DEBATE

on

A STATE MEDICAL SERVICE

FRIDAY, MARCH 24th, 1939.

Mr. HERBERT J. PATERSON, C.B.E., in the Chair.

A debate arranged by the Fellowship of Medicine took place in the Botanical Theatre, University College, Gower Street, W.C.1 on Friday, March 24th. Mr. Herbert J. Paterson, C.B.E. occupied the chair and Mr. Somerville Hastings, M.S., F.R.C.S., L.C.C., supported by Dr. D. Stark Murray, B.Sc., M.B., Ch.B., proposed the motion "That the Institution of a Whole-Time State Medical Service would be in the interest of the Nation's Health." This was opposed by Sir Henry Brackenbury, M.D., LL.D., who was supported by Dr. Frank Gray, M.B., B.Ch.

MR. SOMERVILLE HASTINGS, in proposing the motion "That the Institution of a Whole-Time Medical Service would be in the interest of the Nation's Health," said: Perhaps I had better explain what I, and those who think as I do, have in mind when we speak of a whole-time State Medical Service. First of all such a service should be complete, that is to say, should provide not only general practitioners but also when required, the assistance of specialists, hospitals, convalescent homes, pathologists, dentists, and efficient nursing both in hospital and at home as well. The service should aim at prevention of disease as well as its cure, and with this in view I would associate the preventive and curative agencies much more closely than at present. I would make it the business of every doctor in the service, to report to the proper quarter everything that he observes in the environment of his patients that militates against their health. He should also give them instruction in the art of keeping fit.

The service should be free to all who care to take advantage of it, and I would encourage the well-to-do to use it as well as the poor. If the service is free, it must necessarily be staffed by full-time doctors, for whoever is going to pay a fee for consultation if at some other time of day he can be seen for nothing by the same doctor; unless indeed, he has reason to suppose he will be less well served during the free period, a condition of affairs which could not possibly be contemplated in a State Medical Service.

But although I would like the service to be complete and efficient, and so attractive to both doctors and patients, that an increasing number are willing to take advantage of it, I would compel no one. Accordingly I would allow private practice to go on just as it does to-day, feeling assured that as the advantages of the new service become apparent, an ever increasing number of both doctors and patients will be anxious to transfer to it.

One thing more. It is impossible to envisage a State Medical Service being brought into being suddenly by the waving of some magic wand, or the passage of a single Act of Parliament. Accordingly there will, of necessity, be a transitional period, during which the service is being inaugurated by steps and stages, and this is certain to present some difficulties. It is, however, the desirability or otherwise of the completed service that is under discussion.

As a nation we provide for our medical and health needs by two separate and distinct methods:—

(1) By **co-ordinated co-operative effort** through local authorities and state departments. These services are provided for the most part for the benefit of all who are willing to take advantage of them. They were at first mainly preventive in character and still are to a considerable extent, but we are learning that if we want to prevent we must treat as well. The services are paid for by the rates and taxes and to a much less extent, by individual payment for services rendered.

(2) The medical needs of the public are also in part provided by **private enterprise** through general practitioners and consultants who are in private practice as well as by voluntary hospitals. The fact that some of the services of the voluntary hospitals, and for that matter, of the doctors as well, are provided for charity, does not affect the point as there is no public responsibility or accountability in either case.

Every doctor will agree, I think, that it is mainly the preventive services, organised by co-operative effort either locally or nationally, that have been responsible for the increased expectation of life of the average citizen. This has been increased by more than fifteen years during the last half century.

By careful supervision of our water supply we have almost completely wiped out those terrible epidemics of typhoid fever that we had in the past; by instruction given in our maternity and child welfare centres, and cleaner streets, we have to a large extent disposed of those attacks of infantile diarrhoea that used to be such a menace to child life; by notification, isolation and disinfection we have been able to reduce the incidence and mortality of infectious disease.

The history of public health legislation and administration during the last fifty years is a record of how people who did not believe in State Medicine and did not want it, have been compelled to discard that private enterprise they so much trusted to secure efficiency. It was only when each individual householder had been persuaded to give up his own particular well, in his own particular back garden with the cesspool running into it and had agreed to the collective provision of a pure water supply and an efficient drainage system, that the health of the people began to improve. Or to take another example, the Local Government Act (1929) makes illegal the appointment, except in a temporary capacity, of a Medical Officer of Health who is also engaged in private practice.

People of all classes are beginning to enquire why this same collective provision of services that has been so successful in the prevention of disease should not be applied to its cure as well. Why, in other words, the State or the Local Authorities should not be responsible for the organisation of the necessary services for diagnosis and treatment.

There are many reasons why it is unsound to leave the treatment of disease to the tender mercies of private enterprise. When people buy food or clothing or any of the ordinary things sold in shops, they soon discover the quality of the

product purchased. But when they purchase the services of a doctor in sickness they are entirely unable to estimate the quality of the services rendered. They can, of course, say if the doctor is kind and attentive, but they can have no conception whether the treatment they are receiving is up-to-date and efficient.

The quality of most of the goods that are bought and sold is mainly the concern of the purchaser, but the quality of the medical treatment received by the individual in time of sickness, is the concern of everyone because the real strength of a nation depends most of all on the health and capacity of its citizens in both mind and body. It is utterly absurd to spend public money in considerable quantity, in educating a child to become a useful citizen, unless at the same time we take every possible care to maintain his health at this critical period of life. It will be remembered that except through the Poor Law there is no public provision for the medical treatment of children of school age in their homes, although certain specific affections are dealt with at the school clinics.

Few middle class people have any conception of the terrible struggle that goes on in the household of an unemployed man, or lower paid worker, where there are more than one or two children to be cared for. There is simply no money to pay the doctor when the mother or children are ill. In the towns there are, of course, the out-patient departments of the hospitals, if the mother can spare the time, but in the country there is nothing of this kind, so that there is generally a considerable interval before advice is sought, and sometimes the result is disastrous.

