

WITHOUT PREJUDICE

"The Ministry of Health cautiously report only a small increase in prescriptions issued in February but they admit considerable and remarkable variations in particular localities which can be only partly explained by normal morbidity differences. . . . According to a sample taken by the Welsh Joint Pricing Committee there was a 25 per cent. rise in demands for prescriptions in the Principality in March compared with the same month last year. Again this was subject to sharp variations between areas." (*The Times*, 23 April.)

Consumer demand—the modern jargon will out—is a different thing from consumer need. Of course the demand for drugs—and, most likely, useless drugs—would go up the moment the Government decided to let the public loose in the chemist's shop. People love drugs. Look at the fortunes made by the drug-makers. I can't go into the branch of my favourite drug-store chain to buy some razor blades (very safe and sharp) without buying at least one bottle of those lovely pills, capsules, or tablets of multi-preparations which promise removal of pain and promotion of tranquillity and bliss. I am too lazy to get these "on the Health" free of charge. Or maybe I am reluctant to face my family doctor with such trivial requests. Or maybe I think I could earn more money doing something else in the time I should spend going to my doctor and the chemist to get something apparently for nothing.

But the great mass of my fellow-sufferers succumb to the temptation of running amok in the chemist's shop at the expense of their fellow-taxpayers. Now I am sure Mr. Kenneth Robinson knows this as well as I do. Yet he is tied to his party's chariot. "In these circumstances," *The Times* leader of 23 April said, "the decision to burden his department with a further £21m. a year on a doctrinal impulse was ill-advised."

When I read this I was taken aback. *The Times* seemed to be saying that principles are all right so long as they aren't taken too seriously, or at least, are not made the basis of action. Now Mr. Robinson appears to be a rare phenomenon among politicians; he believes in what he says. I was therefore delighted to see him doing what he said he would do. What a change! I was glad for another reason—and that is that it is, I believe, stupid to put a tax on a prescription.

Early this month another general practitioner commented on some previous remarks of mine on this subject, thus: "I too am glad the prescription charges have been abolished. I was always out of pocket. Some patients were really hard up, and others, such as farmers, rarely carry any cash, unless going far from home. But I feel now, that our service is being abused."

* * *

I should much rather have a Minister of Health who sticks to his guns than one who talks a lot of hot air and goes back on his party's policies. But I continue to live in the forlorn hope that my small voice might have some effect in changing the policies of the present Government in the direction of those currently adopted by other and older social democracies in Europe, let alone the countries behind steel shutters.

If a woman has to pay for the butter (or, pace Lady Summerskill, the margarine) she really needs, I think she (or her husband) should pay at least something for the medicine that she wants but most likely does not need. Although the number of drugs now needed for medicated survival is greater than it was 40 years ago, it doesn't come anywhere near the number the public persuades itself it wants. Older—and wiser—social democracies than England's green and pleasant land don't let their hearts run away with their heads. A fat heart leads to a fat-head.

The Scandinavians and the Dutch don't wish to see their fellow-countrymen made spongers upon the body politic, parasites on the common purse, ponces for drug-pedlars. Nor do they wish to see them plaguing the physician for needless

attention when he has a really sick man or woman in dire need of all the expert attention he can give. It is this futile waste of energy and money, this diversion of trained talent from urgent tasks to the trivia of the N.H.S., that infuriate the good doctor. And the fury gradually dies down as the tide of exasperation ebbs and gives way to apathy.

There is a blank wall of incomprehension between the doctor and the politician. Or rather a revolving-door of incomprehension through which both pass without ever catching up with the other. The man who is hit down by illness feels he is doubly injured when he has to pay for it, especially as his earning capacity drops at the same time. In the dark hours of the night of depression he would do anything to get back into the light of good health. But once he is on the path of recovery his mood changes. His attitude to his own doctor becomes violently ambivalent. To have to pay as well as suffer seems the last insult to human dignity.

* * *

Last week I listened in the early morning to a talk between a veterinary surgeon and a pig-farmer. The vet was talking about what to do with pregnant sows. He was able to tackle this with an objectivity I greatly envied. He seemed to be in far greater mastery of his subject than an obstetrician would be in relation to a human para. He dealt with nutrition, with hygiene of the sty, with cleanliness, with constipation and purges, with worms and all that in a tone of scientific isolation from what one might call the "pig-mind." And I understood that with all these factors objectively defined and assessed the end-point of veterinary management was pretty satisfactory. Such complete objectivity is not really possible in tackling the pregnant human, and that's where the doctor-patient relationship comes in as a passport to objectivity.

It is true, of course, that the pigs didn't have to pay any maternity fees, which were borne by the farmer. And the farmer didn't have to go to the State for them, except in so far as the State (that's you and me) subsidized him. "But it doesn't follow that," to return to *The Times* leader on 23 April, "because a service is provided by the State for what are substantially humanitarian idealistic reasons, no consideration should be given to the need for good housekeeping in this, as in any other, department of state."

That's what we want. Good housekeeping. The amount of apathy and inertia in the N.H.S.—? a mirror of what is in the country at large—is appalling. If it would not embarrass too greatly the people concerned I could tell a sad and short tale of ineptitude in the arrangements for the transfer of a unit from one hospital to another that would make the multitudinous seas of the south coast incarnadine.

* * *

Doctors are as imperfect as politicians. If the kind of life—I'm not referring to money—they are asked to lead puts them off, then the supply of good doctors will gradually dry up. My correspondent who, like me, dislikes the idea of taxing prescriptions, ends his letter thus: "His [the G.P.'s] service is also rather better than that provided by the post office, as it is available at nights and week-ends. He probably does about 25,000 miles per annum, so it would appear that the Government prices his services at rather less than those of a telegraph boy."

One cannot escape these comparisons. The only way to make the public understand the value of what it gets is to make it pay at least something direct to the doctor. The State (that is me and the other taxpayers) may subsidize the farmer more than I like, but I nevertheless don't mind paying, as well, directly for the butter and the milk and the bacon and the bread I need to keep alive. Why shouldn't I pay something—however little—directly to the doctor who brings me out of the vale of ill-health? And surely I should pay for the aspirins I need to snap me out of a hangover.

PERTINAX