

Editorial

THE COMING OF AGE OF THE NHS

The health of the people is really the foundation upon which all their happiness and all their powers as a State depend.

B. Disraeli, 1877

The National Health Service has come of age, and perhaps like any other active organisations which are complex, multi-structured, centrally co-ordinated and which have reached two score and ten, it may be due for an overhaul. The ravages of any degenerative processes that may have affected its structure as it nears middle-age have to be assessed. Prophylactic and reparative measures will have to be instituted and its subsequent progress will require careful monitoring to ensure continued good health, co-ordination and stability.

Rather tangentially, I have to admit that I first came to grips with the plight of medicine as a speciality in Britain through the writings of Archibald Joseph Cronin, a physician who eventually gave up his medical involvement and became a full-time writer. His first-hand descriptions of the tribulations of the 'working class' family during illness and their limited access to medical care in Scotland, Wales and provincial towns; during times when tuberculosis, pneumoconiosis, deprivation and poverty were rife; are poignant. This was also the era when some British doctors believed that they were part of an elite genre and the medical establishment, albeit still poorly equipped both on therapeutic and investigational planes, was a much more hierarchical and hallowed profession than it is now. Cronin's books, such as *The Citadel*, affected me greatly as a young medical student, as in another context did George Orwell's description of the plight of miners in *The Road to Wigan Pier*.

The White Paper published in 1944 by the then coalition government, entitled *A National Health Service* (Cmd. 6502), proposed the establishment of such an organisation. When the bill received Royal assent in 1946, the Minister of Health in England and the Secretary of State in Scotland were given the task of promoting a comprehensive health service aimed at improving the physical and mental health of the citizens of Great Britain, as well as the prevention, diagnosis and treatment of disease. The front page of the London *Evening Standard* of 21 March read: 'State takes over doctors, hospitals and dentists. "Free for all" - 1948. Private Practice stays but new doctors directed. It will cost £152,000,000 a year.' The *Daily Mail*, in its leader of 5 June, heralded the NHS as follows: 'On Monday morning you will wake up in a new Britain, in a state which "takes over" its citizens six months before they are born, providing care and free services for their birth, for their early years, their schooling, sickness, workless days, widowhood and retirement. All this with free doctoring, dentistry and medicine - free bath-chairs, too, if needed - from 4/11d out of your weekly pay packet. You begin paying next Friday.'

Since then medical priorities have changed radically. Globally, the life expectancy at birth has risen by 4.4 years for men and 4.9 years for women between 1980 and

1995. About 380 million people worldwide are aged 65 and over, with this figure predicted to rise to 690 million by the year 2020. In industrialised countries, the ratio of people over the age of 65 years to every baby born is 10 to 1, and it is expected to rise to 15 to 1 by 2020. In 1993, in Britain a man of 60 would have been expected to live for another 17.8 years and a woman 21.9 years; longevity has increased even further. These days, although 80% of children are immunised against six major childhood diseases, 5.6 million people worldwide are infected with HIV and, in 1996, 11 million children below the age of five died. Mental disease is on the increase: 45 million schizophrenics and 4.5 new cases of delusional psychosis are diagnosed per annum. Misuse of drugs, particularly tobacco and alcohol, claim more and more lives: there were three million deaths last year and one malignant case in every seven, not to mention the chronic disability and loss of quality of life in the final years.

The basic tenet on which the NHS was founded was equitable access of all citizens, irrespective of means and class, to government-funded, nationally-organised, guaranteed quality health care, financed by money raised by taxation. This principle still largely holds true, and this commitment still lies at the heart of the NHS today, but the Service needs to adapt to the changes and requirements of society in the next millennium. There have been numerous modern advances in investigation and treatment with the inevitable escalation of costs, heightened patient expectations and ever-increasing longevity. The need for accountability and self-regulation should instigate the search to identify best practices in care, service and management which should then be replicated worldwide. There must be a weeding out of bad doctors and bad practices. There has to be an elimination of waste, a closer scrutiny of manpower and a consensual co-operation between all those involved in the service. On 3 July 1948, Aneurin Bevan told the medical profession:

In this comprehensive scheme - quite the most ambitious adventure in the care of national health that any country has seen - it will inevitably be you, and the other professions with you, on whom everything depends. My job is to give you all the facilities, resources, apparatus, and help I can, and then leave to you alone as professional men and women to use your skill and judgement without hindrance.