It is bad for both doctor and patient to be in the position of salesman and purchaser and much better for both for the doctor to be in receipt of a salary, so that he can give his whole mind to his patient's health and well-being, and not be distracted by a thousand extraneous considerations.

As has already been pointed out the primary concern of public health administration is the prevention of disease. Because it was found that people suffering from infectious disease could not be satisfactorily isolated at home, Fever Hospitals were provided. When these hospitals were first started they were regarded solely as a variety of prison, in which people, who were a danger to the public could be shut up until they became harmless, and it was in the first instance mainly because of the cost of long detention that treatment was provided so that the sufferers from infectious diseases might safely return to their ordinary duties in the shortest possible time. What our forefathers discovered as the result of bitter experience was that one could not possibly separate prevention and treatment, that by treatment one actually helped prevention.

Now the great discovery of the close association between prevention and treatment, first made in connection with the infectious diseases, has had to be applied with modifications to many other conditions. To assist in the prevention of venereal disease we have had to open clinics where treatment can be given by experienced surgeons, and where no charge is made. To prevent consumption we have adopted much the same method, and in every town dispensaries "for the prevention of consumption" are to be found although it is true to say that the principal preventive measures that are carried out, are the early recognition and treatment of the disease.

But we cannot stop where we are. We must go on. If we provide free treatment for consumption, venereal disease, diphtheria and small-pox in the public interest, why should we not do the same for cancer, rheumatism, and other diseases which cause as much suffering and national loss. As a matter of fact

so strong a case has been made for public provision for the treatment of cancer, that a bill to provide treatment for all is now before Parliament. But rheumatism in its various forms probably produces even more invalidity than cancer, and heart disease has a higher mortality rate than either. Surely public provision should be made for the treatment of these two diseases. Whenever enquiry has been made (Departmental Committee, B.M.A. etc.) it has been agreed that the present provision for the treatment of fracture is terribly deficient and there is an urgent need for properly organised fracture clinics. Why should not the State take on this task also?

The tendency to add the public provision of treatment to that for prevention of disease, once started, is bound to continue and extend and to be applied to an ever increasing number of diseased conditions. But this piecemeal provision for the treatment of disease, valuable as it has been in the past, has its own peculiar dangers. We have been so busy with treatment that we have forgotten that something is necessary before treatment is commenced, for a diseased condition must be diagnosed before it can be intelligently treated. It is essential therefore, to bring in the general practitioner who is first consulted in illness and whose business it is to recognise the nature of the diseased condition, if the best is to be done for the sufferer.

If it is true to say that to prevent we must treat, it is equally true that to treat efficiently we must treat early. However good a service for treatment may be, however specialised the methods adopted, unless it is concerned with the earliest recognition of disease, the result will be imperfect. A State Medical Service must therefore, include a sufficient number of capable general practitioners whose duty must always be to diagnose disease in its earliest forms, as well as to refer for specialised treatment when this is necessary.

To sum up then, there is no rational stopping place between the first beginnings of preventive medicine and a fully developed state medical service. If we want to prevent we must treat as well, and if we want to treat intelligently, we must make provision for correct diagnosis and for the recognition of disease at its earliest beginning.

DR. D. STARK MURRAY, in seconding the motion, said: In seconding this motion I wish to remind you that its terms are that a whole-time medical service would be in the interest of the nation's health. In other words it is assumed that this meeting of doctors representative of every branch of the profession is agreed that the health of the nation is in such a deplorable state that we require to consider what type of medical service would best produce an improvement. That degree of agreement is of comparatively recent date and would be worth considering in detail if we had time. I need only remind you of the recently published report on Tuberculosis in Wales to confirm the opinion that not only is the health of the nation in a serious condition but that it can be improved only by radical changes—not only by attending to the sick but by interfering with the environment of the healthy.

Of course the British Medical Association had already convinced most of us that the present organisation of our medical services cannot cope with the problem of the nation's health and that the greater part of our population, working-class and middle-class, does not receive an adequate medical service. It has even tried to convince the general public that environmental changes will be needed before disease can be conquered but, refusing to look even its own facts in the face, puts forward a scheme which would perpetuate many of the worst features of the present-day position.

To some of us it seems that the B.M.A., probably rightly since it is a professional organisation, begins the consideration of this problem from the angle of the doctor's annual income and, granted that starting point, naturally produces a scheme based on giving more work and a higher income to the general practitioner. But in this debate we must consider it not from any single aspect but from those of the doctor, the state and the individual patient together. It is the betterment of the nation's health we desire and that problem must not be obscured by that economic barrier which Mr. Hastings has mentioned. Let us consider it purely as a medical question.

The nation is made up of an almost infinitely variable collection of human beings, variable in age, in physical fitness, in resistance and exposure to disease and industrial hazards, in financial circumstances and in ability to assess what is good and useful for themselves and for others. The health services of the nation must preserve the health and cure the diseases of all this immensely diverse company and must do it with the greatest economy and efficiency. Suppose we could consider this without reference to any other question what criteria would we lay down for the service?

First, flexibility, for not only is the population as diverse as I have indicated but the incidence of disease, of epidemics and so on is constantly varying and the organisation must be capable of meeting every change in the demand for its services. With flexibility must go uniformity, for the staff must be in many ways interchangeable and patients must know that the service they obtain at Land's End will be as nearly as possible equivalent to that obtainable in London. Confidence in the service, combined with efficient case histories are more important in a modern service than any mythical belief in the individual doctor. There must, also, be no gaps in the service and the present-day work of the individual, often hard-pressed, sometimes far from efficient, must be replaced by the work of the team in which deficiencies cannot be hidden and are not likely to operate against the patient.

Next, the service must, as Mr. Hastings has said, be complete and provide every auxiliary medical service. A moment's consideration will show that, just as at the moment our flag-day supported voluntary hospitals do not provide any more than one-third of our hospital beds so no voluntary organisation can possibly provide the hospital and laboratory facilities that a complete national service will require. This must and will be provided by the state, nationally or locally and once provided must be controlled by the organisation that controls the rest of the service.

