SOME ASPECTS OF THE NATIONAL HEALTH SERVICE

BY

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The National Health Service is an ideal towards which the consciousness of the Medical and Public mind has been developing over many years. With the expansion of medical knowledge, making it impossible for even the most brilliant mind to encompass the whole, the division of its various parts, perhaps now too finely decimated, makes it essential for some form of integration to take place. The various branches of Medicine appeared, until its inception, to be more interested in their own development with the general good of the public of secondary importance, but gradually Medicine realized its wonderful expansion within itself. Therefore under the National Health Service vitality has been given to the body, making sense both of individual endeavour in the field of research and of the obligations towards the public, so that there is a common aim, and the hope at last that the accent will shift from the cure to the prevention of sickness or, at least in part, and with the maximum of efficiency without overlapping.

To achieve this integration it is important that the constituent parts be aware that each is a member of a team and not merely working along individual paths whose direction takes little account of the surrounding country. My belief is that this is now being achieved and is based upon observations made in the course of training and practice as a surgical house officer in a general hospital followed by a term in the Army. Most of the time in the Army was spent as Regimental Medical Officer both in India and Palestine, with short periods as G.D.O. in hospitals. Following demobilization the next appointment under the Government post graduate training scheme was a House Officer in a large municipal hospital, and it was during this period that the Health Service was inaugurated. Thence the next step was to the present one of General Practice which has therefore been wholly under the scheme.

In these various positions it has been interesting to compare the co-operation and integration of the Services. In the hospitals any change is mainly in the administrative side and scarcely involved a junior, but in the medical

1It is hoped to publish under this heading a series of articles by different authors who now have had the practical experience of practice under the National Health Service. The main difficulty in securing this series is to persuade competent medical practitioners that they have the ability, time, desire and sufficient energy to write an article for the Journal. Many half-promise but few actually produce. [Ed.]
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departments there is little obvious change beyond the alteration in source of income and the names of the various grades of house officers. In hospitals there has always been a geographical integration and an easy access to use the various departments without overlapping. Again, in the Army, being an organism of mobility, the services must of necessity be integrated and adapted to make the greatest use of available facilities without redundance and unnecessary overlap, and in such needs the sense of team work is bound to be strong. The R.M.O. can in this atmosphere feel and realize that the job he does, largely removed from operative and medical technicalities, is essential to the general working of the machine, and is indeed a job requiring special skill and knowledge. Behind him he knows well that there are departments to aid but which cannot, and do not seek to, by-pass him.

In general practice under the National Health Service the sense of team work appears now to be greater than previously and the practitioner’s position comes more into line with the R.M.O.s, though the scope is rather wider in the medical sense since the conditions of the material and environment are different. But here again there are the specialized departments lying behind him with easy access to them. Pathological services are very good having been brought more into line with the co-operation which can be obtained in hospital; blood-counts, swabs, tests of all sorts and advice on their interpretation are easily obtained and done far more accurately than it would be possible for the practitioner to do himself with the increasing tempo and limited time of practice. Consultant services in domiciliary practice can be obtained easily and often prove most valuable in difficult cases: I have always found the consultants ready and willing to help or suggest alternative diagnoses at any time of day or night. It is with a great sense of relief that one can ask a consultant to see either at home or in outpatients a patient whose financial position would have precluded him previously from the best treatment. In one particular case three consultants saw a patient for me since his lesion was a particularly obscure one: all came gladly and with infinite patience examined him before discussing his case with me in relation to his previous history, since my longer observation of him at home would help in the general assessment of his nature. Other services are equally available and for the same reasons most acceptable for impecunious patients, such services include ambulance services, nursing services and surgical appliances.

Further, with greater co-operation possible under the National Health Service it has enabled many practitioners to amalgamate into firms or with the aid of Government grants to take on Assistants giving the obvious advantages of proper off duty times and a possibility of relative specialization by the individual practitioner. Rest and recreation time, when one can be assured of freedom from calls knowing they are in safe hands, are very important considerations when the pressure of work becomes as acute as it does during the winter months. With time off there comes more chance to read medical journals and visit hospitals, to read and to discuss, so that the slur that practitioners never open a book once qualified or keep up to date can
be counted as false. Relative specialization by the various members of a firm of practitioners is also a possibility and in my opinion a chance to be welcomed since it increases considerably the interest and skill of that practitioner, thereby raising the standard of the service given. Unfortunately there is a distaff side to this under the present scheme of the National Health Service, in the lack of facilities available, but this will be discussed later. For this latter reason and for the reasons that there are always night calls and the personal preference by a patient for a particular doctor, it is very unlikely that he would become so specialized as to cease to observe his patient as a whole: a stigma, perhaps not frequently justified but certainly levelled at specialists today.

