

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL

LONDON SATURDAY JULY 5 1941

Correspondence

Medicine and Finance after the War

SIR,—It is significant that of the eight letters in the *Supplement* of June 14 no fewer than seven—all important and well informed—deal with subjects which are engaging our attention, not because the subjects themselves present any difficulties, but because they are matters on which the “dead hand of finance” has cast its blight. Note the titles—“Increase in Private Fees,” “Increased Health Insurance Benefits,” “State Medical Service,” “Free Choice of Doctors.”

Every one of the writers, whether he knows it or not, is anxious to obtain (1) relief from economic distress or worry; (2) a medical service unhampered by economic limitations. To attempt to obtain this happy state thousands of medical men all over the country have thought, spoken, argued, written, formed committees, framed resolutions, and devised plans. They have spent an enormous amount of time, and mental and physical energy, in the past months “trying to arrive at a solution.” And always they have come up against opposition of one sort and another which has been called “personal ambition,” “Fascism,” “an inopportune time,” or some equally high-sounding phrase. A few moments’ honest thought will reveal that each of these objections or barriers is merely a cloak for lack of money. The scheme is impracticable because we “cannot afford it.” Mr. So-and-So opposes it because he fears “it will affect his income.” A medical analogy is that of sciatica or sciatic neuritis. “Sciatica” is a descriptive term, a symptom. There is always a cause for which we have to seek. The causes are legion. The multifarious symptoms of “lack of money,” on the other hand, are due to one and only one cause—*lack of money*. Once this lack is righted all schemes can be put into action at once and fully.

The lack of money is an artificial thing, as we all know now. Prior to this “war” the country could not find two or three million pounds to put agriculture right. Now we can conjure up fourteen millions a day without any difficulty. So absurd is the situation that people have stopped saying, “Where is the money coming from?” They know. All the financial papers have explained over and over again that the Bank of England creates it. Why, at the start of London’s War Weapons Week it was bluntly stated that little if any of the money subscribed would be saved money. It would be money created for the purpose. The financial authorities have even gone so far as to say we are not asked to save money because the country needs it—only because they want us to stop spending.

The lack of money is selective whether in war or in peace. In wartime ordinary consumption must be cut, so it is right that the people—the consumers—should have less. But in peacetime lack of purchasing power by the consumer is a sheer anachronism. If they cannot purchase why bother to produce for purchase? It is lack of money by the consumer which is the flaw in the orthodox (namely, old-fashioned) financial system. It is this lack which is hindering medical development—which makes the time-wasting and energy-wasting medical planning schemes necessary.

Away with all this waste. Let us get back to first principles. Let us demand a sensible financial system. Let us devote all our energies to this and our problems can be solved at once. It will be said—and justly—that the selfishness of some people may jeopardize the schemes even then. Quite true. But the selfishness of a few people who control the Bank of England is sabotaging all schemes at present, including the war effort, as we see in “Treasury’s Dead Hand is slowing down War Effort” in a national daily of June 3. It was

said by Edward Hulton in *Picture Post*: “Most of us accept that ‘money’ is but counters. . . . It is about time we began from the Treasury downwards to act on that belief.”—I am, etc.,

Manchester, June 17.

W. SAYLE CREER.

Medicine To-day and To-morrow

SIR,—May I offer the following reflections on recent correspondence in the *Supplement*.

After ten years’ struggle against the limitations and irritations of suburban general practice as it is conducted to-day I, like most of my colleagues and contemporaries, am all too often conscious of a sense of dissatisfaction and frustration. Many of us feel more and more that we are not getting a fair deal financially, and that much of our time, training, and skill is wasted; in fact there is little to encourage a young practitioner to live up to the high ideals with which he first embarks on his profession.

A properly organized national medical service would do a great deal towards the building of a very much better and healthier nation when this nightmare of war is over, but a State Medical Service run by civil servants will, if our present experience is any guide, lead only to still more widespread dissatisfaction among the profession. No group of men can be expected to give of their best while they labour under a sense of grievance and feel that they are unfairly treated, and the end-result would be a steady decline in our standards, and we should in time cease to be a “learned profession”: a cynic might well suggest that we are already on that downward path!

Though we can none of us hope to keep up our pre-war standards of living in such days as these, yet while aiming at a higher level of medical service so that the best men will be attracted to practise medicine and will be encouraged to give of their best, the conditions under which we serve must be satisfactory—and that must include a satisfactory economic standard. For this reason most of us will disagree with those few correspondents (is it just coincidence that they are apparently all from “reception areas” and are so perhaps not solely dependent on current professional earnings?) who deprecate any attempt to secure a fair income for the general practitioner. Actually our present *net* fees are less than pre-war fees if allowance is made for increased practice expenses, and even the recent increase in gross private fees does not balance the account.

As for the proposed extension of insurance benefit to a large group of “black-coated workers,” if these patients, who at present pay fees which average four or five times the current capitation fee, are to be accepted at that same rate, we shall in effect be subsidizing out of our own pockets patients who are often very exacting in their demands upon us. If our representatives agree to these proposals they will be guilty of a gross betrayal of our interests, and will forfeit all claim to the confidence of general practitioners.

What we all long for is a well-organized health service in which we can all give of our best for the good of the nation’s future health, and in return we ask for fair conditions and fair treatment. At present we get neither of these, but is it too much to hope for better things in the post-war future?—I am, etc.,

Coventry, June 17.

H. NORMAN GREGG.

MEDICAL PERSONNEL (PRIORITY) COMMITTEE

The Secretary of the Central Medical War Committee, Dr. G. C. Anderson, has been invited by the Minister of Health to attend the meetings of the Medical Personnel (Priority) Committee, the chairman of which is Mr. Geoffrey Shakespeare, M.P., in order that the committee may have the benefit of his advice and experience in the course of its discussions.