The most important feature of the type of service we are discussing is that it must be freely available to all. Mr. Hastings has dealt with this already but I wish to stress the importance not only to the patient but also to the doctor of having the services of laboratories and specialists on call without the constant anxiety and difficulty which we all know arises to-day about fees. Hospital Savings Associations, paying and contributory beds, honorary hospital staffs, the so-called Public Medical Services, to say nothing of private requests by doctors to consultants for reduced fees in many cases are all devices to get round the fact that scarcely anyone in anything but the most affluent circumstances can to-day afford to pay in full for a complete medical service. We all know there are many occasions when consultations do not take place, when laboratory investigations are not carried out because the patient cannot afford the expense, to say nothing of the

vast number of people who imagine it is cheaper to contribute to the enormous turn-over of the patent medicine manufacturer rather than to the doctor. Without question fees are the greatest hindrance to a medical service that would really benefit the nation.

Which brings me to the next point, namely, that the key-note of a full medical service must be prevention and not merely the prevention of certain diseases but the inculcation of positive health. I defy any supporter of the present form of medical service to tell us in detail how this is to be done other than by a full-time service; even more, how the general practitioner can do it unless he is free from the necessity of earning his living by treating disease, unless he is part of a complete service and unless he has ample opportunity and training for this important part of the medical practice of the future.

Whatever the form of medical service we decide upon I am sure it will be agreed that the interests of the patient are paramount. I am not suggesting this in the spirit of "the customer is always right," but rather that we as medical men have a double function in this matter. We have not only to serve our individual patients but we should also put forward schemes for the betterment of every part of our patients' lives from the point of view of health. This may mean we will need to recommend changes more drastic than any medical man can suggest to-day. It means, for example, that we would not tolerate the conditions exposed by the Welsh Tuberculosis commission, conditions which inevitably lead to a deterioration of the nation's health. But how can a doctor even suggest changing such unhealthy conditions unless he is a whole-time member of the same team which would have charge of every aspect of health preservation and disease prevention?

Lastly the conditions under which the doctors work must be as good as can be devised. I have not thrown this in as a "sop" to my hearers. No service can be efficient which does not provide those engaged in it with the best possible conditions compatible with the needs of the service. To give of their best doctors must themselves have security and all that is to-day recognised as essential in the way of leisure. Contrast in your mind the position of the doctor to-day or under the extension of the panel put forward by the B.M.A., with those possible in a whole-time service. On the one hand, irregularity, uncertainty, financial difficulties and ties, no opportunity for revision or research; on the other, as great a degree of regularity as the profession we follow will allow, security in every way and freedom from the money-lender who so often controls the financial side of present-day practice, ample leisure for recreation (as essential to the doctor as to his patient), constant contact with others doing similar work, and time for study-revision and above all for research as part of the team in which he works.

To sum up, the type of medical service which the state, the patients and the doctors need, judged purely from the medical aspect, must be flexible, unified and complete; must be free from economic barriers and must be capable of teaching what disease prevention really means; it must give the patient the benefit of every advance in modern medicine and it must provide a profession of which we shall not only be proud to be members but in which we shall know we are working under conditions that enable us to give our best. These criteria can only be satisfied by a whole-time service and it is only by such a service that the best interests of the nation can be served.

SIR HENRY BRACKENBURY, in opposing the motion, said: Much as I personally and most sincerely like Mr. Somerville Hastings I do not admire his ideals in this matter nor approve his proposed methods of arriving at them. Nevertheless let us see how far we can agree, in order to make clear the point at which we are obliged to part company. With his most general statements at the beginning and very end of his speech I have no quarrel. That the State must more and more interest itself in, and be responsible for, the public health, and that in doing this it must have regard to the individual citizen as well as to the community as a whole, are, I hope, now accepted facts. That the actual health provision made by the State should be complete in its medical scope wherever it is needed may be regarded as obvious. That prevention and cure in medicine are merely aspects of the same thing and not separate entities, and that treatment is often a paramount agency of prevention, not only do I agree, but I would emphasize these facts to a much greater extent than he has done; for he still speaks of the "preventive services" in a way that is unjustified, and he ignores or vastly under-rates the immense preventive work which general practitioners and others have done and are doing in the course of their daily practice.

I do not however accept his underlying assumption that it is a good thing, or a necessarily effective thing, for the State to do everything for everybody. I regard the responsibility for health as not lying all-pervasively with the State but as being shared by the community, the medical profession, and the individual; and I deny the right of the first of these partners to drill or to dragoon the other two. I see no reason why the functions of the State in this field should be universal either in scope or in clientele. Nevertheless I would interpret those functions liberally. They are, I believe, three: (i) to assure a healthy general environment, and in this I would include not only those matters which during the past century have come to be recognized as constituting this, but also those which are now emerging, such as good nutrition, and the provision for recreative physical and mental training; (ii) the organisation of arrangements with the medical profession whereby its services would be readily at the disposal of the public and whereby medical advice and treatment would be available to everyone however poorly circumstanced; (iii) the aiding of the provision of expensive methods of diagnosis and treatment of all kinds. It is obvious that some of these things—e.g. the general environment—must be provided for all; others must be provided for many or some; others for the great majority of the population. But I do not think as Mr. Somerville Hastings does that it is necessary or wise for the State on either ideological or economic grounds, to include in these provisions those persons who are perfectly well able to make them for themselves. It is largely because they are trying to do this that Australia and New Zealand are now coming to grief with their insurance schemes; and it is merely ironical of Mr. Somerville Hastings to say that he would allow those who wished to do so to continue in private practice till they were shortly obliged to join the whole-time service on conditions less favourable than those which would have obtained had they entered it at the beginning.

