

## Submission template – PERSONAL REFLECTION

<b>Title</b>	<b>Urban Living</b>
<b>Main Text</b>	<p>Our skills as clinicians and researchers are transferable to other settings from those in which we trained and practice. Experiencing healthcare in other settings makes one reflect on the way medicine is practiced at home, and there's always something to learn, whilst providing the opportunity to share our skills and experience with those working in other environments. This has very much been on my mind recently, as I'm writing this from a sabbatical period away from London and in Delhi.</p> <p>Delhi, truly, is one of the world's great mega-cities. It's fascinating and infuriating, enchanting and exasperating and much more besides. City dwelling brings its own advantages and disadvantages for health and healthcare access, and if you want to read more the WHO fact sheet on urban health is a good place to start (<a href="https://www.who.int/news-room/fact-sheets/detail/urban-health#:~:text=Noncommunicable%20diseases%20like%20heart%20disease,walking%2C%20cycling%20and%20active%20living.">https://www.who.int/news-room/fact-sheets/detail/urban-health#:~:text=Noncommunicable%20diseases%20like%20heart%20disease,walking%2C%20cycling%20and%20active%20living.</a>) As a respiratory clinician, perhaps our first thoughts are around air quality. The majority of those living in urban areas breathe polluted air, and without access to adequate green spaces. Air pollution affects cardiovascular health too. Access to sanitation and clean water may be limited, increasing the prevalence of infectious as well as chronic non-communicable diseases (NCDs). COVID illustrated the potential for spread of infectious diseases among those living in densely populated areas, especially where those populations are systematically disadvantaged for other reasons – migrant workers and immigrants, for example. The risk of injuries and violence is higher in cities too – both road traffic accidents and inter-personal violence. Cities built around road transport make it hard to exercise safely, affecting the risk of obesity, diabetes and poor mental health. The WHO calls the risk of NCDs, infectious diseases and injuries in urban areas a 'triple threat'.</p> <p>By 2050, more than two thirds of the world's population will live in urban areas, with all the attendant possibilities of economic benefit. However, as major consumers of energy, the future of cities and planetary health is closely intertwined. At its best, healthcare in mega-cities is world class, but generally it isn't and variation in access to healthcare, and the quality of that care are most marked in our cities. I recognise this in London.</p>

	<p>What to do about this? The WHO recommends a ‘strategic, multisectoral and coordinated’ approach to urban health. Recognising the need for novel solutions the Global Alliance for Chronic Disease has an on-going research call on NCD prevention in cities (<a href="https://www.gacd.org/funding/current-call-for-applications/ncd-prevention-in-cities">https://www.gacd.org/funding/current-call-for-applications/ncd-prevention-in-cities</a>). Meanwhile, what you can do to lobby for better environments and healthcare access where you live and work? And have you considered working away from home to learn and share knowledge? And never turn down an opportunity to visit Delhi – you’ll love it.</p>
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<b>Author name and degrees</b>	<i>John R Hurst PhD FRCP</i>
<b>Author Email</b>	<i>j.hurst@ucl.ac.uk</i>
<b>Twitter handle</b>	<i>@ProfHurst</i>
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