THE DISCUSSION AT CAMBRIDGE ON THE FUTURE OF MEDICAL PRACTICE.

BY

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No more interesting or more valuable discussion has ever taken place under the auspices of any medical body than that held at the meeting of the Section of Medical Sociology at the annual meeting of the British Medical Association at Cambridge on July 2nd. It ought to receive the closest attention of every medical practitioner, as it hinted at changes which may prove revolutionary, and will affect every member of the profession, whether general practitioner, consultant, laboratory worker, or State or municipal servant.

The opener, Sir George Newman, was not very definite as regards proposals, except for his quite definite statement that he would do nothing to discourage that individualism which most medical men will agree is of peculiar value to medicine; but it was evident that both he and those who followed him were pleading for an assumption by the State of more or less responsibility for the health of the nation. With this I am in entire sympathy. The fact that I myself, in a report which I drafted for the York Panel Committee, was, I think, the first, or one of the first, to adumbrate in print most of the proposals which seem to have found favour with the openers of the discussion and also of the Advisory Committee to the Health Ministry, will show that I am enthusiastic as to this assumption by the State of full responsibility for the medical services needed by the community, so long as the individualism of the profession, which I regard as of first importance to the profession and the community, is reasonably safeguarded. It is a cause for legitimate pride that it is from our own profession that the impulse has come which may help towards a solution of a difficult problem.

My object, however, in writing now is to utter a word of warning. Desirable as it is that the State should take full responsibility for the health of its citizens, it should do so only on conditions which will allow of its doing the thing efficiently; and it were better that the Medicine of this country should not be interfered with further at all by the State unless this interference is to lead to a better state of things. We, too, as a profession must not advocate change, but reform; for change without reform may lead—indeed, is likely to lead—to disaster.

To my mind it is clear that there are three essentials to the establishment by the State of a satisfactory medical service:

1. That this service should be complete. All sections of the necessary medical services need not be established complete at once, but any section dealt with by the State should be dealt with completely. It might, for instance, be possible to set up an adequate hospital service by itself to begin with; and this is at present the most urgent of medical problems. But sooner or later the co-ordination of all forms of service under the aegis of the State would certainly be found necessary.

2. That the medical profession should have the largest possible share in the management and control of the service, and that bureaucratic interference with the profession should be the least possible.

3. That provision for the services should be adequate. On this last point it is of urgent importance that the profession should have clear and decided views, and it was hardly raised at the discussion at Cambridge.

The Cost of a Satisfactory Service.

Unless ample financial provision is to be made to allow the medical service supplied to be of the very best, then any further incursion by the State into the province of medicine is undesirable, and, so far from being advocated by the medical profession, should be strenuously resisted.

I have endeavoured to work out the costs of a complete and fairly satisfactory medical service for my own city of York, and from this a sum of proportion will give an estimate of the cost of a complete service to the State as a whole.

For the moment I do not wish to raise the question as to whether the establishment of a complete service is desirable, or on what lines it is to be set up—whether partly by extension of the panel service or otherwise; but the profession must remember that the National Health Insurance Acts meant a very large assumption by the State of responsibility for part of the country's medical services; that force of circumstances will compel the State to undertake

to a greater or lesser extent the burden of hospitals; and that there is at least a possibility of the State being compelled to undertake responsibility for all the medical services of all but the comparatively well-to-do.

I take as a basis to form my estimate the cost of present medical services, so far as they are given and can be ascertained.

(a) General Practitioners' Service.

The cost of private practice and of club practice cannot be ascertained, but the cost of the present panel service for this year for the city of York will be about £19,100. To make this a complete service means to extend it to dependants—that is, to the bulk of the rest of the community. York seems to be peculiar in that the insured population bears a higher ratio to the total population than that of the kingdom generally. The total population, taking the figures of the medical officer of health, is 77,639, and the figures of the Ministry of Health for the insured population is 35,000. This latter figure will probably be found to be too high, as it includes "inflation of lists." This inflation will certainly be less than in former years, but no great error will be made by assuming the correct number to be 30,000. To extend the medical benefit of the Insurance Acts to the rest of the community of similar economic circumstances would mean to increase the cost in the proportion of about 72,000 to 30,000; or, in other words, the cost would become approximately £46,000. This is on the basis of the present capitation fee, and there is a strong case for thinking that a satisfactory service for women and children should bear a higher fee; and no satisfactory service, whether on the plan of a panel service or otherwise, can be given at a less cost. I of course admit that service of a kind might be given at a less cost, but only, in that case, one that would degrade medicine and degrade the medical profession.

(b) Hospital Service.