I am not impressed therefore with Mr. Somerville Hastings' other assumptions that it is mainly the "preventive service," as he calls it, "organised by co-operative effort either locally or nationally" which has been "responsible for the increased expectation of life of the average citizen"; that "it is unsound to leave the treatment of disease to private enterprise" in that laymen cannot judge of its efficiency; that treatment given by medical officers of a whole-time state service must be more efficient than that given under any other system; and that since the State began to concern itself with the common health it must inevitably go on to occupy the whole

of the field. He conveniently forgets all the triumphs of medicine in other directions achieved by practitioners without any State aid at all, and ignores even that there are arrangements under State auspices other than by means of a whole-time medical service which have proved their usefulness and convenience alike in general practice, in specialist and consultant practice, and in institutional provisions. You will observe that he poses these assumptions as arguments though they are merely unsupported statements, and that he adduces no other arguments to establish his main thesis.

The really fundamental difference between us, however, arises from the fact that we apparently take a widely divergent view of the position, work and functions of the general practitioner. I have been accustomed to describe as "obsolete" the notion that it is his prime business, or his whole business, to discover and label and try to eliminate some disease existing as an entity within a human body. I shall henceforth have to substitute the adjective "obsolescent," since this still seems to be the idea upon which the whole system of Mr. Somerville Hastings and those who think with him is built up. He would have separate services or departments of service, labelled tuberculosis, venereal disease, cancer, heart disease, rheumatism, and so on, each with its army of whole-time officials, and would then, as he says, "bring in" the general practitioner whose main business would apparently be to solve the consequential muddle by sorting out the population which should appropriately be transferred to the several services. If I believed that we could deal with either medicine or people in this simple and mechanical fashion I might be inclined to agree with him, for skilled detection and a facility for prescribed classification may be admirable qualities in an official. The truth, on the contrary, is that the general practitioner is dealing not primarily with diseases but with patients; and that a patient is not merely a biological organism but also, at the same time and all the time, a human personality, and a unit in a social system. His doctor should be to him, therefore, not just a disease discoverer and curer but a health adviser, a sympathetic helper, and an understanding friend. The doctor must, of course, have skill and scientific knowledge in a high degree, but to discharge his functions satisfactorily he requires qualities beyond this. It is on account of this three-fold character and three-fold need of the patient that the general practitioner or family doctor must be made the basic factor of any national medical service, and not merely be an accessory called in to perform certain limited functions. When a person, whether well or ill, feels that he needs health advice or attention it is wiser that he should seek it primarily *via* his own doctor rather than *via* the town clerk, the hospital secretary, or even the medical officer of health. It is, I agree, the State's business to see that everybody is able to secure such a doctor-patient relationship, and to obtain through the general practitioner all such ancillary, consultant, and institutional services as are in his case necessary. It is not impossible to provide a general practitioner service with even wider functions than those contemplated by Mr. Somerville Hastings on a whole-time salaried basis, but there are reasons which show that such a basis must be less satisfactory than any other whether that other be financed on an insurance system or in some alternative way. Such basis, whatever may be the details of the structure built upon it, may best be described as "free-contract."

Essential conditions for satisfaction and success in such a doctor-patient relationship as I am postulating are that it shall be spontaneous, free, and continuous or enduring. Let us see how far such conditions are compatible with a whole-time salaried State service of general practitioners and others. I will take

only three points and those as briefly as possible though they would bear considerable expansion. In the first place such a service involves a great degree of regimentation of both the profession and the public as opposed to free-entry and free-choice. I do not believe that either the profession or the British public would tolerate that regimentation. It would obviously be necessary each year to calculate how many practitioners would be required to staff the service and to reject those others who had been so foolish as to qualify or to enter upon medical studies. It might be held essential to secure by some means an approximately equal skill, knowledge and quality among the entrants since all presumably at first would receive the same salary; and it would certainly require a meticulously careful local distribution of these practitioners throughout the general population. Further, in order to obtain some equality of work and responsibility there would have to be a large assignment of patients or groups of patients to each practitioner, and thus any choice of doctor by patient or patient by doctor and any choice of consultant would be at least severely limited. I am aware that in certain localities arrangements might be made for some slight and restricted choice of doctor but, even where such opportunities were organized, the majority of doctors would know that a considerable number of their patients were attached to them against their will and were awaiting the earliest moment when they could be transferred to another practitioner. This could not lead to the establishment of confidence or to happy conditions of work. I am aware, too, that there are those who attach very little importance to this freedom of choice. I do not agree with them. I regard it as essential to the establishment of the best relation between patient and doctor; and it must be noted that it is not the wisdom or propriety of the original choice which is of the essence of the matter, but rather the freedom to change one's doctor at any time should sufficient reason arise.

In the next place, a whole-time salaried service of general practitioners would radically alter the relations between patient and doctor which obtain under the present system or systems. Under them the patient regards the doctor of his choice as his *own* doctor, and is confident that the doctor will make the interests of the patient his prime concern. Under the other system there must be an inevitable tendency, though the doctor will do his best for the patient while actually before him, for the practitioner to have great regard, and eventually in most cases a prime regard, to the body or committee which has appointed him or to his superiors in the hierarchy of the service. I need not expound to you the immediate and more remote consequences in such change of relationship. Much of the success of the practitioner's career in the service may depend upon the way in which he cultivates it.

Lastly, there would usually be a change in the human relations of doctor and patient which I regard as so important; and often in the continuity of medical attention. The patient would to a great extent cease to be the patient of his doctor and become the patient of the service. The amenities of regular hours on and off duty, the constant availability of a *locum tenens* without financial loss or liability, regular holiday periods free from professional anxiety, would in themselves be welcome to all and doubtless make a strong appeal to many young practitioners; but you will not find many family practitioners of mature experience (whether in purely private or in insurance practice which are essentially the same) who would willingly give up that helpful participation in their patient's joys and sorrows, responsibilities and difficulties, which play so considerable a part in their successful work and for many constitute the main thing which makes general practice tolerable. Nor can discontinuity of care and treatment, sometimes under one

practitioner and sometimes under another according to hours of duty, conduce to effective results. In my own experience I have known different diagnoses made under similar circumstances in hospital practice, and alternate and incompatible lines of treatment pursued over considerable periods of time.

