This was written for Dr. R.P. McClure, then chief surgeon of Henry Ford Hospital, about 1920.

A.D.

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TITLE

BRITISH STATE MEDICINE.

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I. National Health Insurance and Panel Practise.

Since it was first proposed in 1911 by Lloyd George, then Chancellor of the Exchecquer, the National Health Insurance scheme has given rise to an astonishing amount of d discussion. It was put into force in 1913 and since then has been amended by many successive acts and altered by more regulations. Only an outline of the scheme as it is working at the present time will be attempted.

Health insurance is compulsory on almost the entire industrial body of Great Britain, including servants, shop assistants, laborers, etc. Those who are not forced in may voluntarily become insured, but no person may be entitled in any case to free medical treatment whose income exceeds £250 yearly.

The institution was intended to be self-supporting. The employer pays in 9 pence weekly for a man, and 8 pence for a woman. Of this he may subtract 5 pence from the man's wage and 4 pence from the woman's wage. Up to the present the government has had to make up a considerable yearly deficit, I believe. During unemployment an insured person may remain in good standing for a reduced fee, or if he does not pay at all he is liable to receive benefits reduced in value.

The administration of the insurance is through (1)- the post office system, or (2)-friendly societies. The benefits are distributed by these societies and if they administer their trust well, it was intended they should give increased benefits, i.e., above the minimum. It was hoped that in this way members of the societies would spy upon each other and prevent malingering, so that additional benefits might come to deserving members.

The minimum benefits are- 1. Medical attendance. 2. Maternity benefit, i.e., a cash payment of £4 to the insured married woman, or £2 to the uninsured wife of an insured man, or £3 to the insured unmarried woman. 3. Cash payment, in case of sickness, of 15 shillings a week to men and 12 shillings to women. At the end of 26 weeks this is reduced in amount and called disablement benefit, if the patient is still unable to work.

Physicians who care for patients under the National Health Insurance Act are called "panel" practitioners. They may if they wish conduct a private practice in addition. Any practitioner on a medical list of Great Britain is eligible to apply for a panel practice, and he

may withdraw on application, and, on retiring or at death, his panel practice may be sold to another practitioner (under certain restrictions), who then takes over the care of all those patients who do not petition to be transferred to another panel.

The treatment he must provide is such as may be undertaken by a "practitioner of ordinary professional competence and skill", not including confinement cases. For anything beyond this he advises the patient as to the best steps to be taken. He is required to provide office and waiting room accommodation for his patients and to visit them at their home when necessary, if within his prescribed district. He orders their drugs, but if his drug orders exceed a certain rather low minimum he has to pay for the e excess out of his own pocket. He signs certificates of incapacity for work and decides when the patient is able to return to work. He is not allowed to accept fees from panel patients except for services exceeding those of ordinary professional competence. Any dispute between practitioner and patient is decided, not by law courts, but by the Ministry of Health. A patient may be shifted to another panel either on his own or his physician's appeal.

In payment for his services the panel physician receives, under the present scheme, 11 shillings annually for each name on his list. The list is made up of the names of those employees for whom he is responsible, although they may have had no occasion to seek his help. The number of names on one practitioner's list may not exceed 2000 in some cases or 3000 in others. The result is that a physician employed by a friendly society may secure as much as 1000 a year from his panel practice. Another physician not associated with any society may secure a great deal less from his panel practice and must rely on building up a private practice.

The dependants of an insured person are not included in the scheme unless it be by the effort of some benevolent society. Patients very frequently prefer to go to a private physician and pay for their treatment. However, I have seen a number of patients in the Hospital for whom a correct diagnosis had not been made until they fell back upon their "panel doctor" who recognized their condition and sent them to the hospital.

I do not come into touch personally with the working of the system of the panel practice and it is rather difficult to form a judgment of its merits. A very thorough investigation has been made by an American, F.L.Hoffman (reference below). He considers the whole scheme a colossal failure and seems alarmed for fear we should follow suit in America. No doubt he was entirely unprejudiced. Still, inasmuch as he is an official in the Prudential Insurance

Company, I have tried not to be influenced by his opinion. Also the London Times gives much space to criticism of the activities of the Ministry of Health, but they are very much preqjudiced against the government. I have tried to get some idea of British professional opinion oi the medical aspects of the National Health Insurance provisions by reading correspondence in the British Medical Journal and talking to doctors here.

