Military medicine

"The Ministry have not convinced us that they have approached the subject with any sense of urgency. . . ." No, this was not the BMA once again castigating the DHSS: it was the view of MPs on the House of Commons Expenditure Committee about the Ministry of Defence. The subject referred to was the defence medical services and the report containing the comment was published last month.[1]

The dismantling of the Empire and Britain's deepening economic ills contracted the country's military commitments abroad. The consequential reduction in the size of the armed Forces affected the defence medical services, which have had some troubled times in the past 15 years. In the far off days of National Service staffing the medical branches presented relatively few problems other than where to post the plentiful supply of cheap medical labour. But with the switch to voluntary recruitment in 1961 the difficulties of attracting doctors to the services became acute. Indeed, the Government was obliged initially to introduce special legislation to extend the commitment of certain national servicemen (including some doctors) so as to cover deficiencies in key personnel.[2] Nevertheless, with pressure and help from the BMA the Ministry of Defence introduced in April 1962[3] a new deal for service medical officers—a reform which led at first to a good supply of new doctors.

Since then, however, recruitment has fluctuated, with successive cuts in the defence budget not only demoralising serving doctors but also deterring their civilian colleagues from joining up. So on occasions the BMA has had to act as a forceful advocate for service doctors to ensure that a medical career in the Navy, Army, and Air Force was both professionally and financially rewarding.

With each separate arm having its own traditions and differing professional attractions both the BMA and serving medical officers saw the distinctions as a valuable recruiting incentive. Nevertheless, in successive economy drives amalgamation of the three medical branches has made a regular appearance as a possible money saving reform. One such occasion was in 1959, when a subcommittee of the House of Commons Select Committee on Estimates was inquiring into the possibility of amalgamating not only the three branches but also service and NHS hospitals too.[4] Though that committee's conclusion favoured integration "the responsible Ministers . . . expressed their firm opposition. . . ," opposition strongly supported by the BMA.[5]

Last month's House of Commons report[1] once again dealt with integration, though this time with the more modest objective of a unified headquarters directorate for all the medical services, as well as improved liaison with the NHS. The Expenditure Committee's main task has been the assessment of progress on the recommendations of the 1973 Jarrett Report,[6] which inquired into "the arrangements for providing medical, dental, and nursing services for the Armed Forces." The BMA submitted extensive evidence, which clearly influenced the committee's recommendations, for among many other things these were against amalgamation though in favour of improved co-ordination and rationalisation centrally within the Ministry of Defence.[7]

The MPs condemned the slow progress made in introducing the Jarrett Report's proposals. They also regretted that their own previous suggestion in 1974 for a unified directorate had not even been given detailed consideration by the Ministry of Defence. Given the relatively small size of the medical branches—their estimated cost in 1976-7 is £108 million against an NHS budget now well over £4000 million—it is surprising that so little progress has been made towards what seems a sensible objective. On the other hand, the defence forces have suffered so many cuts, reviews, and rationalisations in recent years that it is a wonder that they have had time to do their proper duties, and certainly the clinical medical services are fully stretched.

In 1975 nearly 75 000 patients were admitted to the 2732 service hospital beds in the UK: over 57% were civilians and servicemen's dependants, with 6000 of the NHS patients being treated under contractual arrangements between the DHSS and MOD. The bed occupancy rate was around 67%, well below the target of 80%. Yet by their nature service hospitals cannot be expected to match NHS bed occupancy rates, and a reserve of empty beds is essential if they are to cope with the unexpected. For their part NHS hospitals treat only 3000 or so servicemen a year, an imbalance thought to be worth £4 million to the NHS. The average taxpayer should lose little sleep: the money for both sides comes ultimately from him, and this financial discrepancy will upset only tidy-minded bureaucrats. But the treatment made available to civilian patients—often in areas where NHS beds are scarce—and the experience they provide for doctors and nurses staffing service hospitals are both valuable factors, provided the service hospitals are run efficiently.

But the MPs clearly think that efficiency can be improved and with a service bed costing (in 1974-5) £211 against £150 for the NHS they probably have a point. So they have called on the Ministry of Defence and the DHSS "to co-ordinate their efforts without further delay to make the best use of existing medical resources. . . ," and at the same time make some practical suggestions, including wider use of contractual arrangements and the development of "service" wings to NHS hospitals. This is all sound sense. Nevertheless, with the NHS reeling from the results of reorganisation and an acute money shortage such co-operation will hold a low priority at the DHSS and among health authorities. As is the case with RAWP[8 9] rationalising services when budgets are frozen is no easy task—though that is just the time when all resources should be used with the utmost effectiveness.

[1] Expenditure Committee of the House of Commons, *Defence Medical Services*, eleventh report. London, HMSO, 1976.
[2] *British Medical Journal Supplement*, 1962, **1**, 177.
[3] *British Medical Journal Supplement*, 1963, **1**, 197.
[4] *British Medical Journal Supplement*, 1960, **1**, 145.
[5] *British Medical Journal Supplement*, 1961, **1**, 174.
[6] Ministry of Defence, *Report of the Defence Medical Services Inquiry Committee*. (Jarrett Report.) London, HMSO, 1973.
[7] *British Medical Journal Supplement*, 1974, **2**, 46.
[8] DHSS, *Sharing Resources for Health in England*. London, HMSO, 1976.
[9] *British Medical Journal*, 1976, **4**, 1280.