I would like to "cross the t's and dot the i's" of what Mr. Morris of the London Hospital said at the discussion—that "the day of staffing voluntary hospitals by honorary officers is past"; but I think that this needs restating more strongly, and I should have been glad if he had said that the day of voluntary hospitals is past, or, at least, passing, whether we like it or no. Incidentally, I would like to resist strenuously the method favoured by Mr. Morris of easing the finances of voluntary hospitals by charging each patient a part of his cost to the hospital. At the London Hospital they charge, or propose to charge, the patient one guinea a week, the cost to the hospital being about four guineas. This I regard as a most dangerous precedent. It may be necessary to continue hospital services as a charity, or it may be better to make them a right of every citizen; but to supply them as a charity and to delude the recipients of the charity into the belief that they are not receiving charity, as making them pay part of their cost would certainly do, will, I am certain, be bad policy for all concerned. The expenditure of the York Hospital for 1919 was about £20,000; but this relates not to York but to a larger area, and I estimate the cost as applying to the city of York as two-thirds of this, equal to £13,333 13s. 4d.

Now, I am satisfied that the needs of the community demand an increase of the number of hospital beds, and that this should be multiplied by three. Mr. Jenkins, who spoke for the Labour party by invitation at the Cambridge Conference, said six, but probably three would be enough, and I feel confident that I could make out a good case for at least three. These need not be under the same roof, and many of them should be convalescent beds; and though this might reduce the cost per bed on the one hand, yet on the other, the fact of having separate establishments would tend to increase the costs, so that the cost per bed would have to be multiplied by three, making £40,000. Some of these, however, might be "paying" beds, which might reduce the cost to (say) £32,000.

These figures for hospitals, however, are based on gratuitous medical services, which could not continue under State or local authority provision; and I take as the cost of medical service, for purposes of argument only, the very low figure of £8,000. I think it likely that this figure is too low, but at present my object is only to give minimum figures. The hospital costs would accordingly be raised from £13,333 to £40,000, and the figure will be higher if nurses are to be reasonably paid.

(c) Present State Service.

Examples: Departments of M.O.H., tuberculosis, school, Poor Law, post office, pensions, some military work, venereal department, fever hospitals, city asylum, etc. The cost of that part of these services supplied by the Corporation of the City of York in 1919 was £36,579. The cost of the remainder I was not able to ascertain, but it is small and for the purposes of this article negligible. Some of these services would be merged, and therefore included, in the costs of the above general practitioner and hospital services, so that the cost of these would be in that respect lowered. On the other hand, the city medical services are underpaid; so that the reduction in costs would not be great. And it must be remembered that it is the tendency of the time to increase public health services. Let us assume that the cost would be lowered to £34,000.

(d) Present Poor Law Infirmary.

This has 370 beds. No separate accounts are kept for the workhouse and the workhouse infirmary, so the cost of the

infirmary must be an estimate. I have worked it out at about £13,000, and the cost of this, referable to the city of York, is five-sixths—namely, about £11,200, for the year 1919. This city infirmary is, unlike many workhouse infirmaries of the country, far from empty; and it is usually more than two-thirds occupied. Some of these beds may become unnecessary in view of the increase above indicated of hospital beds; but the decrease will not be great; 124 of these beds are for imbeciles, and about 50 for senile infirm people; and many of the remainder are used for chronic invalids and incurables not suitable to be hospital cases. But if we assume that the number of beds might be somewhat lessened, and take the estimated remaining cost as £10,000, we shall not be far wrong.

(e) *Additional Services.*

The above make practically no provision for a very big, indeed, a gigantic, problem—that of dental service; and it is certain that there will be other increases in specialists' services, such as pathological, laryngological, dermatological, etc., certainly associated with the hospitals but not provided for in my figures above. Any figure to supply these must be a guess, but it will not be less than £5,000, probably nearer £10,000 to supply them efficiently; let us take the figure of £7,500.

Summary.

These figures are summarized in the following table:

A Rough Estimate of the Cost of a Complete Medical Service for the City of York.

	Cost of Present Service.	Cost of Present Services to State or Local Authority.	Cost to State or L. A. of Complete Service.	Increased Cost to Community of Complete Service.	Increase or Decrease of Cost to State or L. A. of Complete Service.
General practitioner service (present panel) ...	£ 19,100	£ 19,100	£ 46,000	Probably none.	£ 26,900
Hospital service (other than fever hospitals, etc.)	13,333	Nil	40,000	?	40,000
Present State service (M.O.H., Poor Law, etc.) ...	24,217	24,217	21,638	Probable decrease, £2,579	Decrease, £2,575
Pauper lunatics in City Asylum ...	12,362	12,362	12,362	None	None
	36,579	36,579	34,000		
Poor Law Infirmary ...	11,200	11,200	10,000	Decrease, £1,200	Decrease, £1,200
New special services ...	Nil	Nil	7,500	?	7,500
Total ...	£80,212	£66,879	£137,500		£70,621
Cost per head of population ...	Over 20s.	17s. (approx.)	Over 35s.		About 19s.

