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Health and medicine cannot solve COVID-19

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Author Comments:	Dear Editors, We are a small group comprising a medical anthropologist, medical historian and human ecologist, currently based in Australia, Denmark and the UK. We are submitting this brief correspondence in response to, and building upon, Richard Horton's latest few editorials. We appreciate his broadening of the conversation, and think it should incorporate further measures. Thinking closely in terms of medical solutions may create false public expectations of a return to normal, and risks closing out non-health interventions that could lead to significant improvements. We thank you for your attention, and for your continued excellent, clear and timely coverage of developments in relation to COVID-19. We very much value the work of The Lancet, even moreso in these times. With best regards, Amy McLennan, Anne Katrine Kleberg Hansen and Stanley Ulijaszek

Health and medicine cannot solve COVID-19

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Recent *Lancet* Editorials argue that combination prevention and global health collaboration are required to address the COVID-19 pandemic.¹ We agree, and suggest this should incorporate further measures. Thinking closely in terms of medical solutions may create false public expectations of a return to normal, and risks closing out non-health interventions that could lead to significant improvements.

COVID-19 has exposed the complex and interdependent systems of everyday life. Health, politics, economics, technology, environment, education, policing, engineering, transport, food systems, communication and more all intersect as complex expert systems.² Any intervention continually shapes, and is shaped by, other parts of these systems. For example, lockdown-related transport disruption is impeding routine vaccination programs,³ re-shaping education, and improving air quality.⁴ At the same time, health improvements may come from fields well outside of health. An example of this from London's recent past is the radical re-engineering of city landscapes and construction of sewer systems, which significantly reduced infectious disease burden.

Collective interventions will create the 'new normals' that we will inhabit in the future.⁵ Yet the pandemic is framed primarily as a global health crisis, and so the public expects health interventions – a vaccine, new public health measures and hygiene behaviours, and effective treatments – to end COVID-19 and permit a return to the old normal. We caution against this framing. Medicine is well-placed to change the narrative and make space for joined-up thinking about a different future with or without COVID-19.

[237 words]

We declare no competing interests. The authors have contributed equally to this correspondence.

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