This exhortation to the profession presumably still stands!

This jubilee comes at a time when, although the vast majority of the population continues to benefit from the NHS, a significant, and perhaps increasing, degree of disillusionment is being experienced with specific health services. This tends to undermine support for the seminal funding principles of the NHS and add further fuel to the upsurge and growing consolidation of 'private' medicine, with the possibility of a two-tier means-related system of health care. The *King's Review of Health Policy*, published in 1997, discusses these changing public perceptions and this growth in discontent. This comes at a time when the NHS is still bolstered financially in such specialties as cancer care, palliative medicine, paediatrics and other services by constant major infusion of charity moneys.

Britain still only spends about 6.0% of its Gross Domestic Product on health. Indeed the shortfall between the true fiscal costs of the legitimate demands on health services and the income generated by taxation is gradually increasing. The *Financial Statement and Budget Report* of HM Treasury, published in November 1996, indicated that the forthcoming fiscal policy of the government was to reduce the public sector involvement in the infrastructure of the NHS with a developing trend of privatisation and contracting-out of services, and the involvement of the public sector in providing existing and

new services through a 'private finance initiative' and 'challenge finding'. Indeed, a number of newly-erected and commissioned hospitals have been paid for in this manner. This only one aspect of the funding stringencies that now restrict the operational activities of the NHS.

Two other problems which are with us and getting worse relate to recruitment and morale. Recruitment to the nursing profession, laboratory medical-based posts and a few other specialties is at an ebb and, although new ideas are being brought in to resolve these problems, the shortage is acute and increasing. Morale is low among all grades of staff - recently-published reports cataloguing the increasing number of doctors retiring before their sixtieth birthdays, and the resort by younger doctors in particular to substance abuse, may be further telling symptoms of underlying job dissatisfaction.

Birthdays and anniversaries are a time for general stock-taking, and the coming of age of the NHS should be no exception. A concerted multi-professional effort is required: the will is there both politically and professionally.

CHANGES TO *PROCEEDINGS*: ARE THEY NEEDED?

Fellows and Collegiate Members will understandably be asking why *Proceedings* is to change in 1999. As recently as April 1998 it contained a report on the questionnaire sent to 1,395 of them, a survey which showed that, irrespective of their place of practice,¹ *Proceedings* was almost as popular as *Current Medicine*. What was not asked in the survey was how many actually read *Proceedings*, which type of article was preferred and why so few papers of clinical and scientific interest are submitted for publication. With the wisdom of hindsight that would have been useful information.

It might surprise some to learn that a College publication is a relatively recent thing, the first *Chronicle* (as it was then called) being published in January 1971 under the editorship of Dr Chalmers Davidson. Its aim was to 'improve the flow of information between the College in Edinburgh and Fellows and Members (particularly the latter) in all parts of the United Kingdom and abroad'. In addition to reports, news items and correspondence columns, the Editor promised that 'the Treasurer will also have an opportunity to lighten our hearts by his revelations and prognostications.'²

Shortly after Dr Sircus succeeded Dr David Boyd, the second Editor, there took place a lively debate on the future of the *Chronicle* at a Quarterly Meeting in 1987.³ Opinion was sharply divided between those who felt it should be a scientific journal and those who enjoyed its entertaining records of journeys, its moving accounts of human courage and sacrifice in battle, and its historical papers. No-one could dispute the rising costs of publication and the near impossibility of attracting advertisers. It was at this time that the title *Chronicle* was changed to *Proceedings*.

In his thought-provoking editorial, marking the handing over of his editorial pen, Dr Sircus reminded us of the forecast that by the year 2000 there will be 800,000 scientific journals, and that only a small minority of papers are read by any one individual