normal[37] and it is uncertain by what precise mechanism deficiency of vitamin B_{12} may be implicated in the pathogenesis of recurrent aphthae. It seems clear from our study, however, that treatment of demonstrable deficiencies of folic acid or vitamin B_{12} is likely to result in a permanent cure of such ulcers; the role of iron seems less well defined.

It was not possible by clinical examination of the ulcers to separate patients with an underlying deficiency or disease from those with no such abnormality. Our findings, therefore, have significant implications for the management and treatment of patients with recurrent aphthae. Since there is a one in five chance of patients with persistent recurrent aphthae having some form of haematological deficiency or malabsorption syndrome, all patients presenting in this way should undergo haematological screening.

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Letter from . . . South Australia

Birth Pangs of Medibank

PHILIP RHODES

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Medibank is the major excitement on the medical scene. It is the strange name of the new health service funded from government taxes. The new system will begin on 1 July but such are the complexities of Australian government and politics that, though Medibank will begin on that day, it will only be effective in South Australia, Tasmania, and Queensland. The first two have Labour governments in tune with the federal government of Mr. Gough Whitlam, and Queensland has a fiery premier who does not like the central government, but who is willing to take any generosity which is handed out to his state. The states with the largest populations, New South Wales, Victoria, and Western Australia, have not yet decided whether to join the national scheme. There have been political cries for rejecting the scheme outright, and one or two of the leaders of the opposition parties have tentatively tried to use the issue to force a general election.

Faculty of Medicine, University of Adelaide, Adelaide, South Australia
PHILIP RHODES, F.R.C.S., F.R.C.O.G., Dean

Mr. Whitlam has let it be known that he would be delighted to accept this particular challenge. He is sure he would win. Nevertheless, he does not want an election at all and wishes to run his full term. The last election was not long ago, and though the people appear to be heartily sick of the national state politicians with their posturings, vapourings, and attempts to drum up causes for no other purpose than to harass their opponents, there seems to be no desire to go through all the paraphernalia of an election this year. Meanwhile, there is the usual anxiety that the politicians fiddle as the country rushes to perdition, mainly because of inflation.

The present system of health care is essentially one in which the patient pays the doctor on a fee-for-item-of-service basis. The doctor can charge what he likes, but usually sticks to the rates agreed nationally. The patient pays the fee, and if he is insured he can recover almost all of it. The insurance funds are separate from those of government. They function well for those who can afford to insure. The rates of premium are flat ones, and they cover whole families, or only a single person. The poorer sections of the community, therefore, inevitably pay a larger percentage of their disposable income in health insurance than the richer. And the Medibank advertising stresses that over one million people in the country are not covered by health insurance. They gamble on remaining healthy, for if they fall ill they may have to face enormous bills. Even if they go into hospital to avoid paying a general practitioner's fee they still have to pay

something. The prudent, who can also afford it, insure against general practitioner, specialist, and hospital bills.

Generating Heat

For many the present system works very well, though it is rather cumbersome in its administration. But for others, especially the one million out of the total 13 million, being ill can be a sore trial financially. Though the details of Medibank are far from clear its intention is that all hospital treatment will be free—that is, on the government taxes. Those who wish to can continue with the insurance schemes as well. As far as the family practitioner is concerned the intention is that he will charge his patient a fee, but instead of asking the patient to pay him directly he will collect up all his items of service and send the bill to Medibank. Medibank will then pay, presumably on a monthly or quarterly basis, 85% of the items charged for. In outline, the new scheme seems simple, but it is generating a lot of heat.

