presumably not to detect early-stage cancers. I’ll let readers know of the results of my colonoscopy ...but if anyone knows more about this issue please get in touch.

By the way, vegans are at an [elevated risk of bowel cancer](#) and all vegetarians oesophageal cancer.

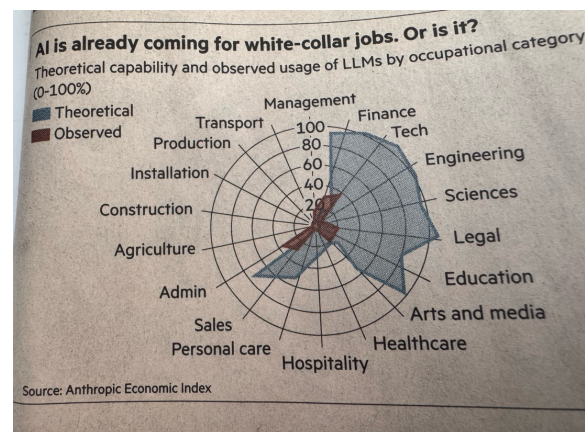
If you know a vegetarian let them know...

## Finally, I will give you the latest on AI from the FT.

The chart shows not only the way hype has exceeded the observed use of AI but how in certain areas AI remains of small-scale practical use. This is particularly the case in healthcare.

This is a worry for the AI industry who are investing billions into a product without a sales plan.

For those in healthcare worried about your job, there seems little to lose sleep over, for now. But over the last year I have met graphic designers and software engineers made redundant already by AI.



## [AI can do more harm than good. But that doesn't stop them trying.](#)

Peter Thiel however continues to hog the headlines. On the front-page of the FT of 16th March, he is reported to be giving lectures on the Antichrist in a challenge to Pope Leo, who has warned of the dangers of artificial intelligence and called for stronger regulation to minimise its risks.

Thiel on the other hand is warning of the risk of a “one-world, totalitarian state” obstructing scientific and technological progress.

A minor spat you may think, but Thiel is serious and is lobbying hard not only in Italy with Giorgia Meloni, but with Donald Trump and JD Vance, whose political career was funded by Thiel.

[The Guardian continues to highlight the risks of Thiel's Palantir running the NHS Federated Data Platform.](#)

All his systems are interoperable, and the article raises the risk of patient data being used for immigration control or worse. It also seems that he had [an insider on his payroll](#).

And if this were not bad enough we are [running out of water](#).

One of the discoveries from the Iran war is the reliance of countries on desalination

plants. People in glass houses shouldn't be looking to break things.

In God's own country here in Yorkshire the reservoirs are nicely topped up, however.

Thank the Lord!

As a postscript the [French election results](#) didn't reflect the far-right drift UK newspapers reflect as inevitable. There may be hope for Starmer in May after all. Building alliances at the local level seems to be key. Meanwhile [support for Reform is slipping](#). Perhaps they are cottoning on to [what it may mean for the NHS...](#)

... if you can believe a word they say.

#### Database of editions of Alternative European Healthcare Perspectives 2025/6

2026	Key Issues
<a href="#">January</a>	Summary of 2025 newsletters, Reith Lectures, Thiel, Tipping points and the future according to McKinsey's. Productivity.
<a href="#">February</a>	The rise of fascism, American, European and UK health developments. Wes Streeting and more on AI.
<a href="#">March</a>	Shameless. Trump, Mandelson, NHS. Normalisation of Deviance, Institutional corruption. Netherlands, Germany, Norway, Belgium Portugal and Spain. Out of pockets payments.
2025	Key Issues
<a href="#">January</a>	United healthcare, Trump's new Team, 'free to Obey', Losing faith with Deliverism, Major Trends in 2024
<a href="#">February</a>	Trumps early steps, State of Play in Europe, Preventing Chris Ham, Bidenomics Failures, AI and the NHS, and Waiting lists in Europe.
<a href="#">March</a>	Trump latest on healthcare; Mario Draghi and improving Europe. On the UK as per 'Get In', Field Marshall Alan Brooke and Sam Freedman. DHSC accounts 2023/24, German healthcare reforms and more on UK death rates and prevention policies.

<a href="#">April</a>	Wilful Blindness; Ignorance and Bliss. Abolition of NHS England. Benefits cuts in UK vs Benefits for the disabled in Europe. Covid. On why the NHS has Queues.
<a href="#">May</a>	Trump sours the world; The Unaccountability Machine; Public attitudes to Health in UK and EU; the Care Dividend. Cataracts.
<a href="#">June</a>	Inactivity levels; Population planning; Waiting lists; The Unaccountability Machine and crack-up capitalism; Homelessness, Social Care Review; Assisted Dying, Rachel Reeves and German Plans
<a href="#">July</a>	Trump floods the Zone, UK economy, lessons on Planning and for Wes Streeting, Long term care and Primary Care. Gatekeeping.
<a href="#">August</a>	Trump impact on Healthcare, EU budget, NHS 10-year Plan, Neo-natal care. Rachel Reeves, Unmet needs in Europe and New Drugs benefits.
<a href="#">September</a>	Recap on Covid, the World Economy and EU, Brexit, Doctors Pay, Reconfiguring Health Services, Access to New Drugs, Productivity, Politicians, Notebook LM, EU Waiting Lists, Nurses Pay, the French Pathology Industry.
<a href="#">October</a>	Ursula von der Leyen. Spinoza, Stupidity, plans that don't work. Rachel Reeves Dilemma. Immigration. AI bubble. Assisted Dying.
<a href="#">November</a>	The November Budget, East Germany, France. OHE Annual Lecture, The Good, the Bad and the ugly. Waiting lists. Workfare across Europe. The EU campaign for deregulation. Actuaries plan for Social Care.
<a href="#">December</a>	Scanning US and EU healthcare developments, comparing tax rates, problems of international comparisons, verdicts on UK Budget, comparing welfare benefits. Planetary Health.

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