To sum up, for what I may speak of broadly as domiciliary medicine, I prefer free-contract service—arranged by the State where need be—to a salaried official service, a whole-life (or whole working life) service to the whole-time service, a human service to a regimented service; and I think that a general medical service should be something more than a mere gigantic machine or mechanism for grinding out the public health.

DR. FRANK GRAY, supporting Sir Henry Brackenbury, said: I should like to say at the beginning that I am dealing only with a normal peace-time development. It may be that in certain eventualities we shall find ourselves contemplating a State Medical Service as one of the minor horrors of war. As Sir Henry Brackenbury has pointed out we have not to-night actually had any arguments in favour of a whole-time salaried service, only assumptions; but the question is between this salaried service and the B.M.A. proposals for an extension of the free contract system under National Health Insurance. Mr. Somerville Hastings naturally favours the whole-time service, and I am bound to admit that the strongest arguments in favour of such a service are provided by the L.C.C. Those of us who know what the Council has done during the last few years cannot fail to express our admiration for the work Sir Frederick Menzies and his staff have carried out. But when it is said that that should be extended one must look at the question a little more carefully.

The successes of the State in the past have been in dealing with people as a whole in adapting the environment to suit the individual rather than in adapting the individual to suit the environment. Whether the State would make such a success of dealing with the individual is an arguable question. If we are considering a whole-time service I should like to approach it from the point of view of seeing what in fact we have got. The L.C.C. is not the only body, unfortunately, which provides a salaried service, there are others, and what we are concerned with is the question as to which will give a better quality of service. Mr. Hastings made a most extraordinary statement. He said that when people purchase the service of a doctor in sickness they are entirely unable to estimate the quality of the service rendered. I pondered over this statement for a long time, and I came to the conclusion that there was only one possible explanation—Mr. Hastings has been reading *The Citadel*. Of course it may be that when patients pass through the portals of Harley Street or go into a hospital they do so in a state of credulity, prepared to believe everything they are told, but certainly when they come to a general practitioner they are not in such a frame of mind, and the patient has a very good idea of what kind of treatment he is getting and does not hesitate to say if he is not satisfied. But would a Government Department be so very keen on providing first-rate quality? Are they not more concerned with the appearance of things and incidentally their cheapness?

Take the matter of education. Free education is available for all. That is the appearance, but it is so arranged that there are classes of thirty or forty, which means that no teacher can possibly do justice to his work. I wonder how many members of this audience have in fact availed themselves on behalf of their children of those free facilities for education. Another characteristic of Government Departments is a belief in—well, in Government Departments. “God’s in

His heaven, all's right with the world." We have an excellent example of this in the matter of air-raid precautions. Another feature that I notice in Government arrangements is a lack of imagination, very excellently typified by the regional medical officer who declares that a patient suffering from facial impetigo is not incapable of work, his work being the making of chocolates! To avoid trouble is another characteristic. All Government servants are trained to avoid trouble; but if you do not make trouble you will never get anything done. Finally, there is their impersonal attitude. We all know how intimate are the problems our patients bring to us. Can we believe that they would take them to a Government servant? Would any of us discuss our personal difficulties with the Inspector of Income Tax?

Mr. Hastings has referred to co-ordinated and co-operative effort, as at present exemplified in local authorities and State Departments. Let us take a case—say that a future citizen of London is due to arrive. The pregnant woman goes to a midwife under the L.C.C. and books her. The midwife tells her she must arrange to have a doctor available. She chooses a doctor from a panel set up by the L.C.C. (MR. HASTINGS: No.) Then there is an ante-natal examination, and for that she goes to the Borough Council centre. Presently she is confined and attended by the midwife and possibly by the doctor. In due course she takes the baby to the Infant Welfare Centre, which is under the Borough Council. But suppose the baby is taken seriously ill at three o'clock in the morning, does she wait for the Centre to open? Of course, the real tragedy is that sometimes she does. But as a rule she calls in her private doctor, who knows nothing about the child except what she tells him as having been done at the Centre. In due course the child grows up and goes to school, where he comes under another doctor, this time on the staff of the L.C.C. That is an example of co-ordinated and co-operative effort as it exists.

Take National Health Insurance which, Mr. Hastings admitted, did not fit very neatly into his classified scheme. National Health Insurance has been in existence for twenty-five years, and the Ministry of Health for twenty years. There are 19,000 doctors in National Health Insurance, with no financial interest in the ill-health of their patients. Yet it is a startling fact that the only efforts which have been made during the whole of that time to provide special instruction in preventive medicine for those doctors have been made by two groups of London doctors and not by the Ministry. Could there be a more damning indictment of a Government Department than to say that for twenty years it has entirely neglected the preventive possibilities of the vast organization it controls?

Is there really a tendency towards nationalization? Is not the tendency rather away from it? Take the question of trams. Only a few years ago the L.C.C. owned a large number of these inelegant but useful vehicles. The L.C.C. own them no longer. They are under a public utility company of which Lord Ashfield is the head.

I agree entirely that the best preventive work cannot be done under a fee per attendance system. There is a bias. But there is also a bias in the salary system. If the school doctor is paid to find disease he will find it, and there will be a "holocaust of tonsils" as a result. The past triumphs of medicine have been with the community as a whole. The future rests with the individual, and the person best able to keep the individual in good health is the doctor who knows him and whom he trusts—his own family practitioner.

GENERAL DISCUSSION.

MR. JOHN BUNYAN: I am not a medical practitioner, but a dental surgeon, and I should like to deal with the purely practical part of this question and discuss the national services as they are at the present time, with particular reference to my own job. First of all, let us take the fighting services—the National Scheme of treatment in the Navy, Army and Air Force. I can speak from practical experience of the Navy. Dentistry is the sister art of medicine, and requires a knowledge of medicine, and you all realize the importance of dental disease. Yet in the Navy the practice of dental surgery beyond mere routine is practically prohibited. The rule is so inflexible that any surgeon who wishes to try out new ideas or preventive methods is definitely discouraged.

