

WITHOUT PREJUDICE

What a tangle medicine is in at the moment! At least that is the only conclusion I can draw from two sources of information—the correspondence columns of the B.M.J. and my friends. When I first read the letters in the Journal complaining about the N.H.S. I thought they were just the moans and groans of people who couldn't recognize a ladder even when they saw one, let alone fall off the bottom two or three rungs. Then I looked at the distribution of the writers in terms of geography and age and I realized something was happening out of the ordinary. Whatever else was the cause of all this, one thing, I knew, should not be blamed—the National Health Service.

My friends, knowing of my ideological attachment to everything that runs true to State, have for a long time kept from me what they really think about life and the licensed practitioners of medicine. One of them recently said in reply to a question about the present status of the N.H.S. in his part of Great Britain: "For the patient it's marvellous. It's a godsend." I purred consent. "And for the doctors?" I asked. "Awful!" "Why?" "They're scared stiff, old man. Frightened!" I thought he was being funny. "Frightened?" I asked. "Yes—frightened, first of litigation, and secondly of the Ministry. As soon as anyone hears that an official from the Ministry is on his way a man blanches." "Blanches?" "Yes. Goes pale to his finger tips. It might be a complaint from a patient, or about over-prescribing. Anyhow, the end-point might be a fine." I felt worried by this.

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Why was—is—the N.H.S. in such a mess? It is inspired by noble ideals. It has the blessing of a vast array of the eminent in medicine and society. Doctors belong, as I like to believe, to the greatest, if not the oldest, profession in the world. It is odd, therefore, but true, that in these days of modern medicine the doctor has lost caste.

Doctors were persuaded to enter the N.H.S. by their various leaders on the strength of the promised land of the Spens Reports. "If you bind yourself to the State a grateful country will see that whoever else suffers you never will. Alone among all other sections of the community you shall never have to worry because of the ups and downs of the economy. We guarantee you full employment and a pay that will always keep pace with those price indices which you see in the papers." And we stupid doctors believed what we were told. And were cross with Aneurin Bevan when in the very first few years of the N.H.S. we tried, but failed, to hold him to the promises made to us in the Spens Reports.

Well, when the powers that be (especially some of the medical powers) saw that the rank-and-file took the Spens Reports seriously, they persuaded us poor stupid licensed practitioners to tear up the reports. This we obediently did by assenting to the setting up of the Royal Commission. Then came the arbitrary award from the floor of the House of Commons by Mr. Macmillan of the 5% in May 1957: without any consultation with anyone so far as anyone knew.

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The Royal Commission finally produced a series of recommendations many of which were sound but the whole vitiated by the container labelled "package deal." The phrase was regarded as undignified by those who advocated its acceptance. The acceptance of the package deal, I still believe, was the most humiliating surrender in the whole history of medical politics.

I see in the correspondence of recent weeks that writers are urging the B.M.A. to secure the advice of barristers, economists, financiers, accountants, bankers, and what else to present "The Case." "The Case" is money. We are so obsessed with money

—or the lack of it—that any fool of a politician can lead us by the nose to look for it in the dark. The great self-deluding vanity of the medical profession is that it is "a politician." We are just children in the hands of the professional politician, who has always done with us what he likes. If we doctors can at least admit that bit of truth about ourselves we may begin to learn wisdom.

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And how we suffer at the hands of the sociologists! Mr. Gordon Forsyth is a lecturer in social administration and the author of an article entitled "Can We Buy Better General Practice?" published in *New Society* (30 January). What is one to make of a lecturer who can't get his facts right? Referring to the "Case" he writes, "For the first time the British Medical Association is seeking a pay increase for one branch of the profession only, the general practitioners." He does not appear to have heard of the Danckwerts Award of 1952—or of the disquiet, then, among consultants because they had been left out in the cold.

But much worse than this is his contention that when a salaried service was suggested in a Government White Paper in 1944 "a majority of doctors voted in favour in a poll conducted for the B.M.A. by the Institute of Public Opinion. B.M.A. leaders, however, rejected their members' wishes and clung to the traditional capitation system. . . ."

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I rubbed my eyes when I read this. I remember the occasion well enough, and remember, too, what a curious document the questionnaire of 1944 was. Professor Major Greenwood, speaking with the authority of a medical statistician, said the questionnaire was bad if an unbiased opinion was being sought. But even when the question was loaded in favour of a salary the answer came back, No! Sixty-six per cent. of all doctors were opposed to the proposition that the young doctor should, in the early years of his career, "give his full time to the public service. . . ." In the loaded question on remuneration of doctors in health centres only 28% were in favour of payment by salary, and 34% in favour of small basic salary plus capitation fees. For doctors in the N.H.S. not working in a centre only 15% of all answering the questionnaire were in favour of a salary: 35% favoured small basic salary plus capitation fees.

Turning over the pages of the B.M.J. of that time I am struck by the confusion of voices in the profession and depressed to find a pattern of inconsistency and expediency prevail then—and since. But this is democracy in the working.

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In the year of the last crisis, 1957, Lord Moran made a brilliant contribution in his House of Lords speech in April. He said "it was essential that there should be a balance of proportion between the pay of general practitioners and the pay of consultants, or recruiting to the ranks of consultants would suffer." And later on, according to the B.M.J. report, he said: "The balance between the general practitioner and the consultant had been preserved in 1954 by what he called the 'Danckwerts equivalent.'" And another phrase to recall: "Successive Governments had been more concerned with the cost of the Service than in making it work." In the circumstances it is not surprising that in his final comment Lord Moran was disappointed with the reply on behalf of the Government made by the Lord President of the Council—the Earl of Home—who said that what was needed then "was to determine the proper place of the medical profession in relation to other skilled professions. . . ." The Lord President of 1957 is now the Prime Minister to whom—I hope—the Review Body will report before the general election.

PERTINAX