LETTER FROM WESTMINSTER

Elections can damage your health

JOHN WARDEN

Before going away for Easter MPs laid down their markers for the general election, which, whenever it may come, now totally dominates their lives. It could be as early as six weeks, but surely not later than six months. Indecision and uncertainty prevail. The only important decisions being made by ministers are those required by electoral considerations. The rest are put off or slipped into the manifesto.

On the health side, Mr Norman Fowler, Secretary of State for Social Services, has virtually cleared his desk—apart from the pay reviews, that is—and will certainly not be in a position to declare on the future of primary health care in advance of a June election.

Everything now is by way of rehearsal for that event as we saw in full measure last week. It began with the Social Democratic Party/Liberal Alliance launching a new policy document on health, entitled *The Alliance for Health* (11 April, p 984). The Liberal input is to claim direct line of descent from the founding fathers, Lloyd George and Lord Beveridge, while the SDP has the advantage of having a doctor for its leader. Presumably it is Dr David Owen's influence that gives the Alliance policy a welcome emphasis in favour of preventive medicine. Hence there is a promise of special measures on preventive care and promoting healthier lifestyles.

"The most effective way to improve the health of people in Britain is to tackle unemployment, poor housing, and poverty," the document states in its rather sweeping way. All government departments would be required to take account of the health consequences of their policies and adjust them where necessary. All tobacco advertising would be banned and pollution controls stringently enforced.

An Alliance government would restore an independent health education body with increased funds, and a central feature would be the creation of a £250m "innovation fund" to tackle inequalities in health care and improve the "cinderella" services.

It sounds as if the document was written before the Alliance climbed to second place behind the Conservatives in the opinion polls and therefore invited itself to be taken seriously. So far, Dr Owen has prescribed a placebo.

Labour by contrast is rather more biting, or bitter, in its approach. On the same day as the Alliance launch Labour brought out a new poster showing an abandoned ward and bearing a slogan of dubious accuracy and grammar about "Less beds, less staff, less hospitals," implying that the Tories could not care less. To drive the message home Labour initiated a Commons debate on the "divided nation"—in effect, another dummy run for the election campaign.

It was a cue also, of course, for MPs to explore the Health Education Council's (HEC) valedictory report, *The Health Divide: Inequalities in Health in the 1980s* in terms rather more partisan than dispassionate. To Mr Roy Hattersley it merely confirmed the class differences in health and life expectancy that have already been demonstrated beyond reasonable doubt. The health of poorer families had deteriorated in the 1980s. The tragedy of the situation, he said, was that the deprivation was transmitted from generation to generation. His front bench colleague, Mr Michael Meacher, said that it was one thing for the government to increase incentives for the successful but quite another to penalise the victims of unemployment and poverty with higher morbidity and even premature death.

The Conservative answer, muted until then, was left to Mr Ray

Whitney, who until last year was a junior health minister and is no admirer of the medical profession. He characterised *the Health Divide* as a Marxist report based solely on the class approach.

Mr Whitney's analysis is that we live in a world of inequalities but that there is greater equality of health care in this country than in any other. He rejected as bogus the class assertions that death and disease in Britain were a function of poverty. Among the bottom 20% of the population household spending, excluding housing, had increased in real terms by 12% since 1979.

"By no stretch of the imagination does a 12% increase in expenditure mean an increase in poverty," Mr Whitney claimed. To explain any "health divide" he pointed to differences in smoking, drinking, and exercise as the factors most involved. The real answer, he added, lay in making Britain more prosperous: "The way of prosperity is the way of greater health."

Which is a neat way of summarising the whole political divide on health. Labour and the Alliance would spend more public money out of taxation, although the government shouts itself hoarse proclaiming its own records in that respect. Where Labour says less beds the government says more patients; for less staff it says more doctors; and for less hospitals it boasts more new building. It can fairly recall the enforced health cuts imposed 10 years ago by the collapse of Labour's economic policies. Ministers, therefore, feel justified in saying that higher personal incomes and better public services are closely connected through the ability of the economy to create wealth.

Practical wisdom from the Surgeon General

It so happened that while the politicians were disputing whether health resources were sufficient or not a measure of practical wisdom was being dispensed upstairs in a Commons committee room. For example, on the question of what is enough: "There is never a time when you can say we are spending enough in the medical area. Medicine will consume any amount of money anyone puts near it."

So said Lieutenant General Sir Cameron Moffat, the Surgeon General, when he gave evidence to the public accounts committee on the running of hospitals in the armed forces. Despite his worldly wise comment on the voracity of medical science, he was nevertheless diplomatic about the £143m being spent by the service hospitals—a balance between what was reasonable and what was absolutely essential, he said. Things which were merely desirable did not nowadays figure in the accounts.

The committee was examining the possibility of 18 000 more NHS patients being treated in underused service hospitals (4 April, p 912). The stumbling block is an old quarrel between the Ministry of Defence (MOD) and the DHSS over who pays. They are still deadlocked.

"I have to say it is not one of Whitehall's more happy stories," confessed Sir Clive Whitmore, permanent secretary at the MOD. He agreed that there were spare beds in the service hospitals, though the Surgeon General added a defensive rider that unused space was not the same as unused capacity. His nurses were working as long and as hard as any in the NHS.

Once again an argument had come full circle. But given the tendency of politicians to regard the furniture as a measure of performance, perhaps a timely last word should be accorded to the Surgeon General: "Hospitals are people. They are not buildings."