

You
and the
State Doctor

The proposals for Central Control
Of the Medical Profession from the
Layman's point of view.

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YOU AND THE STATE DOCTOR

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It is a memorable fact that the long-promised climax of this appalling war, upon which we ordinary people are expected to concentrate our attention, should coincide with an attempt by our rulers, some of whom appear to have ample time to spare for such matters, to pass into law a vast mass of social legislation, designed to lay down a permanent framework for the rest of our lives.

In this programme of social legislation the proposed new National Health Service is intended to take an important place. Certainly it has not lacked for favourable advertising, and those who are prepared to trust their newspapers and the B.B.C. are already convinced that it represents a wise and just measure on the part of a paternal Government, which is far in advance of anything that was possible under pre-war conditions of "democratic" interference with the process of legislation. As, however, the proposed changes must affect all our lives in the most intimate way, it is important that we should look at the general outline of what is intended since, although it can scarcely be denied that the medical services available to us, particularly under war conditions, leave a great deal to be desired, it does not follow that *any* change is necessarily an improvement, and we have before us, in the totalitarian countries, an example which shows that under State Control it is possible to have something a great deal worse than the sort of medical services with which we are familiar in this country.

No useful purpose could be served at this stage by going into any details of the proposed legislation, since the details can always be varied without affecting the general result of the whole. The important question to ask ourselves now is: **Do we want the people who give us Medical Service to be under any sort of superior central direction, or not?** This question is of such obvious and fundamental importance that we have the right to demand that, before introducing legislation on the subject in war time, the Government should give us a fair chance of answering it, and if even a minority express definite opposition to the main purpose of the proposed legislation, it should be withdrawn until after the war and a general election.

All the indications are, however, that this is exactly what the Government is *not* going to do, and that the Planners in it are going to make the most of the opportunity provided by everyone else's preoccupation with the war, to flood the country with monopoly propaganda for their schemes, to represent the inevitable effect of such propaganda on the popular opinion as evidence that they are fulfilling "the will of the people," and to push through as much "control" legislation as they can before the end of the war releases energies which may be used against them.

WHOSE PLANS?

In pursuance of this aim the Government has already published a White Paper on the National Health Service which embodies to a large extent the long advertised proposals of the Fabian Society (socialist) which have been the subject of controversy and violent opposition for generations, and have also largely been taken over by the capitalist group P.E.P. (Political and Economic Planning) whose report, published in 1937, is referred to as “*valuable*” in the White Paper (p.76). The question here is not whether the mention of these groups impresses you favourably, or otherwise, but whether you are prepared to have the plans of any minority group, even if they should be regarded as good plans, imposed upon the country under the cover of war.

The White Paper shows signs also of consultation with the leaders of the Medical Profession, notably in the proposal that the controlling body for doctors should be a Central Medical Board, made up of medical men, but “subject to the general direction of the Minister.” It is on this issue that there has been a good deal of controversy, i.e. as to whether the doctors should be controlled by the State via medical, or non-medical, officials. The question whether they should be controlled by the State or any central body at all, or should rather not, as hitherto, be left to enter into a free contract of service with their patients, is one which is very carefully *not* asked, either in the White Paper or in the Press, and it is a question of such obvious importance that its omission can scarcely be accidental, but can only mean that the Government cannot rely on its being answered in the way they want, so are determined that it shall not be put.

This question has, however, been asked in a plebiscite organized by a recently formed group of doctors, the Medical Policy Association. Of the 10,000 doctors who answered the question: “Is it your wish that any form of Central Authority should be set up to control doctors and their practices, and to ‘organize’ the profession?” 77 per cent replied “No” and only 15 per cent “Yes.” There can be no doubt, therefore, what the doctors think about it, although the recently issued *questionnaire* of the British Medical Association appears to be carefully designed to confuse the issue, since it succeeds in asking about fifty questions without once giving those who fill it in a chance of saying whether they do, or do not, want any form of central control.

It seems, therefore, that there is a kind of three-cornered battle going on over our heads about what is to be done to us. The contestants appear to be the “State” Planners, and the “Medical” Planners, who merely disagree about who shall control the people who are supposed to be **our** medical attendants, and the doctors themselves, most of whom want to remain in our service rather than that of a Government Department or Medical Corporation.