When first proposed it was hoped that the scheme would result in the prevention of disease as well as a more satisfactory arrangement for its treatment in the poorer classes. Because of the war and its aftermath of abnormal conditions it is difficult to judge what effect the panel system hashad. But there has been no decrease in the incidence of tuberculosis during the past seven years. The plan does not attack the cause of disease, nor really undertake its prevention. And, instead of becoming self supporting, it has continued to be a heavy financial load upon the government, I believe.

Many physicians have objected to the per capitation method of remuneration. But if remuneration were to depend on the number of treatments, as has been urged, there would be a considerable temptation for practitioners to increase the number of calls unfairly.

The contests between the Insurance Acts Committee and the British Medical Association over a number of vexed questions (such as the rate of remuneration for panel physicians, the limitation of the number of names permitted on any one panel, the upper limit of income for panel patients, and so on) seem to have regularly resulted in a compromise. The Association has received always less than it demanded. The result is that many of the profession favor the formation of a trade union and the appearance of the Medico-political Union appears to be a step in that direction. In spite of the fact that it is frequently urged that it is frequently urged that physicians must protect their interests and follow trades-union methods in dealing with the Ministry of Health, it cannot be denied that many physicians who formly found it difficult to live on their practice are much better off financially now.

~~A valid An important objection to the system~~
On the other hand he does labor under a handicap in ~~that~~ those of his patients who are threatened by a serious illness and in need of special care are apt to pass out of his ken. He recommends them to one of the large Hospitals where they are treated as in-patients ~~or out-patients~~ by other ~~dr~~ doctors while the panel-practitioner ~~returns to~~ ~~confines himself to treating~~ ~~loses touch with the case~~ returns to the hum drum of lesser ailments.

It seems quite certain that National Health Insurance has come to stay. It seems equally certain it will be radically altered in the near future. Whatever else the system may have done or left undone it has cleared the problem of much vagueness. The working population has been registered and useful health statistics have been obtained. Also a great organization of medical men is operating with surprising efficiency. The shortcomings of the present system are plain to see. It is quite possible that the scheme will be extended to include some of the hospitals and that provision may be made to give the practitioners better facilities for diagnosis. The time is not right to decide either for or against National Health Insurance in Great Britain. The system has not completed its evolution as yet, and it is necessary to remember that as a nation they have a genius for developing considerable efficiency with very few rules and no apparent plan.

To sum up: it was hoped that National Health Insurance would provide for free treatment and better treatment for workers and would prevent sickness. The results so far are:

1.-Wage earners receive free treatment for themselves but not for their dependants, as a rule.

2.-There is no reason to believe the treatment is any better. Neither the doctor's facilities for diagnosis nor his scientific skill are improved.

3.-There is no evidence of improvement in prevention of disease, although no doubt more patients seek medical advice early.

4.-Malingering is fostered to a certain extent and hypochondriasis hard to control.

5.-The system is very expensive.

6.-The industrial public has been registered and health statistics obtained which probably will be a guide to beneficial alterations in the present system.

7.-The effect on the medical profession has been (a)to bring about an improved financial condition of a certain class of physicians. This class is made up of the rank and file of general practitioners. (b)to arouse agitation for trade-unionism in the medical profession. (c)to subject panel physicians to troublesome regulations as to prescription of drugs, filling out endless records, etc.

In conclusion, it seems apparent that the institution of health insurance and panel practice can neither be said to have entirely failed nor to have succeeded in Great Britain. It is still in the developmental stage. It is a national characteristic to adopt a wholly inadequate, poorly thought out plan and to patiently patch it up until from what has appeared a hopeless muddle, satisfactory organization has been developed.

It should be possible to include in this scheme of public service the hospitals so that (1) these institutions would receive the financial help they need, (2) the panel practitioner would have better facilities for diagnosis, and (3) that he might be able to get post graduate instruction in the various specialties. This would enable the practitioner to make earlier diagnoses and to follow his patients through their career in the hospital. Also it would facilitate the organization of adequate social service work, a department which has been rather neglected.

