THE FUTURE OF GENERAL PRACTICE.*

BY

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WHEN war broke out in 1914 the medical profession suddenly found itself faced with entirely new problems. It is not surprising, therefore, that interest in many of the questions which had previously occupied our attention appeared temporarily to subside. The immediate mobilization of the medical officers of the Territorial Force, the enrolment of thousands of civilian practitioners as temporary commissioned officers of the R.A.M.C., and the urgent need for the provision of some arrangements for the medical treatment of the dependants of those serving with the colours monopolized our attention for some months to the exclusion of all other matters of usual interest.

With the continuance of hostilities, however, we have come to realize that many questions which we imagined could wait until after the war for attention must be dealt with at once, or at least carefully considered, and also that many new problems arising from the lessons of the war require attention. At a time when the best brains of the country are engaged in the prosecution of the war it is obviously undesirable—if it can be avoided—to engage in any programme of reform which vitally affects the interests of the whole profession. But we are not free agents in such matters. Whether we think it is a suitable time or not, other people are determined to press forward with matters in which we have a vital concern; and there is this to be said for them, that if matters of public health are to be left until after the war, it will be many years before any Government has the necessary time to devote to purely domestic affairs. Powerful influences are at work, and will seize the earliest opportunity to carry through Parliament measures of public health which will have a far-reaching effect on the whole profession. Bear in mind that Parliament at the present time shows no inclination to be bothered with contentious matters. Consequently, any proposals must be thrashed out beforehand so as to go to Parliament with some measure of agreement amongst the interests mainly concerned.

The first object, therefore, is to secure more or less general approval for any measure requiring legislative action, and it is essential for the profession to watch the trend of events and to be in a position to state its views on the various questions which are likely to be brought within the purview of practical politics. That is where we come up against the first practical difficulty. The profession has never yet spoken with a single voice. The one great voluntary organization which should be in a position to represent its views without question is too often weakened by internal dissensions or by ill-informed criticisms from outside. If we are to carry any weight it is essential that we should sink our differences and come to some agreement amongst ourselves, at least on fundamental principles. Otherwise the politicians will always be able to play off one section of the profession against another, and our interests will be sacrificed.

The problem which has recently attracted most attention is the proposal for a Ministry of Health. The scheme of the British Medical Association urges unification of authority and simplification of procedure. The chief point of the scheme is an equally balanced dual service representing both the curative and preventive side of medicine. It lays stress on the importance of utilizing the family doctor in domiciliary treatment of every kind. It insists upon the value of the voluntary hospital system, though recognizing that modifications may be inevitable in the near future. It suggests a large extension of the cottage hospital idea, which allows the family doctor to follow his patients to the hospital. And it emphasizes the need for organizing the clinical service on the lines of private practice, open to every class of practitioner.

A Government bill was drafted in the early part of this year, although it has never yet been introduced into Parliament. It provided for the transfer to one department under a responsible Ministry of all the powers and

duties of the Local Government Board and the Insurance Commission, and certain of the powers and duties of the Board of Education, with power to take over at a later stage by Order in Council the powers and duties of other departments relating to health matters. It is now understood that the bill has been revised and its scope extended, and that it has passed the Committee on Home Affairs, and will shortly be introduced. If the profession supports the bill solidly, I believe it will go through, and representatives of the two Royal Colleges, the Royal Society of Medicine, and the British Medical Association are meeting shortly to endeavour to arrive at a common policy.

The Ministry of Health when first established will not necessarily affect the conditions under which medical practice is now carried on. But the first business of the Minister will be to secure the development and efficient administration of adequate health services. Our interest, therefore, is mainly centred in the services which will be established when the Ministry of Health is an accomplished fact. Changes are undoubtedly coming. The country is now alive as never before to the importance of the physical welfare of the individual, and every one is agreed that the best means for preserving health and curing disease should be available for every citizen. It is equally certain that the State will extend its responsibility, supervision, and control in these matters.

Now there are three possible forms of State aid. The first is to make the medical profession a salaried civil service, and the idea of a State Medical Service has steadily gained ground in certain quarters. It is well known, for instance, that many junior officers of the R.A.M.C. are keenly interesting themselves in the possibility of securing employment after the war without the necessity of purchasing or working up a practice, and are discussing a multiplicity of schemes all designed to afford them a maximum salary for a minimum of work. But no such scheme is contemplated by the Government or by any responsible authority. Nevertheless we cannot ignore the fact that the idea of a State Medical Service, which is so fascinating from its simplicity of administration, is continually being pressed upon the attention of the public.