It is fairly clear that the people most vitally affected, namely, ourselves, the ordinary public, whose health, and even lives, are at stake, have not been consulted at all, and there appears to be no intention, at least on the part of the Planners, of doing so. It is high time, therefore, that we took some hand in this matter and made our wishes felt, since, otherwise, our fate will be settled over our heads by people who are supposed to be our servants.

It is essential, however, that we should get down to the fundamentals of the matter, and not depend upon the superficial thinking which is the product of current propaganda.

THE DOCTOR'S JOB

What, then is a doctor, and what is his job? To put it in the simplest terms, **a doctor is a highly skilled personal body-servant.** I use this blunt description purposely, for it is quite accurate, and will offend only those doctors who have a false idea of their function, and imagine themselves as some sort of intellectual supermen, handling and controlling the populace for its own good. There is, of course, a service which is freedom and a service which is slavery, and I suggest that the direct personal service of one's fellow men comes under the first description, and is completely compatible with the greatest dignity and nobility, whereas a "National Service" with its forms, regulations, and centralization of power, comes under the second description.

When I say that a doctor is a body servant, I mean just that, in the most literal sense. He is a person specially trained in the human body and its ailments, and it is in that field that he offers his services. He may have to do the most intimate, or unpleasant, or dangerous things to you which you would allow no other person to perform. Also, if he is to have any chance of offering you correct advice or treatment it is essential that he should know all the facts of your case, which may involve your telling him personal details and even secrets which you would not dream of confiding to any person whom you did not know well and trust implicitly. At its best, the relationship between the family doctor and his patients may reach a very high level of mutual friendship and confidence, and anyone who has experienced this relationship, which has already suffered through the imperfections of the Panel System, will tell you that it is only under such conditions that the best medical service can be given. It is worth remembering, too, that the doctor also gains in knowledge and experience from such an association with his patients.

There is moreover, another side to the matter. The doctor, though he may be prepared to give his services for love, normally gives them also for pay. He is, in fact, dependent upon his patients for his livelihood, and to the extent that you make use of him you are his employer. The preservation of this state of affairs is most important, for doctors, like other people, are subject to the usual human failings, and are far more likely to serve you well and put your interest first if their income is dependent upon you, than if it is controlled by some third party, such as a superior official, upon whose goodwill the prospects of the state-controlled practitioner would depend. This fact is, of course, admitted by all those who complain that the "private" patient gets better treatment than the hospital or panel patient, and it is also proved by the fact that those who can afford it always pay for private medical service instead of availing themselves of public. What is so curious is the determination of many who imagine themselves to be "progressive" that the poor shall never have access to the superior sort of service, which is now available to the rich, though such people are prepared, if we allow them, to abolish the best service altogether!

At the same time, though the private doctor is dependent upon his patients for his income, he is not totally dependent upon any one of them, as he would be upon a superior official, and thus he remains a free man. This is also vital, for it is childish

to suppose that the sort of intimate service which he is capable of giving can be given under compulsion, and if a doctor is unwilling to serve a particular patient for the usual emoluments, the sooner the association between them is broken the better for both parties, especially for the patient! The idea that the right to contract out and find another doctor can be effectively replaced by the patient's right to complain to the doctor's superiors in a State Service is sheer twaddle. If you doubt it, ask anyone in the Army what they think of it. Genuine service is not to be obtained in that way.

Once you get the doctor employed, not by the patient, but by someone else, who represents the State, and is his official superior, you get the growth of an entirely different type of attitude, and the same type of service soon ceases to remain possible. This does not happen all at once, for it is to the credit of many doctors that they succeed for a time in carrying over their correct attitude to the patient into their public service, and so succeed in making the best of the system. But as private practice is eliminated, as it is intended to be eliminated (see Beveridge Report para.431). "*The possible scope of general private practice will be so restricted that it may not appear worth while to preserve it,*" and as the older practitioners trained not only in the Medical Schools, but also by contact with their patients as employers, die out, they must necessarily be replaced by young men who have no conception of the traditional medical attitude, "and must inevitably adopt what may be called **the veterinary attitude**, which is already far too prevalent in large institutions.