The family practitioners see the free hospital treatment depriving them of patients, since the patients will not have to pay even a token sum if they go to hospital, but they will if they go to the doctor and he charges his 100% fee. If he is to compete with the hospital then he will have to accept only 85% of his fee from Medibank. So this is effectively a cut in his income of 15%. And, though medical incomes in this country are quite high, a cut of 15%, when the inflation rate is of the same order or more, will not be lightly borne by any group of people. But this is not the story that reaches the newspapers. They report the doctors' spokesmen as emphasizing the long queues which will form in outpatient and casualty departments and that patients will no longer be able to choose their own doctors. And the chaos reigning or apparently reigning in the National Health Service in Britain is ammunition for the doctors and the politicians who side with them. Of course, it is a myth that patients can choose their doctors, for they are restricted to the relatively small number who live in the vicinity and in remote country areas there can be no choice at all. Nor is it true that a proper doctor-patient relationship depends on the passage of money from one side to the other. But these unconvincing emotional arguments are the ones that reach the headlines.

The main anxiety ought to be, and in fact is, about the intrusion of government into the delivery of personal health care, and how any bad effects of this can be minimized. Where government establishes a virtual monopoly, as in Britain, the behaviour of Mrs. Castle towards those whom she employs scarcely generates much confidence in the doctors on this side of the world. The medical profession has as much right as any other body to protect itself from the inroads and encroachments of government, but it is hamstrung more than most by the nature of its work and ethical ideals. It is a combat of the worldly and the unworldly. And while others may be seen to be pursuing their own selfish ends, the medical profession must not appear to be doing so. They always have a fifth column within their ranks, and indeed so does each individual doctor. It is this weakness, which is really the strength and pride of the profession and believed in and supported by the public, which is exploited by government in the name of the people. It is a sad tale of mistrust, for government as employer has a sorry record. Their employees tend to be underpaid, to be held back when others in comparable situations are given increases in salary, and to be unhonoured and unsung. No wonder the doctors want government intervention minimized.

Government Participation

At the same time it is apparent that government finance is heavily involved in health care. They support the insurance funds, the government hospitals, and the private hospitals, and overall it is probable that about 60 to 70% of the costs of health care are already paid for out of taxes. There is probably no escape from this fact of life in all developed countries. Few people could now on their own support the cost of medical care. It has to be shared either through insurance or taxes. The insurance method alone is beginning to fail, or so it is alleged, though not overtly. So government is creeping in, though somewhat stealthily. It is the implications which cause concern.

The presence of government in the transactions between doctor and patient undoubtedly do alter the face of medicine. It could not be otherwise. But the fact is that government is already there and cannot now be ousted and the medical profession cannot now hark back to golden times when doctor and patient were alone together. Long experience demonstrates that governments are almost never to be trusted to play fair for very long. Medicine needs long-term planning and thought, whereas governments may be in office for relatively short times so that policy veers this way and that to the detriment of medical policy. Probably the only reasonable compromise is to cushion medicine from government by interposing a health commission or authority between government and those who work in the health care professions. Fortunately, there are signs that this idea may be put into practice. In South Australia at least, the Bright Committee suggested such a solution. Health care is now too big to be taken out of politics but at least it could be cushioned from its worst effects. As a system the interposed body has had some success in tertiary education through the agency of the Australian Universities Commission. There are defects, but they are probably less than with any other scheme where the power of the government should be limited, and yet where it supplies the money.

Another N.H.S.?

So Medibank grinds on. It will be introduced amid many lamentations, which will make no difference. Already the Medibank offices are recruiting staff from the health insurance agencies, whose present work is being slowed down. The hospitals have virtually no choice, for some state governments have decreed for the hospitals under their own control, and the private hospitals cannot exist, except at the simplest levels, without government funds. Inevitably, the family practitioner will be driven to compete with the hospitals for primary care, while the insurance agencies will atrophy for lack of funds and staff. Strident voices will avail nothing. The fight should be shifted to other ground so that the best may be achieved for patients, doctors, and all the others who deliver health care. There are ways to do this if negotiations start now and time is not wasted on arguments which cut no ice with those who control the money and therefore have the power. Concessions now will bring gains of a kind which will have some chance of balancing the competing claims of those who receive the service and those who give it. Intelligent people of goodwill can do this, and hopefully avoid some of the troubles which have recently beset the N.H.S. in Britain. The achievements of that service have been obscured recently through political ineptitude. We hope the same thing will not happen here.