Again, take the municipal services, as, for example, the ante-natal clinic. One would expect that at such a clinic all mothers would be dentally examined, but that is not the case at all. The only mothers eligible for dental treatment are those with obviously extremely filthy mouths. The children, again, should be seen to by the age of three. By the time they go to school the damage has been done, not only in their mouth, but in the seeds of much illness which have probably been sown, so that the school doctor and school dental surgeon are dealing with end results.

Then there is the question of National Health Insurance. The conditions may be bad enough for the medical practitioner, but for the dental practitioner they are worse. He is dictated to by the Insurance Societies, the biggest racketeers of modern times, also by persons whose qualifications appear to be little more than grey hairs and who are allowed to determine the type of treatment to be given to patients. What is more, this treatment is not based on what is best for the patient, it is based on the requirement that it must be the cheapest possible. I have been told by the Ministry of Health that this is an industrial service, and therefore they want it on the cheapest basis. Surely in a nation like ours what is necessary for the National Health should be the best that could be obtained, not the cheapest.

There is no doubt that a State Service cannot succeed. It is not flexible, there is no room for new ideas. I can give one example of ineffectiveness. At the place where I live, in the country, a workhouse was turned into a county hospital. Many thousands of pounds were spent on repairs, but although operating theatres had been put in, which incidentally have had to be altered five times, it is still to all intents and purposes a workhouse. It has no pathological laboratory, and really it is of no more use to the population than it was before those thousands were spent.

DR. DENNIS O. CLARK: I am one of those Cinderellas of medicine—the general practitioner—and I have been interested to-night to hear the sisters telling Cinderella what to do. But in spite of the fact that I am a general practitioner I feel that a State Medical Service would be a help, for four reasons. In the first place, our work at present is very largely rush work. We work long hours, and ordinarily we can give a very short time to each patient. We have to do it entirely on our own, for there is very little co-operation between practitioners. If we send a patient into hospital we lose sight of him until he comes out again with a most cursory note. I have in my practice patients such as diabetics and heart cases who refuse to go to hospital and cannot afford a consultant. Then, again, a general practitioner is liable to miss a great many symptoms and signs owing to

the rush with which his work has to be done. I have tried to take notes for a year or two now of every case I see, and I find that if I see only 50 patients a day I can take sufficient notes for the consultant in any given case to say, "Well, this doctor keeps decent notes." But if the number of patients to be seen in a day goes up to 75 one's work in this respect deteriorates. One can only get down the name and address of the patient and a quick diagnosis; while in an epidemic, when one may see 100 patients a day, one cannot do even that. We need someone to help us, without much expense, in these rush times. We are often asked why we do not employ *locum tenens*. It is mainly because we have a very personal feeling for each patient.

Again, one feels that after five years of general practice that one has forgotten everything one knew—not quite. One tries to follow the medical journals and keep oneself abreast of things in other ways. But there is always that feeling that one is getting behind. Since I left hospital various new methods of diagnosis and treatment have come along, and one feels that one may not be quite in touch with the new developments. I can foresee a medical service in which perhaps a dozen or twenty doctors are working together—diagnosticians, yes, but personal doctors, too. For my own part I should not mind how I was paid, whether by capitation fee or salary, provided I were given such conditions in which I could properly examine and treat my patients and keep my knowledge up to date. I should also like to see every consultant or specialist required to do some general practice. I simply put to the meeting this general idea that the general practitioner needs constant co-operation in his work and he needs facilities for keeping himself up to date.

DR. GERALD SLOT: I listened to Sir Henry Brackenbury analysing the remarks of Mr. Somerville Hastings, but I could not find much in what he said that ran counter to the arguments Mr. Hastings advanced. I would just like to give the meeting two lots of numbers and facts. There are sixteen million insured persons in this country. The Ministry of Health informed me recently that every insured person has on the average one and a half dependants, making a total of forty million people who are insured persons or dependants. That leaves only a balance of five million private patients to be divided amongst the whole of the practitioners in this country who are doing non-insurance work. Probably if we took a census of this room we should find that the majority of the doctors present are in receipt of money from State sources, and I think that most of them would say that they felt much happier under the National Health Insurance system than under the vagaries of the old contract practice. If they have a grouse at all it is that the facilities of National Health Insurance do not reach far enough.

I should also like to cross swords with Sir Henry over the question of free choice of doctor, which he has put in the forefront of the principles to be maintained. What free choice of doctor is there for patients who go into hospital? Certainly in the case of some of the larger hospitals there is no continuity whatever of treatment under the same doctor. It is quite possible that the patient may be seen by a different doctor every time he attends the Out-patient department. When people live in the country their choice of doctor is governed by the factor of distance. They have almost necessarily to choose the doctor who is nearest.

Then there is this question of the hierarchy of the medical profession in the public services. Well, wherever there is administration there must be some sort of hierarchy, and certainly one will find no greater example than amongst the staffs

of the great London teaching hospitals. As Dr. Andrew Topping said not long ago in a discussion on this subject at the Royal Society of Medicine, the path of young aspirants to consulting practice in London is not made easier by the attitude that the medical hierarchy in the hospital may adopt.

Again, take this question of the maintenance of voluntary hospitals. One is accustomed to go to the Mansion House and find attractive nurses appealing for funds for a particular hospital and to see a sensational statement that a hospital is falling down. One also sees students disguised as foreigners, monkeys, or perhaps operating surgeons endeavouring to coax people in the streets to give money to hospitals. All this kind of thing makes me feel sick. Those of us who are proud of belonging to a reputable profession feel that such methods are reprehensible. Indeed, I should like to know why anybody should contribute to hospitals at all. Our county council hospitals do their work most admirably, and we pay for them in our rates. I can see no reason why the hospitals should be supported. They have, indeed, ceased to be the refuge of the needy poor, and have rather become nursing homes for the middle class. A further point is that if a man goes down with scarlet fever he is taken at once to the fever hospital, where he is attended by a municipal staff, and no question is raised about it, but when he is ill with some other condition, say pneumonia, it would appear from some of those who have spoken to-night that it is quite wrong that he should be attended by a state or municipal doctor. So far as the personal side is concerned, why should it be easier to be intimate with a patient when treating him for pneumonia than when treating him for scarlet fever?

