A world health service

KATHERINE M. ELLIOTT
M.R.C.S., L.R.C.P.

Research Assistant, Ciba Foundation, London, W.1

The Ciba Foundation’s 100th Symposium ambitiously attempted to review The Health of Mankind. Distinguished doctors, scientists and other experts from many parts of the world came together in the presence of the Director General of the World Health Organization for a 3-day discussion. Mankind’s present state of health occupied the 1st day and major factors aggravating world health problems were considered on the 2nd day. On the 3rd and final day, manpower and education came under review as an essential part of any plan for the better future of mankind.

Dr G. E. W. Wolstenholme, the Director of the Ciba Foundation, presented the Symposium’s concluding paper: ‘Outlines of a World Health Service, as a step towards man’s well-being, and towards a world society’. He emphasized his great diffidence in undertaking such a task in ‘the presence of the masters’, but suggested that the provision of continuing medical care to mankind everywhere was a problem ready-made for international co-operation and might indeed serve as a pilot plant for a world society, a community of man.

The following is a shortened account of his plan for a World Health Service, which he put forward after giving a brief account of the work already so successfully undertaken by the World Health Organization (WHO).

Dr Wolstenholme emphasized the shortage of manpower for health care. This was a world of major inequalities, especially in medical care. Some of the most developed countries had one doctor for 750 people or fewer, whereas in Africa the situation was 100 times less good with one doctor to 75,000 and worse still in some areas through unequal distribution. Even Britain and the U.S.A. have to recruit doctors from other countries to keep up their present standards and the situation with regard to nurses and other medical auxiliaries is often still more difficult. Manpower in medicine and health work, even if training schemes are greatly expanded, is certain to become more precious and therefore to require greater and more intelligent economy in use throughout the next 30 years.

A World Health Service (WHS) might be an expansion of WHO, or at least a very closely related organization—utilizing to the full the existing technical and information services. WHS headquarters might be part of WHO headquarters, or nearby, and WHS should have an Executive Board comprising WHO, Red Cross and similar organizations and relevant U.N. agencies—e.g. UNICEF, FAO and ITU. To train WHS personnel, training schools would have to be set up at headquarters and also perhaps in connection with present WHO Regional Centres: Copenhagen, Alexandria, New Delhi, Manila and Washington.

A WHS would be organized on a mobile team basis and would depend upon four factors:

1. A wide measure of medical and medical auxiliary collaboration in order to make the fullest possible use of each member of a team.
2. International co-operation within the framework of a world organization.
3. High mobility of services whereby they are applied where the need, and only so long as the need, is greatest.
4. Creation of local services to perpetuate the advances made.

Team organization would aim at making best and fullest use of all trained personnel. A doctor, for instance, must be freed from all duties which could, and should, be carried out by auxiliaries with a shorter and simpler training, and this principle should be similarly applied to all grades of medical auxiliaries so that each, according to his abilities, would be making an equally valuable contribution to a WHS.

A WHS would require the services of both men and women of every nationality, comprising doctors of all specialities, including general practice, every variety of medical auxiliary—nurses, midwives, sanitary engineers, dentists, opticians, radiographers, pharmacists, laboratory technicians, social and psychiatric workers, clerks, dressers, general duty orderlies, cooks, drivers and so forth. There would be room for voluntary part-skilled or unskilled service on a remarkable international scale. Algeria, Iran and Yugoslavia have all been reported to accept some form of health work in
lieu of military service. A period of 6-months' training at a WHS school followed by 18 months' service in the field, with a chance to develop some form of technical proficiency, would provide a demanding outlet for the idealism and energies of youth in every part of the world.

A WHS team would aim to give a comprehensive health service to an area—medical treatment, disease prevention and health education. It might be hoped that WHS would work alongside an organization assisting the area to make economic improvements, where an improvement in the standard of living would be an essential for the eventual development of permanent local health services.

WHS teams would be highly mobile both in their location and in their constitution, varying in make-up of personnel according to the needs of the local situation at any one time. Medical staffing, for instance, might vary from perhaps a single eye surgeon with his theatre sister and anaesthetist to combinations able to staff a small hospital.

A vital part of WHS would be the free flow, or feedback, of information about effectiveness, in co-ordination with the WHO. A WHS, through its network of trained scientific observers, would be of great value to research in the fields of geographical pathology, epidemiology, the definition of reservoirs of infection, to name but a few examples. One would hope that the most sophisticated system of information storage, analysis, retrieval and dissemination would be employed.

A WHS would be a fully international organization like the Red Cross, but with a more scientific basis. Teams would be mixed as regards nationalities; regions and areas receiving WHS help would not be divided along national frontiers. WHS personnel would have 'supra-national' citizenship for their complete freedom of movement. It is possible that a State might refuse entry to WHS and to deal with problems such as this, the setting up of a World Health Parliament might be considered for both legislative and financial support of WHO and a WHS.

Financing a WHS would require at the outset something like 100 million U.S. dollars a year. This figure might be compared with the 100 million dollars which, according to President Johnson, is the cost to the U.S.A. alone of less than 2 days' unofficial war in Vietnam. But, survival in war and survival in disease being, for some odd reason, entirely different matters, to find 100 million dollars a year for a WHS would be quite a task. An appropriate solution might be a tax based on doctors. On St Luke's Day, 18 October (St Luke being the patron saint of physicians), each State would count the medical doctors within its frontiers, excluding any employed by WHO or WHS, and would make a contribution to WHS equivalent to 100 U.S. dollars for each doctor before the end of the same year.

Voluntary financial support on an international basis, similar to the way in which the Red Cross and its sister organizations are financed, would be the ideal method since this would enable a WHS to be completely free of any political influence or obligation.

Members of a WHS would be paid at agreed international rates, although they might be subject to some form of national taxation to sustain a continuing sense of responsibility in their own national affairs.

WHS should meet from its central funds the whole cost of its work wherever it may go. Countries which benefit could express their appreciation as generously as they wished, according to their resources, by contributing to WHS as a whole either in manpower, materials or money. However, the aim of WHS teams would always be the creation of local health services to perpetuate the advances made and a gradual transfer of responsibility for continuing health care would be made to indigenous medical and health workers as soon as these could be recruited and trained.

WHO has made a great beginning in a reply to the formidable challenge presented by the forces of sickness, injury and infirmity. A World Health Service would be a further vital step towards a healthy fraternity of nations and might awaken a wider consciousness of the community of man.
A world health service.

K. M. Elliott

doi: 10.1136/pgmj.43.501.447

Updated information and services can be found at:
http://pmj.bmj.com/content/43/501/447.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/