Obesity: a growing threat to health in China

In the 65 years since independence, China has made good progress in improving population health and moving towards universal health coverage. Life expectancy has improved substantially—from 40 years in 1950 to 76 years in 2011. However, ongoing health challenges include an expanding burden of non-communicable diseases (NCDs), such as cardiovascular disease, chronic obstructive pulmonary disease, lung cancer, and diabetes. NCDs are now China’s number one health threat, contributing more than 80% of the country’s 10·3 million annual deaths, and nearly 70% of its total disease burden.

The main risk factors that cause NCDs are tobacco and alcohol use; diets high in fat, salt, and sugar; physical inactivity, and resulting obesity. In today’s Lancet, three papers report on the health consequences of obesity relevant to the situation in China. Cheng Huang and colleagues note that physical inactivity and unhealthy diets contribute to the emerging obesity epidemic in China. Marie Ng and colleagues estimated the global, regional, and national prevalence of overweight and obesity during 1980–2013. Compared with countries such as the UK and USA, China had a lower rate of obesity in adults in 2013, but the absolute number of obese people in China is exceeded only by that in the USA.

Although the links between obesity, cardiovascular disease, and diabetes are well known, Krishnan Bhaskaran and colleagues investigated the relation between obesity and cancer in a UK cohort, and noted that elevated body-mass index was associated with increased risk of ten specific cancers, including colon and liver cancer. If replicated in a Chinese population, such evidence could inform obesity control in China.

To address the threat of NCDs to China’s population, committed action is needed with an emphasis on intersectorality, political engagement, and investment in preventive and treatment services. Li Bin has made an impressive start as China’s Minister of Health. She has the political will, together with the support of international colleagues, to meet the urgent challenge that NCDs pose to China’s sustainable future. The Lancet

High quality care for all in the UK

A report published by the UK Centre for Health and the Public Interest (CHPI) last week raised concerns about the quality of care in some private hospitals and highlighted the effect on the National Health Service (NHS) of these failings in care. The review describes inadequate reporting, both of patient safety incidents and of hospitals’ performance, preventing proper assessment of risk, problems with staffing, a lax safety culture, and inadequate record-keeping. Clinical governance, widely recognised as essential for the delivery of high quality care, has no statutory basis in private hospitals, and the overseeing committees have no legal duties, no power to enforce good practice, and potential conflicts of interest. Patients treated in private hospitals have little protection from direct and serious threats to their safety.

There are knock-on effects for the NHS too. 25% of patients treated in private hospitals are funded by the NHS, often referred by hospitals otherwise unable to meet the government’s waiting-time targets. Many private hospitals lack the facilities to care for patients when things go wrong—leaving the NHS to pick up the pieces. 6000 patients per year are admitted to the NHS from private hospitals, but there are no data to explain why.

Poor quality care is not confined to private practice. Recent reports such as the Berwick Report, the Keogh Review, and investigations by the Care Quality Commission into East Kent University NHS Foundation Trust and Alder Hey Children’s Hospital, highlight patient safety problems throughout the NHS. Incorrect priorities, lack of accountability, poor leadership, and failings in communication have led to a culture that accepts inadequate care.

Alarmingly, many of the recommendations made by the CHPI echo those of previous inquiries. Indeed, some reiterate recommendations made by the House of Commons Health Committee in 1999. Without a Minister for Health who makes quality of care for patients a main priority, the time and money spent on such reports and reviews is wasted. The UK Government must put learning, improvement, and patient safety at the heart of health-care delivery nationwide. The Lancet