The ready and easy access to the various departments by general practitioners tends to militate against itself and the practitioners. It is obvious to those who have worked in hospitals since the birth of the National Health Service that much material which reaches the hospitals should not have done so, since the necessary procedures could as easily have been carried out at home or in the surgery. For example: circumcisions, abscesses and whitlows can easily be done in the surgery; feeding-problems of children, where the cause is probably a nervous mother and the need a little understanding; and a sprained ankle because it was done at work and visions of a claims court demand an X-ray, crowd the casualty and out-patients departments. Several causes are at the root of this problem but four main ones are discernible. Firstly and most obviously is the ease with which it can be done, making it simple for those of a lazy turn of mind to do. Secondly, the appalling half education of the public by the daily and other papers wherein great prominence is given to treatment by specialists, new modes of cure still hot from the research laboratory and probably incompletely investigated to date and mentioned in the medical press only as preliminary statements, and the importance of X-rays. All these are constantly being brought before the public which soon presses its doctor for them. The importance of X-rays plays a very large part in the public's mind, from a twisted ankle to the early diagnosis of cancer; the unspoken request in a mother's attitude, when dear Emma has had a cough for a week which no medicine will cure, is only too obvious, and who can blame a practitioner, with thirty or forty other patients in the surgery-waiting-room and a long visiting list, from writing out a slip for an X-ray rather than persuade the mother that it is likely, to cost the country an unnecessary guinea and it is too early anyway to worry.

Thirdly, in the more obvious causes for crowding in the hospital departments, is the fact that however willing and skilful he may be, doing a minor operation costs the practitioner both time and money since he must supply his own instruments, material and anaesthetic. Under these conditions and even though it is included under his contract to the patient "to do everything within his power to treat him," it is human nature to send the cases to hospital. This is both sad and bad, since too often the skills once developed so carefully and lovingly atrophy from disuse and there is no incentive to
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improve with the result that inefficiency and worse still, boredom and cynicism creep in. Fourthly and in corollation with the third reason, is the fact that much of the teaching of students, at least of the younger and more recent generations stresses how difficult and dangerous it is to do many of the operative procedures, from anaesthetics to obstetrics, outside the ideal conditions of a hospital; with the result that the practitioner is hesitant to embark upon new skills outside the ones he has been fortunate enough to develop during his hospital appointments.

The net result of this overcrowding is to reduce even the specialists to glorified practitioners with rather better facilities for doing things. Their time becomes severely limited also and diagnosis becomes hurried, though it is likely to be more accurate than the practitioner's from sheer experience in that particular subject; whereas the specialist services, including pathological, should have sufficient time for consideration and consultation over the more difficult problems which experience and long acquaintance alone can elucidate. They should in fact be behind the practitioner and not overlap or by-pass him. The only solution, therefore, is to make sure the practitioner has more time for unhurried diagnosis, more time for treatment say, in a wider field than the pure specialist but much narrower than at present, and with more facilities for simple treatment and the less complicated pathological tests. This ideal is presumably envisaged in Health Centres but is as yet only an ideal in most areas.

As I have said, the practitioner can in many cases be blamed for causing unnecessary admission to hospital; but his time under the National Health Service has become severely limited, necessitating often a hurried diagnosis and inadequate observation. The lack of time is perhaps the greatest drawback, leading to complete mental exhaustion to the point of absolute drying up of sympathy. He may sustain a severe mental battering from the profusion and diversity of complaints met with during a long surgery. This is unlikely to lead to efficiency, though powers of adaptation and long experience can raise the threshold of a break of temper. In such situations a sense of humour is obviously an asset, though much will depend on the level of the blood sugar.

The number attending a surgery has risen steeply due to many causes, from the genuine illness long overlooked or ignored because of financial consideration, which alone would justify the National Health Service, to getting something for nothing and the attitude "I pay my four and sixpence a week so why shouldn't I have a free lot of aspirin or liquid paraffin." Or again there are the old chronics who finding there is a new doctor at the surgery come along to see if they can persuade him to give them something new for their "Bronics." The result is that one has to consider for example, not only the major causes for a headache but also all the minor as well, from a badly ventilated room to a tight collar. Some complaints require a sense of humour to deal with or one's sanity would be in serious danger: amongst these is the perennial—"Doctor I feel run down and as I was passing the surgery I thought I would just come in to get a tonic," and then in justification go on
to say how much good "that tonic you gave Aunt Minnie" did her and it was probably Mist Rhei Co.

Visiting patients at home has risen to a smaller degree than the numbers attending a surgery and, although such things as heavy rain and snow will make more send for the doctor rather than attend the surgery themselves little real abuse has been encountered, though it does occur. The general scope of the Health Service has eased the visiting problem; there is now no longer any fear of financial embarrassment to a patient by the number of times it may be necessary to visit him, while again many really useful items are obtainable for treating a patient at home. Oxygen therapy; expert nursing by the Queen's Nurses who are invaluable for giving daily injections, as for example Pencillin; wheel chair and home x-rays are amongst the services that a practitioner can call upon to aid him. It should not be forgotten, as has already been mentioned, that expert advice and help from consultants and the pathological service can be obtained at any time of day or night, equally without the burden of extra cost to the patient. The service has been of great value to those of the middle income groups who had enough money to deal with the occasional prewar visit by the doctor but to whom this would now be seriously embarrassing; unfortunately the pride in some often deters them from attending the surgery while a visit at home tends to conform to the prewar practice of a long chat touching incidentally upon the complaint at issue. Time shortage makes such visits arduous.

