

A retrospective overview of political/administrative intrusion— is a ‘patients’ revolt’ not now indicated?

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Consider the politician. There is no specific education for his job, there are no standards of competence to be met, there is little to define how he should behave. There is no effective control mechanism—other than what the party chiefs or their financial backers impose. No, the politician is certainly not a professional.

‘A person who seeks advancement or power within an organization by dubious means’.

This definition is to be found in the Random House College Dictionary.¹ The compilers are not alone in seeing things with clarity—Oxman *et al.* have done mankind a service of real value in giving us ‘A surrealistic mega-analysis of reorganization theories’.² So to the retrospective.

Before the institution of the National Health Service, the Fellowship for Freedom in Medicine (FFM) looked at every proposal in a White Paper,³ putting together a discussion document for presentation to the Minister of Health, in an urgent bid to improve the proposed, revolutionary service. Lacking any scientific or medical understanding, Bevan was extremely rude to this group of serious, dedicated doctors, accusing them of self-interest and greed.

The medical profession was divided in its view of the proposals. The majority were not immediately persuaded that wholesale nationalization was the best way to solve the social problems Lord Beveridge had so clearly defined. Bevan dismissed the suggestion that essentially economic problems might best be addressed by economic solutions—he demanded social upheaval.

At first failing to satisfy the British Medical Association or the Royal Colleges of his wisdom, he made use of two strategies to achieve his end. Merit awards would be on offer to a substantial proportion of those specialists who toed his line. Under the new Act, the purchase and sale of goodwill in general practice would become illegal. He further decreed that a general practitioner not signing his contract by the due date would forfeit any right

whatsoever to recoup the capital he had invested. Even those who did sign prior to the due date would not have their investment refunded until they retired. This meant that many of those already in practice continued to pay interest on loans that had been effectively confiscated by the State.

Dubious means indeed. Political clout prevailed. The great majority of the medical profession set about trying to make a seriously flawed system work. But their task was to be hampered as the years passed, as endless changes were inflicted upon them. Of course, each change demanded more and more administrative staff to edge the NHS towards bankruptcy. The cost today is horrifying.

So why was the majority of the medical profession perturbed by the White Paper?³ What were the major flaws in the NHS? First was the effective destruction of confidentiality resulting from professional case notes becoming the property of the Minister of Health. Inevitably, this had to erode the doctor/patient relationship. The patient would have to edit what he said, for fear of tittle-tattle, or worse: the doctor would have to do the same, for fear of misinterpretation by a non-professional administration, or possible litigation. Mutual respect would thereby be seriously damaged.

Second was the concept of a free service. The very fact that such a service was offered free (at the time) could only belittle its value in the eyes of the patient.

Third was the Minister’s apparent naivety in setting so unrealistic a figure on the cost of the new service—19 million pounds per annum—and predicting this would fall, as the health of the nation improved.

Fourth was the contemptible rate of pay proffered (particularly for juniors). After deductions for board and lodging, my net pay as a houseman (for an average 96-hour week) was £17.5s per month—to house, clothe and feed a wife and two children.

Fifth, no proper evaluation was made of the size of investment in healthcare already in place—the majority funded by charitable bequests, some going back to the reign of King Edward VI. As in the case of the goodwill in general practice, the intention appeared to be to just take over.

So much for the distant past. Oxman *et al.*² have revealed many of the horrors of the recent past. It is not we doctors who have failed our patients. Perhaps we now need a prospectroscope. Then we might use it to improve their lot, in spite of 50 years' political/administrative intrusion.

Competing interests None declared.

REFERENCES

- 1 Random House College Dictionary. New York: Random House, 1973
- 2 Oxman AD, Sackett DL, Chalmers I, Prescott TE. A surrealistic mega-analysis of reorganization theories. *J R Soc Med* 2005;**98**:563–8
- 3 *Health of the Nation*. White Paper. London: HMSO, 1947

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