DR. G. DE SWIET: I think it might be possible to combine what seem at first to be contradictory views. I have myself for a number of years tried to combine these views in a spirit of unity which is now even more necessary than ever it was before. A good many people would not mind trying a State Medical Service if they were reassured on one or two points. I cannot say I am afraid of it, but I know that others are, they are afraid that a State Medical Service would take away all the independence of the general practitioner. Those who have invested their capital in a practice and who are getting on in years are naturally afraid lest the capital value might disappear, and would like to know that some form of compensation would be offered if they agreed to a State Medical Service.

There is another point on which I am quite sure Mr. Hastings could reassure us, and that is that State socialism does not necessarily mean the growth of a bureaucracy, to which medical practitioners are organically averse.

I should like to end on the note of unity. I do think there are a good many things on which the protagonists of both these schools of political thought could agree. I am sure that the British Medical Association is not quite so averse to the lines of a General Medical Service as Mr. Somerville Hastings suggested. Those of us who work on the Public Medical Service do endeavour already to combine these points of view. That Service is intended to be a complete domiciliary service for all persons below a certain income limit. It is run very largely by doctors themselves without any interference from Friendly Societies, and it is also a Service which is, so to speak, preparing the ground for the extension of National Health Insurance. The growth of that Service in London has given a great deal of satisfaction both to doctors and patients, and this ought to go a long way to prove that such a co-ordination is by no means impossible. Short of a great international calamity I think our future development will lie along those lines.

DR. H. H. MACWILLIAM: Very few people would dispute the fact that at present the general public are not receiving the medical treatment they need, and the problem is to direct the work of doctors in channels that would be most productive and give the best results. Will doctors work better under a whole-time service? Sir Henry Brackenbury has painted a beautiful picture of the general practitioner, and it is a picture which no doubt has many originals throughout the country. But that type of man is not really very common, and we want to have service conditions which can be worked by the man of ordinary ability and character. It is no good setting up a service which can be worked only by supermen.

I think men will work well in a whole-time salaried service. I have not noticed that doctors already in such employment are unduly influenced by the committee which appoints them. But men in whole-time service, with the economic security which it gives, are able to do very good work, being relieved from the necessity of thinking of the possible money value of what they do. I am not sure that the criticism of a salaried service is justified.

The fact that at present there is lack of co-ordination is partly the result of legislation and partly that of want of experience. Medicine is indivisible and can only be carried out by a team, whereas the general practitioner, even the super one, is a lone individual. I think that we have come to the point when we should think of re-designing the whole machine, and the opportunity for doing so was provided by the Local Government Act, 1929. The municipal and county hospitals set up under that Act form a foundation upon which a real medical service can be built. We must have freedom for the individual, but we cannot allow unlimited freedom. There must be some system of discipline. The easy way of introducing discipline is to associate the doctor with hospitals. I believe that it is on the municipal hospitals that the medical service of the future should be founded, and if that is done the criticisms which have been made to-night could all be met.

DR. E. M. DIMOCK: I approach this subject also from the standpoint of the general practitioner. I have been about eight years in general practice on my own account, and during that time I have formed some very strong views. I am convinced that in many ways we are not doing the work in the right method, also that the rate of progress is very slow. If one examines the alternative to a State Medical Service, namely, the B.M.A. plan for dependants, it looks to me very like patchwork. The scheme would depend on individuals, and I can see nothing in that plan likely to increase individual efficiency. If one examines general practice one finds that the work is done in a rush and contains very many loose haphazard contacts. I am convinced that if we had a State Medical Service we should have many more contacts on a more satisfactory basis. Not only so, but our Service would be kept up-to-date. I am sure that the present post-graduate facilities under the National Health Insurance system are only a tit-bit, and something much more radical is required to increase the efficiency of the general practitioner. As it is, our expensive education is largely wasted. What the general practitioner wants is to be in a Service which will ensure that from the time he leaves hospital he will make progress in knowledge and so feel that he is giving his patients the best treatment. If that were done I for my part would be prepared to put up with the several disadvantages of a State Medical Service. I think that the medical profession is very conservative in its views and not very articulate. It did not want the National Health Insurance service, but it got it. As Mr. Bernard Shaw has said, nobody wanted the British Museum, or the National

Gallery, but they got them, and nobody wants a National Theatre, but they will get it. In the same way we may not "want" a State Medical Service, but it may come all the same and be the best thing for us.

DR. C. F. T. SCOTT: I have listened to this Debate with a great deal of interest. Sir Henry Brackenbury, in spite of his advancing years always brings new thoughts to every subject he touches, and I have not heard anybody to-night who has really put anything forward that was an answer to the points Sir Henry has made. What we are suffering from at the present time internationally is a mid-European confusion of thought, and we have the same sort of thing in these professional discussions. For my own part I think that it would be one of the worst things that could happen, from a philosophical point of view alone, to have this regimentation brought into so personal a thing as medicine. If the State is to choose a man's doctor I do not see why it should not choose his wife while it is about it. I believe that the people of this country really dislike anything approaching to a State Medical Service, and I hope we shall never have it in my time.

DR. FRANK GRAY, replying for the opposers, said: There is not much to reply to because very little has been said against the view Sir Henry Brackenbury and I have put forward, namely, the B.M.A. plan for the extension of free contract. One or two things that Dr. Stark Murray said were very interesting. He said that a medical service must have flexibility and yet he spoke in favour of a State Service. If he had ever been to the Ministry of Health to try to get three words altered on an official form he would never suggest again that flexibility had anything to do with a State Service. He said also that the Service was to be freely available to all. Well, so is ours. Another thing he said was that it was to be chiefly preventive. But I have already told you what use the Ministry of Health has made of National Health Insurance as a means of prevention. It has made no use whatever. Then he said that the interest of the patient was to come first. Can you not see a Government Department doing that? And the conditions for the doctor were to be the best. I wish I could think they would.