Prescribing too has brought its headaches since it is so open to abuse on both sides. It is often quite obvious that a visitant to a surgery has no other object in view than that of obtaining something previously bought of the chemist without thought of seeing a doctor; the result is to increase the cost to the service in an unnecessary way. On the other side overprescribing by the doctor is perhaps all too frequent, or the prescription of a trade preparation when its equivalent is in the National Formulary of approved drugs. Much as the doctor is publicly minded to reduce the cost, especially when the drug could as easily be bought by the patient, it is human nature to take the easy course of prescribing it rather than arguing the point; since to do so may endanger the doctor's livelihood by the loss not only of that particular patient, but also his family and relations. Secondly of course it is a great deal easier to write a trade name and to remember it, rather than a long title of some approved equivalent N.F. preparation. This might be obviated, as has recently been suggested, by the printing on the prescription form a statement to the effect that if there is a N.F. equivalent the chemist should dispense that instead. The other alternative is the one already partially carried out by the Cohen Committee wherein certain preparations, especially those advertised to the public direct, are stated to be non-prescribable, in which case it can be stated to the patient that this is so. This, however, may be the beginning of virtual dictatorship in prescribing from above, though it should be stated in fairness that the Cohen Committee was reluctant to limit the prescription of trade prescriptions where the doctor felt it to be justified.
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Certification is one of the necessary camp followers of such a bureaucratic machine as the Health Service and has to be accepted as a necessary evil. This, however, does not make it any more welcome as it considerably increases the quantity of work and donkey work at that, which has to be done. One of the effects of this is to make the doctor's writing degenerate into a mere scrawl, decipherable only by the chemist. Certification can assume the role of a major hate as far as a doctor on his rounds is concerned, since it is the thing that is invariably forgotten until the black bag is packed and hand is on the front door. "Oh doctor you forgot my certificate for the National Health," "Oh and could I have one for my club (Deposit Society so important to a working man prior to National Insurance)." And as a last straw—"Doctor don't you think I would get better more quickly if I had extra milk and eggs." This means at least three certifications in all.

Much has been written about the faults of the National Health Service and it is a thing easy enough to criticize from many angles; but this is liable to occur in any new Service, especially when the experiment is set in motion without considering other examples of the same experiment elsewhere. To correct these faults is perhaps not so easy, but of the remedies necessary to make it more workable and worth while from the practitioner's point of view there are two main considerations.

Firstly the alteration of financial conditions in order to reduce the anomaly of excessive work necessary to secure a living by someone whose working hours are not fixed to 40 hours a week. The size of the salary is directly dependent upon the number of the patients on a list with the object of allowing the better doctor to make more than the lazy one; but, with the present size of the capitation fee, the number necessary is too large for satisfaction in service given. The raising of the capitation fee for each patient in order to reduce the large lists is an obvious solution. Secondly there is the remedy of increased facilities available to local practitioners, from operation to minor pathological facilities. Too often one feels as a practitioner, that the role at this level of the service is that of distributing agent of the material passing under one's attention into various departments of hospital, so that it is probable that one's worth is assessed on the fewest mistakes made in this allotment into pigeon holes. The practitioner cannot follow his patient through the various stages of treatment and his invaluable knowledge of the patient at home in natural surroundings under all conditions is seldom requested.

It is surprising how little the person involved is informed by those in charge of him about his condition and the need for a particular line of treatment. The result is that he has to turn to his doctor for guidance and explanation, though it is admittedly true the withholding of information is perhaps occasionally necessary. Obviously much has to be done by specialists in techniques for which the practitioner has no training and with which he does not wish to interfere, but there is room for use of practitioners in assessing a case or again in making available facilities for them to do minor work, especially in the lines of midwifery, children and many minor diseases such
The older practitioner has had much experience in midwifery and children and prior to the National Health Service could advance his knowledge sufficiently to be totally adequate in an appointment at a local hospital. Unfortunately under present conditions he must be either a practitioner or a complete specialist, there is no half-way house, and should he wish to turn from one to another he must revert back to the lowest grade in that particular branch; an obstacle almost insuperable from the financial aspect. This is in direct contrast with the Army, where promotion and specialization can follow from the initial grades without such financial worries.

The prospect then from the general practitioner's point of view is a mixed one. There are many things to be thankful for, from the wonderful ease in obtaining help to the lack of financial worry to the patient, and some which lead to a fierce sense of frustration; but, whatever may be the considerations of Medical Politics he is always rescued from frank cynicism by the love of helping people and a genuine pleasure in meeting them, since the majority are deeply grateful for all that is done for them.
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