NOTE.—The increase of cost to the State or Local Authority of the Hospital Service is the total cost. None, or practically none, of this is now borne by the State.

From this table it is seen that the cost per head of population of present services is about 20s.; that the State or local authority pay about 17s. of this; that the cost of a complete State service (the word is here used without implying whole-time or salaried service) would be about 35s., and the increased cost borne by the State about 19s. per head of the population.

Now, the city of York is fairly representative of the country. It is urban, yet semi-rural; it is partly a manufacturing, partly a residential city; figures based on its figures, or an estimate of figures for it, will give a fair indication of figures applicable to the whole country.

The figures given above mean that a complete medical service would cost the State between 70 and 80 million pounds annually, meaning an increase of cost to the State of not less than 40 millions on what it is at present spending, and this without taking into consideration anything to represent interest and sinking fund on capital costs. And it must also be remembered that the estimate I have given is a low one, probably too low to allow of that efficiency which is the first essential of our requirements; that it is based mostly on figures for 1919, and that costs have gone up since then and the value of money has gone down; that the demands of labour are likely to increase costs further. However this may be, my argument depends, not on the complete accuracy of my figures, but upon the fact, which I claim I have demonstrated, that the increase of the cost to the State of a satisfactory medical service will be a large one.

Now comes the question: How are we going to get this kind of thing for the medical needs of the community, postulating for the moment that it is desirable? Shall we get it from the politician? Shall we get it from the sort of persons now running the Ministry of Health? I had a little experience of the Ministry of Health in the endeavour to get for the panel service terms which would allow of its being made an efficient service. This experience did not make me feel inclined to swell with pride from the knowledge that the medical needs of my country were in the

hands of people with a real grasp of what these needs were. I did not feel that the Ministry of Health was free from the influence of opportunism; it was not very clear that a change of name from Local Government Board to Ministry of Health indicated any change of heart. (I would like to interpolate that nothing of this applies to the late Sir Robert Morant.)

Any satisfactory solution of the medical problem is impossible so long as the management of the country is on its present lines; and if this is so, are we, as medical sociologists, to plead for what we know under present conditions to be impossible? Or are we rather to strive for a better state of affairs; to remember that medical sociology is part of a general sociology; to help to rescue the country from the politician, and to replace the politician by the sociologist, or convert the politician into a sociologist; particularly to remember that the future of this country and of the world is not with the politician, but with the scientist; and that if the scientist were set free to solve the problem of production, all the millions and hundreds of millions needed for the medical problem, the housing problem, the National Debt, would be a mere flea-bite in comparison with the possibilities of wealth the scientist might make for us. One of the valuable contributions to

sociology of the great American sociologist, Lester Ward, was the thought that the path to progress is indirect. To my mind this problem in medical sociology does not and cannot stand by itself; it is part of the whole problem of the country's future, and I believe that the most fruitful thing we, as medical sociologists, can do at present is (first) to help to promote a public opinion which will bring peace to the world, and (second) to influence the politician, so long as it is he who controls the country, to give that endowment to science which is the only thing which will allow of that increase of production, and which will in turn allow all these medical needs, as well as other desirable things, to be added unto us.

ROYAL MEDICAL BENEVOLENT FUND.

At the meeting of the Committee held on August 10th, twenty-two cases were considered and £244 11s. voted to twenty of the applicants. The following is a summary of some of the cases relieved:

L.S.A.Lond., aged 63, married, who for some years has acted as locumtenent. Has recently completely broken down in health, and is in hospital suffering from tabes dorsalis. Last year only earned £121. Rent £32 10s., and wife lets an unfurnished room at £11 4s. Friends have given £10. No prospect of applicant being able to work again, and they are practically destitute. Voted £26 in twelve instalments.

Daughter, aged 62, of M.R.C.S.Eng. who died in 1903. Owing to nervous breakdown applicant has been for some time in a nursing home. Is now staying with friends, who will be unable to keep her. Income £50 from investments. Desirous of getting into a home. Voted £12 in twelve instalments.

Wife, aged 46, of F.R.C.S.Irel. Owing to overwork and financial worry applicant's husband is completely incapacitated, and it is not expected that he will be able to work again. Three children, aged 23, 20, and 10. The eldest, a daughter, earns £3 a week. The son, aged 20, is going to Australia. Rent £115 for an eleven-roomed house, the lease of which runs out in September, when £300 will be required for dilapidations. A friend has lent the money to pay the rent up to September. Desirous of getting a house and letting rooms, and asks for help to make a start and towards the youngest son's education. Voted £10.