The London Panel Committee is in favour of a comprehensive and co-ordinated scheme of preventive and curative medicine for all classes, and would have two distinct services working together under local control. It is opposed to any system of salaried officials on the clinical side, except administrators, resident medical officers, and practitioners specially devoting themselves to limited sections of professional work. It would have municipal hospitals established with general practitioners on the staff, and so related to the voluntary hospitals as to secure the ready transference of patients from one to another.

The views of the Society of Medical Officers of Health, so far as they can be ascertained, indicate that as many forms of treatment are really preventive measures, all such should come under the administration of existing public health departments.

The State Medical Service Association agrees as to the necessity of a complete and well-organized clinical service, including general practitioners, consultants, specialists, etc., but would go further and include dentists, dispensers, nurses, and midwives. It claims that no permanent system of medical service can be satisfactory unless it is free and open to all, and offered by whole-time salaried practitioners.

The Brighton Division has approved a scheme for a whole-time salaried service with provision for hospital treatment, consultant and specialist services, and for central laboratories. Its financial basis would be an extension of the existing insurance for medical benefit to all classes of the community.

It is well known that many members of the Advisory Committee of the Labour Party are inclined to favour a whole-time State Medical Service, although the party as a whole has not pledged itself to that policy.

Another suggestion is that a compromise might be effected on the following lines:

A. That every practitioner whose work takes him into the homes of the people should be paid a yearly retaining salary for certain duties performed for the State, as, for example: (i) Certification of deaths. (ii) Notification of births. (iii) Notification of infectious diseases. (iv) Certification of fitness to attend school. (v) Brief report as to any obvious sanitary defect noted in any house visited. (vi) Brief report as to any noted inferiority in quality of milk, meat, and food, etc., supplied to patients. (vii) Attendance in midwifery cases on emergency calls by midwife, up to a stated maximum number in a year.

The above-mentioned duties to be carried out in the course of the practitioner's daily work, and under penalty for wilful neglect to comply.

B. That every practitioner should be encouraged to hold at least one of the local public medical appointments, as, for

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example: (i) School doctor. (ii) Poor Law doctor (or his equivalent). (iii) Certifying factory surgeon. (iv) Local M.O.H. (v) Medical referee or examiner for State or municipal employees. (vi) Medical officer to maternity and child welfare centre.

Such appointments would as far as possible be paid by time—say £50 a year for half day a week, as in the British Medical Association part-time schemes for school and maternity work.

These by no means exhaust the various schemes that are under discussion, but whenever the question has been debated in the Annual Representative Meeting the opinion has been expressed that any whole time salaried service for domiciliary work would be fatal to the best interests of the nation, and disastrous to the profession, and I hope all efforts in the direction of establishing such a service will meet with unfaltering opposition.

Another way in which State aid may be given is to amplify the insurance system, in which the sick are partly paid for by the State and partly by the individual. At present only the minimum benefits provided by the Act are in operation. The approved societies which declare a surplus on valuation will be in a position to afford their members certain additional benefits, such as (a) dental treatment; (b) convalescent homes; (c) extension of medical benefit to the dependants of insured members. Moreover, it was certainly not the intention of the Act that the medical service should be restricted to general practitioner service and a supply of medicines. Indeed, before the outbreak of war, the Government had decided to improve and develop the service, and had voted a large sum of money for that purpose. I feel confident that the first development in the direction of a so-called State service will be an improvement of the existing insurance service, probably by the provision of medical referees and consultant and specialist services. It is also probable that under Section 21 of the Act the domiciliary service will be more closely linked up with hospitals, dispensaries, and nursing institutions.

A third form of State aid has been suggested by Sir Bertrand Dawson, namely, the State endowment of fabric. The buildings and equipment would be provided, and the practitioner receive an increased proportion of his earnings as a salary, leaving him free to make up his income from his private patients.

In all these proposals the State is evidently going to take a prominent place, but I do not think the rising tide of State control need be feared if directed into proper channels. The scheme of the Association aims at preserving the independence of the general practitioner, and we have every reason to believe that the scheme is exercising a great influence on the minds of politicians and others who are interesting themselves in these questions.

We must realize that the public is determined to alter the existing arrangements, and, instead of waiting until we are forced into a scheme which does not commend itself to us, we should convince the public that we are quite prepared and able to make a better service than they have at present, or can hope to devise without our help.