MEDICAL GESTAPO

I have nothing, of course, against the Veterinary Surgeon, as such, but it is undeniable that he regards himself as belonging to a superior class of being to his "patients," and holds himself as answerable to, and employed by, not them, but another Superior Being of his own class, the owner. Now this is precisely the position of the Human Cattle under a State Medical Service. The interest of "the State" in your health is much the same as the interest of an owner in his carthorses, namely, that you should be kept fit enough to work at the minimum cost, except, indeed, that the personal feeling and even affection which may exist between a man and his horse are entirely lacking, since you are merely an entry on various forms. (See Beveridge Report, para. 426 . . . "*fitting for employment by treatment . . .*" and "*determined efforts should be made by the State to reduce the number of cases for which benefit is needed.*" All you have to do is to "*recognise the duty to be well and to co-operate . . .*"). This "new attitude" is clearly shown also on p.36 of the White Paper, in which the Central Medical Board is cited as the "employer," and the doctor is made responsible to it for his services "*to those whose care he undertakes.*"

The outrageous impertinence of this attitude is clear enough, but its effect on the attitude of the doctors who are centrally controlled by officials of the Beveridge type is not fully enough realised. After all, it is *we* who are responsible for our own health, it is *we* who may be ill, and it is *we* who have to do the getting better. Any doctor who knows his craft knows also that the most he can do is to help and advise us. A good doctor advises and treats *the patient*; a State Medical Service can only treat *the disease*, which it will have to do in a more or less standardised manner, for it cannot take full account of individual differences. Yet there is no such thing as a Disease. There is only your disease, and my disease, which are different things, just as my "health" is not the same as your "health." To take account of individual differences is therefore of the very essence of medical practice. Interfere with it, and you have, not a re-organised Medical Service, but something else, which I have called

a Human Veterinary Service, which must also, since we are not animals, even though treated as such, degenerate into something worse, which Lord Geddes (in the House of Lords, March 21, 1944) has called “not very dissimilar from a Medical Gestapo.”

“IT CAN’T HAPPEN HERE”?

It is at this point that I shall be accused by some people of exaggerating the dangers, and it is just this rooted belief that “it can’t happen here” which constitutes the greatest danger of all. There are plenty of people who saw the thing happen in Germany, and are now seeing it happen here, and who have given us ample warning that we are on the same path. At a meeting of about 100 doctors at Guildford reported in the *Daily Sketch* of March 27, 1944, a German doctor named Hirsch said that he had left Germany because the proper practice of medicine had become impossible owing to State Control, and now the same thing was happening here. The same meeting heartily approved a message to the Prime Minister which included the following sentence:-

“The broad policy which is expressed in this (proposed National Health) legislation has been a subject of acute controversy for many years, and was first put into effect in Germany, where it has shown itself to be a step towards National Socialism. To impose it upon us in any form on the eve of the climax of this appalling struggle with the country of its origin would be a piece of political treachery, which it would be an understatement, to call ‘controversial.’” (See “Truth,” April 14, 1944, for the full version).

In his recent book, *The Road to Serfdom*, a distinguished economist of German origin, Professor F.A. Hayek, tells us on the first page, “*It is necessary now to state the unpalatable truth that it is Germany whose fate we are in some danger of repeating,*” and on p. 135, “*let us not forget that fifteen years ago the possibility of such a thing happening in Germany would have appeared just as fantastic ...*”. He also writes (p. 137), “*We should never forget that the anti-semitism of Hitler has driven from his country, or turned into his enemies, many people who in every respect are confirmed totalitarians of the German type.*” The fact, therefore, that all the supporters of State Control at present vocal in this country are also perfervid anti-Nazis, is no evidence whatever that they are not leading us on the path towards totalitarianism of the German type.

INSPECTOR-PATIENT RELATIONSHIP

One trouble is that the arts of advertising have been so skilfully used in all the public presentations of the proposed National Health Service, that it requires considerable skill and experience on the part of the reader to disentangle the actual proposals from the propaganda on their behalf. Certain unpleasant facts, however, cannot escape the notice of anyone who takes the trouble to read carefully the relevant parts of the Beveridge Report and the White Paper.