That any other nation should consider adopting the present British system of National Health Insurance as it exists today seems to me out of the question. It is like urging that the Magna Charta be adopted by another nation as its national constitution. The principal reasons why it may not be considered as a model are these: it does not provide the public with more skilled and efficient medical service and it does not operate toward the prevention of disease. It seems to me that the outstanding defect in the British scheme at present is its failure to provide central clinics where physicians may practice in groups.

II. The Medical Research Council.

The State has been of the greatest help to medical science through the activity if the Medical Research Council. The Council came to the conclusion that "the traditions and practice of the past have not ~~been~~ produced any school of younger men trained to advance by research the science of experimental medicine. At present there is a dearth of such men, which has been lately revealed in the most striking way at London and at other university centers." For this reason the Research Council was instrumental in establishing, in some of the London medical schools, "units" staffed by full-time and half-time men for the purpose of research and teaching.

The first trial of such a scheme was in 1916 when Dr. Thomas Lewis was made a full time physician on the staff of the Council. He retained his position in University College Hospital and Medical School and merely organized his Department of Cardiography in connection with his research beds and out-patient clinic at that hospital. Dr. Lewis has been given several full time and half time assistants. It is estimated by the Council that, as a result of the cooperation of this unit with the Ministry

of Pensions, an annual saving of £6,000 on cardio-vascular assessments has been made in the London district alone.

Following this first experiment the Council has assisted at the formation of Medical Units for research and teaching by paying a salary to certain of the physicians or surgeons so that they may devote half time or full time to the work. In general, the unit is composed of a chief and several lieutenants who are in charge of one service (perhaps two wards) in the hospital. There may be three or four other services not so organized. The unit has its special laboratories and does a little more teaching of students than is done in the other services. The standing of the members of the staff is not altered in the hospital when they are included in the unit. The Council defrays expenses of equipment for some of the research.

At University College Hospital, Elliott has organized a medical unit. At St.Bartholomew's, F.R.Fraser (formerly of Rockefeller Institute) has been given a half time grant (£2000, I understand) to be the head of a medical unit. London Hospital has a medical unit under Dr.Hugh MacLean which the Council assists by making grants to half-time assistants. There are many variations in the details of the units at the above hospitals. Their teaching is done under the direction of the University of London, which includes the various Medical Schools. In general, the Medical Research Council only makes it financially possible for men in the unit to devote themselves to research.

In addition, the Medical Research Council maintains the National Institute for Medical Research, organized somewhat on the lines of the Rockefeller Institute. The staff at that institution is composed of full-time workers who seem to be turning out very good work.

Perhaps the most valuable assistance which the Council has given to medical progress is the following. Numerous grants have been made to medical men in private practice who desire to carry out clinical research, and a great many grants of money and equipment have been made to members of various medical schools throughout England for laboratory research. The expenses of some of the experimental work I did with Bazett at Oxford were defrayed by the Council. It is thus possible for practically any man who seriously desires to do some research in a promising field of investigation to get help from the Research Council. In this way money is devoted to aiding the worker with his work rather than to building elaborate laboratories for hypothetical investigators.

The Research Council publishes a monthly journal, "Medical Science, Abstracts, and Reviews", which covers the various special branches of medicine. They pay writers of reviews rather well, I believe.

III. The Committee for Scientific and Industrial Research has made a great many grants to stimulate research into special industrial problems and has exerized a guiding influence over this field of investigation by the establishment of 23 special research associations.

BIBLIOGRAPHY

1.-National Insurance. Memorandum on the Bill by the Chancellor of the Exchequer. B.M.J. May 13,1911,p.1119.
Outline of Mr.Lloyd George's speech-ibid p.1126.

2.-Summary of the provisions of the national health insurance acts, 1911-1920. H.M.Stationery Office Imperial House, Kingsway,London,W.C.2.

3.-National Insurance.-Carr,Garnett and Taylor. MacMillan London 1912.

4.-Addresses-National Health Insurance in Great Britain.-F.L.Hoffman-National Civic Federation-Jan 30,1920.Tyrrel Press N.Y.

5.-National Health Insurance and the Medical Profession.-F.L.Hoffman- Prudential Press, Newark,1920.

6.-Report of the Medical Research Council,1919-1920. H.M. Stationery Office.

7.-Some Notes on Medical Education in England.-Sir George Newman (for the Board of Education. H.M.Stationery Office.

8.-Report of the Committee of the priory council for scientific and industrial research,1919-1920. H.M. Stationery Office.