What Sir Bertrand Dawson has called "team work" is very possibly one of the earliest developments to be expected, but, whatever changes are introduced, it is our business to see that the independence of the general practitioner is not destroyed.

Public clinics will be extended, and there will be an increase in the facilities for institutional treatment. Cottage hospitals will undoubtedly be extended. Improved methods of diagnosis and treatment will be adopted, and whilst every general practitioner may look forward to receiving an increased proportion of his income from the State, and a corresponding diminution in the value of his private practice, it is unlikely that he will become a mere salaried official divested of all initiative or responsibility.

It may not be possible to foresee the detailed procedure by which these changes will be brought about, but the man who is wise will take every opportunity of fitting himself to keep pace with the progress of events. Multiple partnerships are likely to become general, if only as a means of relieving the individual practitioners of being on duty for the whole twenty-four hours. They also afford a ready means of enabling a group of practitioners to cope with every variety of medical work which may be required in their area, and, by employing clerical assistance, to get leisure they could not otherwise enjoy.

Although I do not think the time is now ripe for the divorce of dispensing from medical practice, the general trend is in that direction, and it may come about sooner than we anticipate. The relation of medical practitioners to normal midwifery is another matter which is likely to become acute in the near future. The profession has got to decide whether it wishes to retain this work or is prepared to see it drift entirely into the hands of midwives. A solution of this problem may possibly be found in the employment of qualified midwives by medical practitioners for attendance on all normal cases.

I believe in the future there will be closer co-operation between general practitioners and dentists, and more attention will be paid to the prevention of dental disease, especially by the care of the milk teeth.

In view of the various reconstruction proposals known to be in contemplation or likely to be proposed in the immediate future, it is clearly desirable for the profession to secure representation on public bodies. It is equally essential that the considered views of the profession should be voiced by medical men in the House of Commons. But it must not be forgotten that a medical man in Parliament is there as the representative of his constituents—that is, of the people. Any attempt to promote a sectional interest at the expense of the interest of the rest of the people is foredoomed to failure. If we honestly try to promote the best public interest our professional interests will be safe. But advice and guidance in medical matters as affecting the health and welfare of the community is urgently needed by Parliament, and here there is certainly a field for men of the right type and experience.

In conclusion, I believe the outlook for the general practitioner is full of encouragement. I believe that he will occupy an important position in the reconstructed social state which will follow this world-war. The health of the nation is now recognized as the first essential, and it is in the work of preserving health that the value of the general practitioner will be realized more than it ever has been before.

VOLUNTARY HOSPITALS AND A MINISTRY OF HEALTH.

CONFERENCE OF THE BRITISH HOSPITALS ASSOCIATION.

A CONFERENCE was held at St. Thomas's Hospital, London, on October 18th, under the auspices of the British Hospitals Association, to consider further the proposal to create a Ministry of Health and its possible effect on voluntary hospitals. In the absence of the President (Lord Sandhurst) Mr. H. WADE DEACON, Chairman of the Liverpool Royal Infirmary, presided, and, in opening the proceedings, said that the general principle underlying their position was that the voluntary system should be maintained. The Ministry of Health Bill, so far as its provisions were known, did not directly affect the voluntary hospitals at all, although indirectly, of course, its effect would be very considerable.

Sir GEORGE MAKINS, President of the Royal College of Surgeons of England, proposed the main resolution:

That the British Hospitals Association welcomes the proposal to form a Ministry of Health. The Association is strongly of opinion that the interests of the patients and of the community as a whole, the progressive education and training of doctors and nurses, and the prosecution and advance of scientific research, will be best served and provided for in the scheme by the retention of the voluntary hospital system.

He said that the proposal to form a Ministry of Health was meeting with the support of the whole nation and of the medical profession, and it was unlikely that a dissentient voice would be raised at that meeting as to the first proposition. The interests of those present, however, were mainly in the future of the voluntary system. This was one of the great links with the past of which the nation generally had most reason to be proud; it had endured for many centuries and through great national upheavals. The very foundation in which they met that afternoon, after it had been robbed of its charter by Henry VIII, had to be restored to its former position and something of its former wealth by Edward VI, simply because the nation even at that time felt the need of such an institution. The voluntary hospitals, moreover, had been the seat of medical training; they had sent forth the medical practitioners of the day. The universities, it was true, had also taken a great interest in medical education, nevertheless the practitioner was the product