The first concerns **certification**. In the Beveridge Report, para. 437, we read, “*The primary interest of the Ministry . . . is in finding a health service which . . . will ensure the careful certification needed to control payment of benefit at the rates proposed in this Report.*” Certification is not a doctor’s job, and to the extent that he spends his time on it, his patients will lose his services, but far more serious is the fact

that it turns him into a State Official, a sort of Medical Policeman whose duty it is to keep a sharp eye open for any malingering, and catch us out if he can. His job ceases to be that of safeguarding our health, and becomes that of safeguarding the State's money, and if he shows too great an interest in the former at the expense of the latter, his superiors, who have his career in their hands, will know how to deal with him.

Anyone who knows anything at all about the Civil Service, knows that it is designed to remove all responsibility for decisions from the lower grades, and to make the upper grades, who actually make the decisions, inaccessible to the general public. The ordinary general practitioner will, of course, be the lowest grade of all in the proposed Medical Service. The White Paper speciously makes out (p.47), that the personal doctor-patient relationship will be preserved, and the whole service will be founded on the "family doctor" idea. The only difference will be that the public "*will be paying for medical care in a new way, not by private fee, but partly . . . by the ordinary process of central and local taxation.*" You already pay in this way for your "family" policeman, your "family" income tax inspector, your "family" labour officials, and so on, so you know just how readily they defer to your wishes on the grounds that you pay them – or do they? It is up to you to decide whether you want your family doctor paid in the same way, but if you don't, it is essential that you do something about it.

One thing should be made clear. **If money is to be made available to provide you with increased medical service, it should be given to you, not to various officials, so that you remain the employer of your own doctor.** This is already in operation in New Zealand, where the doctor gives a receipt for every visit, which entitles the patient to receive the standard fee. However, it is no part of my purpose to put forward proposals for an alternative plan to that outlined in the White Paper. In my view such things should be left till after the war; but I do want to make it clear that it will be perfectly practicable to arrange a genuine extension of real medical service, including the widest possible extension of private practice, by removing the economic barriers which at present restrict it.

But all hope of such a real advantage will be lost if any type of centralised control of the medical profession is set up. It is not a question of compromise or safeguards. Such things may very slightly impede the rate at which a bureaucracy becomes unbearable, but do not affect the end result. Once the Central Body, whatever its nature, has power, it can rule by Regulation, without recourse to Parliament, and there is no effective control over it by the public.

‘PROGRESSIVE’ DOCTORING

Such a system is utterly vicious. An ordinary bureaucracy is bad enough, but one in which the rank-and-file officials are armed with the peculiar powers of the medical man over the individual in his most helpless state, i.e. when he is ill, scarcely bears thinking about.

With the best will in the world, the doctor who wants to keep his job will have to impose on his patients whatever is considered "good" for them by "The Minister," and from the start, whatever he does for you he will "*be required to observe the arrangements of the area plan*" (White Paper, p.29). Just what will be considered "good" for us is not stated, but we get a hint when we notice the subjects in which "progressive" members of the profession are greatly interested, as evidenced by their

written contributions to technical journals, e.g. “positive” eugenics, sterilization of the unfit, euthanasia or “mercy death,” contraception, legalised abortion, artificial insemination. It is precisely these “progressive” doctors who are keenest on the State Medicine idea, and we have only to look at the totalitarian countries to see their plans in operation.

Furthermore, it is precisely these Medical Planners who will rise to the top in a bureaucracy. The ordinary decent doctor is far too interested in his job to want to give it up for “administration,” but if we let him be regimented against his, as well as our, wishes, it is no use expecting his good human qualities to protect us from the consequences. He won’t stand a chance! His medical records of our most intimate affairs will constitute a “dossier” open to inspection from above; he will be liable to the regulation of *the distribution of medical resources*” (White Paper, p.33) which means he may be moved about and have all his contacts with his patients broken; and at the beginning of his career he may “*be required to give his whole time to the public service*” (p.35).

