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state and action their commitment to providing equitable care to trans and non-binary people. The medical community must send a clear message to the UK Government that our profession will not be used as a pawn in their transphobic agenda. A non-exhaustive list of suggested actions for UK governing bodies, institutions, and individuals caring for trans and non-binary people is outlined in the panel.

The current social and political storm will amplify the pre-existing health disparities for trans and non-binary patients if the medical community does not take a stand. Governing bodies, institutions, and individuals all have a responsibility to ensure that trans and non-binary patients receive the care and support they deserve. The time for passive allyship is over.

We declare no competing interests.

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French political bargaining over undocumented migrants' health

In France, state medical aid (SMA) allows undocumented migrants with low resources to access health care for free within the scope of public tariffs. A special report on the health budget for 2024 highlighted that in 2022 around 400 000 people benefited from SMA, with an estimated cost representing 0.47% of national health-care expenditure.¹ Since its creation, right wing and extreme-right wing groups have insinuated that SMA attracts migrants into the French welfare state system.² The global context accentuated those demagogic anti-migration discourses. As a result, a bill to heavily restrict the scope of SMA was proposed. The restricted SMA would only cover serious illnesses, acute pain, and pregnancy-related care, and some preventive care costs. On Nov 7, 2023, the Senate approved the proposed bill, which will soon be scrutinised by the Parliament.

Should this bill be passed, undocumented migrants will be the first victims. They will delay their access to health care or they will simply forgo it.³ Diseases will continue to develop, jeopardising their health and even their life. The second victim will be the health-care system. Undocumented migrants will have no choice other than to access care through understaffed emergency departments. An increase in hospitalisation rates and a saturation of non-governmental organisations providing health

care are to be expected, which will lead to a further decrease in the quality of care.

The third victim will be French society. From an economic perspective, SMA allows migrants to access care before their illness becomes more expensive to treat. Some preliminary data in France show higher health-care expenditures for undocumented migrants without SMA compared with migrants covered by SMA or the national health-care system. Some undocumented migrants' conditions are transmissible diseases, which can diffuse into the population if not cared for quickly.⁴ Additionally, the COVID-19 pandemic revealed the extent to which undocumented migrants fulfil essential jobs, such as construction work, cleaning, and home care for children or older people.

From our perspective, non-restrictive universal health coverage for undocumented migrants should stand as the norm. We, along with others,^{5,6} call for expanding the health coverage for undocumented migrants to other countries. In a globalised world, governments should be held accountable not only to their tax-paying citizens, but also to transnational residents. The real political battle should be against climate change and ecosystem destruction—the root causes of migration—instead of sterile debates on who is eligible to receive health care. Health care must simply be universal and equitable.

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End-of-life, participatory democracy, and legislative work in France

France implemented a process of collective citizen-based reflection on end-of-life issues in September, 2022, but the Government is hesitant to work on drafting the bill and start the legislative process.

The French legal landscape concerning the end of life gradually changed between 1999 and 2016. Today, anyone can refuse treatment, receive palliative care, write advance directives, and designate a support person whose role will be, among others, to convey the patient's information when they are unable to communicate. Unreasonable obstinacy by preventing a patient from dying when death should come naturally in due course, as no intervention can save the patient, is forbidden. Any patient suffering from a serious incurable illness whose prognosis is at risk in the short term (from a few days to a few weeks) has the right to access continuous deep sedation until death.^{1–3}

On Sept 13, 2022, the French Advisory Ethics Council on Health and

Life Sciences³ published its opinion number 139 on end-of-life issues.³ This opinion calls for a major reinforcement of palliative care. The document draws attention to situations to which the current law does not seem to provide satisfactory answers. They concern patients suffering from serious and incurable illnesses, whose prognosis is at risk in the medium term (from a few weeks to a few months), and who have intolerable refractory pain. In collaboration with the French Advisory Ethics Council on Health and Life Sciences, the Regional Ethical Reflection Spaces have planned public meetings for citizens to take ownership of the ethical issues surrounding the end of life.⁴ A total of 500 debates were held in 132 French towns, bringing together almost 45 000 citizens. The French President Emmanuel Macron reacted swiftly after the publication of the opinion, announcing the establishment of a Citizens' Convention to be piloted by the Social, Economic, and Environmental Council.

After nine 3-day meetings in a peaceful and serene atmosphere, 184 randomly selected citizens submitted their conclusions to the President on April 3, 2023. The conclusions highlighted: the need for better appropriation of the Claeys-Leonetti law; the need to optimise equal access to end-of-life and palliative care; and the need for legislative change to decriminalise voluntary assisted dying (ie, assisted suicide and euthanasia).⁵

The French President announced a 10-year national plan for pain management and palliative care. However, the Government still faces difficult choices in building a French model for voluntary assisted dying, particularly due to some reluctance on the part of health-care professionals in palliative care units. Will the French model be strictly medical, or will it rely on other players, such as non-governmental organisations, who would be given a role to play as is the case in Switzerland, for example?

Will the new legislation heed the conclusions of the Citizens' Convention, or will voluntary assisted dying be restricted to assisted suicide? The President has asked the Government and the parliament to conduct a transparent process, which should result in a bill in 2024. This participatory process constitutes a remarkable model for democratic societies.

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Profit over people: the injustice of commercial determinants of health

In an Editorial,¹ the editors raise important concerns about the effect of commercial factors on health. However, the Editorial failed to acknowledge the crucial role of intellectual property rights in the pharmaceutical industry. Although it might be true that some pharmaceutical companies prioritise profits over the needs of humanity, without intellectual