Richard Cookson's NHS Speech at the Edinburgh Union, 12 Oct 2026, in Opposition to the Motion: "This House Would Prioritise NHS Patients with Healthy Lifestyles"

1. Opening

The founding principle of the National Health Service is treatment based on need. To defend that principle, I have composed a speech in the style of the great Roman orator, Cicero. So you can expect rousing appeals to emotion, the summoning of a national hero from the dead, and one or two I hope pithy lines.

Fortunately, my speech is not in Latin. And I am not wearing a toga. Unfortunately, I am not quite as good as Cicero and haven't learned all my lines. So you'll have to put up with me waving my script around.

Tonight's motion asks us to send people with unhealthy lifestyles to the back of the NHS queue. This is a classic piece of populism. Simple, superficially appealing and wrong. The sort of thing people come up with in the pub.

How long, Mr President, how long will this zombie idea go on abusing our patience? We keep killing it, and it keeps coming back! Victorian moralists would have loved this motion. They hated sin, from drunkenness and debauchery to crime and prostitution, and they had a solution: help the

saintly, deserving poor, and send the sinful, undeserving poor to the workhouse.

It did not work out quite as the moralists planned. The workhouses filled with the deserving poor: orphans, disabled people and frail older people. Meanwhile, drunkenness, crime and prostitution carried on much as before.

Moralistic sorting into saints and sinners is harshest to the worst-off. So-called lifestyle diseases follow poverty and discrimination like a shadow, so a waiting list ordered by blame becomes a waiting list ordered by disadvantage. Do we really want to bring this cruel moral arithmetic into the NHS, turning our doctors into medical morality police and making social inequalities in health even worse?

Medicine asks: where does it hurt? The motion before us asks: whose fault was it? Only one of those questions has ever healed anybody.

2. The concession

Now, every Ciceronian speech needs a concession. Here is mine.

There is one small nugget of sense in the proposition's case. A surgeon may tell a patient to stop smoking before an operation, because smoking increases the risk of complications. That is not a moral judgement about

fairness. It is a medical judgement about prognosis, and a way of making the treatment safer and more effective.

Consider the precise wording of the motion. “This House Would Prioritise NHS Patients with Healthy Lifestyles”.

This motion is not about whether treatment is harmful, or how to make it work better. It does not say, “This House Would Do No Harm and Practise Effective Medicine”. This motion is squarely about fairness and priority setting. It asks us to set priorities based on lifestyle.

And the moment you write lifestyle into the rules, you have stopped practising medicine and started keeping a ledger.

3. The catalogue

Very well. Let us have the audit of self-inflicted health risks. Bring in the rugby player with the ruined knee. Bring in the skier, the cyclist, the drinker. Bring in everyone who has ever taken a second helping. Who will be left standing when the register closes?

If moral disapproval cured illness, we would have closed the hospital wards long ago.

4. What lifestyle really means

Our opponents say lifestyle. Let us translate. Say income. Say housing. Say the street you were born in. Say what happened to you as a child. Say distress and anxiety. They

propose to punish the poor, the abused and the distressed for the crime of being poor, abused and distressed, and to call it clinical judgement.

This motion does not reward virtue. It rewards affluence and luck – luck in your parents, luck in your childhood, luck in your genes and the cards life has dealt you.

It would find the worst-off people in society and deny them the one thing we still give freely – health care.

I do not deny personal responsibility. I deny that a hospital is the place to collect the debt.

5. The map

Let us put the motion on a map. Draw a line along the M8 from Edinburgh to Glasgow. At one end, communities with some of the shortest lives in Scotland. At the other, this chamber. This motion proposes to take from them and give to us – and to call it merit.

Between the most and least deprived parts of Scotland there is a gap of more than 25 years in healthy life expectancy. 25 years. This motion looks at that gap and concludes it is too small and we need to make it bigger!

The proposition invites an audience in Edinburgh to decide that Edinburgh deserves more. I would remind the House of a principle older than the NHS itself. *Nemo iudex in*

causa sua: no one should be judge in their own cause. And that is the only Latin you will hear from me tonight.

6. Bevan summoned from the dead

And now, as promised, I summon a national hero from the dead.

Let Bevan, the founder of the NHS, stand where I am standing and tell us what he thinks of this motion. He did not say free at the point of use, subject to good behaviour. He did not build a hospital and put a magistrate at the door.

His vision was freedom from fear. He said: "No society can legitimately call itself civilised if a sick person is denied medical aid because of lack of means."

Think back to the birth of the NHS in 1948. Britain was exhausted by war, short of food and housing, and struggling economically. Yet in those years, of all years, we decided that the sick would be treated because they were sick. Your great-grandparents could not afford it – but they did it anyway. And now we are invited to lose our nerve by denying medical aid to the poor because of lack of merit.

7. Peroration

And now, finally, the peroration: the part of a Ciceronian speech where the orator abandons all restraint.

Every country has a sacred institution it uses to explain itself to itself. The French have the Republic. The Americans have the Constitution. We have a waiting room in which the investment banker and the delivery rider sit on the same plastic chairs, and neither of them is asked what they have done to deserve it.

Grant this principle tonight and you cannot hold the line tomorrow. Tonight the smoker. Next term the drinker, then the overweight, then the woman who missed her screening appointment because she could not get the day off work.

The Victorians hated the sins of the flesh and the bottle. Today's medical moralists hate the sins of the takeaway and the couch potato.

What kind of health service do we want? One that divides people into deserving and undeserving? Or one that treats people with kindness, understanding and compassion?

The NHS answered that question in 1948. Not hatred of sin, but love of neighbour: a promise from strangers to strangers that whoever you are, and whatever you have done, we will care for you when you are sick.

This motion asks us to prioritise according to lifestyle. I say we prioritise according to need.

I urge you to reject this motion.