It has been said that the general practitioner is rushed. I admit it. One of the unsatisfactory features is that under National Health Insurance the Ministry believes in cheapness. We have had to fight to get a decent capitation fee, and what it would be like in a universal service where we could not fight or threaten, one can only imagine. There would certainly be plenty of rushes there.

Dr. Slot referred to the question of free choice. Free choice, he said, did not exist at hospitals. That is true, and the patients are beginning to realize it. We all agree that the system—or lack of it—and the methods of the voluntary hospitals are open to severe criticism. But it does not follow that they should all be taken over by the State. You can have good hospitals—one of them is not a hundred miles from the place where we are meeting—and you can have bad hospitals under the present system.

One speaker argued in favour of team work. Team work has been defined as the combined force of a number of horses, asses or mules under the guidance of one man, and, of course, the general practitioner is the one man—I will not specify who the others are! But you do not need a State Service to have team work.

As to discipline, it has been suggested that an easy way of introducing discipline would be by association with the hospital. Thank you, but we would like to discipline the hospitals first, and they badly need it. The way to get discipline

is to get the doctors themselves to do it and we would do it if we had the chance. There is no body in London keener on the efficiency of the National Insurance medical service than the London Panel Committee, and whatever it can do to make that service efficient it does. But it has not got the power, the power lies with the Insurance Committee, the representatives of the Approved Societies and the Ministry of Health.

One speaker said that the B.M.A. scheme was patchwork. He cannot have read it. It is carefully fitted together. If there is anything we have not thought of I hope he will tell us. It is said to depend on individuals. But does not the success of every service ultimately depend on the individual?

The post-graduate courses have been mentioned. Only within the last two years has the Ministry of Health thought of post-graduate courses of any sort. It has not got enough yet to give every doctor a course once in five years, but every year there are far more doctors applying for these courses than can be accommodated. One day we shall get the Ministry to do something, and perhaps one day we shall hear some arguments against the B.M.A. scheme, and not what we have heard to-night—just a good number of people having a grouse.

MR. SOMERVILLE HASTINGS, who replied for the proposers, said: I have attended many debates on this subject but never one that has been so interesting, and for this reason, that the speeches have not been made by theorists like myself but by general practitioners who are in direct contact with the work and know where the shoe pinches. Every one of these practitioners, some of them consciously and some unconsciously, has argued completely in favour of a State Medical Service by pointing out the evils of things as they are to-day. Mr. Bunyan spoke with regard to dentistry and said that bad work was being done. I agree. It shows how much things ought to be altered. He gave us examples of the way in which the State was doing incomplete and inefficient work. I have only to add that if there was no State Service at all there would be no dental treatment in practically every one of the cases he mentioned.

Dr. Gray gave his show away in his very first sentence. He said that if there was a war and we needed efficiency we should have to set up a State Medical Service. He gave us admirable examples of the incomplete maternity service of the L.C.C., started by a very imperfect Act of Parliament which was opposed in the House of Commons by those who wanted efficiency on all sides. But let me go on with this story of maternity cases. How can there be efficiency when, say, in a Borough like this there are literally hundreds of different agencies all dealing with maternity cases—private midwives, private practitioners, general hospitals, special hospitals, maternity charities, and all sorts of organizations without co-operation or co-ordination, pretending to deal with maternity cases? Do we wonder that maternal mortality keeps high? Take the private practitioners alone. Many of these, as I happen to know, in one borough, in the year 1937, dealt only with one or at the most, two maternity cases in the year. More than half the maternity cases dealt with by practitioners in Hammersmith were under the care of practitioners who saw not more than two such cases annually.

Dr. Gray said that he felt sure that his patients, at any rate, could estimate the efficiency of the treatment they receive. He is fortunate. My experience is that of a surgeon. If I carry out a difficult operation and am anxious as to whether I have done my best, I shall probably visit the patient again the same night and the next morning, and perhaps two or three times in the day, and if, as the result,

not of my skill but of the grace of God, that patient gets well and goes home, he is likely to say of me that I am a splendid doctor who hardly left his bedside. On the other hand, if I do an operation I am proud of, which I am confident has been successful, the patient may very well say when he goes home, "I suppose the doctor was all right, but he did not pay much attention to me."

I agree with Sir Henry Brackenbury that there is a good deal more in medicine than merely a mechanical process. There are personal difficulties of patients. But I know something of the medical superintendents of London municipal hospitals. Many of them have been there for many years. They are the most respected people in the district. They are the people to whom others bring their troubles and they give them really efficient advice and assistance.

In speaking at the beginning I avoided the B.M.A. scheme because I thought of it as merely an extension of the panel system to the wives and dependants of insured. How will that panel be appointed? How are insurance doctors appointed now? By the sale of practices, some of those who purchase the practice having the money themselves, and others borrowing it from moneylenders. The widow of the previous doctor is the only person who has any real free choice of doctor in the district. She sells the panel to the doctor she chooses, and such is the inertia of human nature that 90 per cent. of the patients take on the doctor to whom they have been sold. Do you think you can have a decent medical service when the people in it buy their appointments? We want a better service. We do not want the question as to whether any medical service can be obtained or not to depend on whether the person can afford to pay for it or not. And what is more, even if they can afford to pay for it, what do they of necessity get? In many small towns there are half-a-dozen little shops which stock jam and pickles and candles and oranges, but if you want something out of the way you do not get it at those little shops. You have to go to the big store in the city with its dozens of different departments. In the same way if you want efficient treatment in medicine you have to call upon a big system with its different departments and its true team work, and in that way only can you get a proper service for the people.

DR. LEONARD FINDLAY: I ask you to accord your thanks to those who have initiated this discussion on a subject which touches us not only as doctors but as citizens. I trust that when the time comes that we are asked to make a decision on such a matter the views we have heard to-night will enable us to be sure that the decision is a wise one.

The vote of thanks was accorded by acclamation and the debate terminated.

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