WORDS v. DEEDS

Perhaps the most disquieting, and Hitler-like, of all aspects of the matter is the way we are being constantly, and explicitly, assured that the Minister is *not* going to do what he most blatantly and obviously intends to do. He is *not* going to interfere with the patient doctor relationship! (We will believe that only when he withdraws his proposal for a Central Board to act as employer, instead of ourselves). He is *not* going to control or regiment doctors! (We can believe that only when he withdraws all plans for a Central Controlling body of any sort – for what else can be its purpose). He is *not* going to do away with private practice! (but as we should have to pay for the public service anyway we could scarcely afford to pay twice, so we can believe that only when he says that we can contract out of paying taxes and insurance contributions for the National Health Service).

Finally, he is *not* going to interfere with the status of the great voluntary hospitals! We can believe this when he withdraws his plans for getting them to provide services at less than cost, for subjecting them to Inspectors, and for replacing their major sources of income (and of widespread popular support) such as the Hospital Savings Association, by a Government grant, thus removing all incentive for people to contribute voluntarily.

Since the training of the Medical Profession is based upon these voluntary hospitals, they are of the utmost importance. They provide the best hospital service available, probably anywhere in the world, but anyone who knows them, knows also that from the patients’ point of view, they leave a lot to be desired. Their failings are those found in large institutions, bureaucracy and red tape, in which, however, they are still better than the public hospitals.

The change we, as patients, want is not a change towards *more* bureaucracy and red tape, but towards less. This is to be obtained, not by reducing the voluntary element, but by increasing it, and introducing the sort of personal interest between the contributor and hospital staff that exists between private patient and doctor. If the proposed conditions are allowed to be imposed, we shall certainly lose our voluntary hospitals, and with them all hope of a free development of medical science and training, and of the sort of improvements which are needed.

Things have already got to such a pass that it is sufficient to note what the Government protests it is not going to do, to know that precisely those things are its fixed intention. As the thing was put many years ago by a well-known International Planner*: “*All the time we are denying with our lips what we are doing with our hands.*” It is the technique of Hitler before the war, to prepare openly and blatantly to do something, under cover of a barrage of loud declarations that nothing could be further from his purpose. The next step is the abandonment of even a pretence of democracy, and Mr Willink, our Minister of Health, appears to be not far short of that stage. In a speech at Croydon on May 17, 1944, he is reported to have said: “*The new health project will go on. There is no question of ‘whether’ – only ‘how’ or ‘in what form.’*” A Minister is a servant, or subordinate, of the Crown, and hence, in this country, of the people. It is the job of the people to decide “whether,” and of their “Minister” to decide “how,” not vice versa, and this Minister should be apprised of his position before his Fuhrer-complex becomes dangerous.

* Professor Arnold Toynbee in Copenhagen, see *International Affairs*, 1931, p.809

WHAT CAN WE DO?

It is indeed our misfortune that such pre-totalitarianism has spread to this country and is flourishing while the manhood of the nation is fully engaged in fighting the prototype. It falls on us who are left behind to fight this alien monster on our own soil. It is no use just talking or “grousing”. What can we do?

We can –

- 1. Support our own doctors.** Since they are being assured by the Planners that their patients want a bureaucratic third party interfering in their private affairs, the best thing we can do is to help them to organise plebiscite among their patients to find out, by asking them the questions: **(1) Do you want to employ your doctor as at present? Or (2) Do you want him to be employed by some Central Body answerable to the State?** In such a plebiscite organised by two doctors in Scotland, 1000 patients were in favour of (1) and not one in favour of (2). Results, when obtained could usefully be sent to the Press, and to the Medical Policy Association, 18 Harley Street, London, W.1.
- 2. Write to our M.P., to the Press, local and national, and to Mr. Churchill, opposing any type of central control of our doctors, now or after the war.** In Parliament, on October 13, 1943, Mr. Churchill promised “nothing controversial that is not bona fide needed for the war.” We should demand that this pledge be kept till the war is over. N.B., if the M.P. refuses to co-operate, the best form of pressure is to organise a demand for his resignation among our neighbours, and keep him well informed of its progress.
- 3. Pass on and distribute copies of this pamphlet.**

