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The Chest-Piece

THE JOURNAL OF THE BRITISH MEDICAL STUDENTS' ASSOCIATION
(Malta Branch)

EDITORIAL

On the 27th November 1948, the Minister of Health, Dr. A. Schembri-Adami, met the members of the Medical Profession and delivered a talk on The National Health Insurance Scheme which the present Labour Government intends introducing in the Island in the near future. We are publishing in this Supplement to Vol. 1 No. 1 of "The Chest-Piece" the Minister's Message to the Medical Profession, and we take this opportunity of offering some candid criticism on the subject, although these are days when we are still very much in the dark as regards the details of the Scheme.

Medical men all over the world are troubled by the growing tendency of the State to thrust itself between the individual doctor on the one hand and the individual patient on the other. Doctors regard this intervention as being essentially harmful to Medicine. The very essence of Medicine is freedom. Medicine circumscribed in a State Medical Service is something to which the Medical Profession has always been resolutely opposed, because it believes, and rightly so, that a State Service with its restrictions and disappointments would prevent that intellectual freedom so essential to Medicine: that same freedom which doctors enjoy in practising what they have been taught, and to work out a career by their own untiring efforts.

Doctors have for centuries worked hard to eradicate disease and to promote the general health of the individual; this has been accomplished with remarkable success during the past hundred years. Doctors never needed to be told that this was to be their ideal, and they themselves tried various ways and means whereby they could make more effective their activities towards humanity. They

are the very first to admit, on the other hand, that their services are capable of improvement.

Human nature being what it is, individual doctors may have faltered, but the Medical Profession as a whole has remained faithful to its high ideals and through this has placed Medicine in the present high position it holds.

In Malta, although there is need for improvement, this does not mean that a State organisation is the only solution. In Malta, as elsewhere, no one has ever denied the need of having such an organisation to run the services that are provided by Public Health Laws. And, similarly, no one is capable of understanding fully why, such a complex health scheme should be the only adequate way in meeting this need. Such a revolutionary measure should have been proposed only after all the other ways and means of improving the local medical services should have been tried and failed in registering an improvement. "Evolution, not Revolution", as the late Dr. G. C. Anderson said, is the way of progress in Medicine.

In Malta, accordingly, the re-organisation of the present medical system with an extention of the services rendered by the out-patient department of the various hospitals, the introduction in the Island of the latest methods of treatment such as Radium therapy and X-ray treatment, and the free attendance of consultants and specialists at the patient's home when the patient himself cannot attend at hospital nor pay for such in private, are problems that should have long ago been tackled.

As regards the new health scheme itself, it provides, as the Minister time and again insists in pointing out, greater chances of service than ever before, and a fuller freedom, in the sense of increased leisure hours, than in the past. To the people it unquestionably offers advantages but at the same time it puts strong temptations for abuse which would overwork unnecessarily the profession, demoralise its members and in the long run provide for the people itself an inferior service than the present. Lastly, it is significant to note that the terms of service it offers cannot be described as generous. A doctor is no business-man. He works hard, harder perhaps than ever before if made a State servant, and is fully justified in demanding adequate remuneration.

A question bound to receive adequate attention is the effect the Bill, when it becomes Law, will have on attracting suitable men into the Medical Profession. We know full well that what has attracted us to the Medical Profession is the happiness of a hard but of a free life, a life which though full of troubles and of strain and anxieties, yet possesses an adequate stimulus of doing good; a life which makes it possible for us to see the glory of the "Nobile Officium".

CONTRIBUTIONS

All members of the Medical Profession and all Medical Students are invited to contribute to "The Chest-piece". Correspondence and contributions should bear the signature of the author (not necessarily for publication), and should be addressed to:

The Editor of "The Chest-piece"

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THE MINISTER'S ADDRESS

It should be the aim of every civilised community to establish a system of social security against destitution. This sword of Damocles which hangs over mankind from the cradle to the grave should be removed. The four major hazards of life against which Society must put up a common defence are: sickness, unemployment, widowhood and old age.

I feel sure that you agree it is Government's duty to provide against them. To organize such a defence, even in a small community like ours, necessarily takes a considerable time and we cannot hope to establish full social security in one legislature. As you are aware the Labour Party pledged itself in its electoral programme to introduce in the present legislature Old Age Pensions as a State service and Health Insurance on a contributory basis.

The contributory method has been chosen for Health Insurance for psychological reasons. In a country that is not very insurance-minded it is easier to persuade the public to pay contributions for Health Insurance than for Old Age Pensions. A man of 30 might not appreciate the reason why he should pay a weekly contribution with a view to obtaining a cash benefit when he is sixty. He understands fully, however, the advantages accruing from a health insurance system, much more so if he is a married man and if the medical benefit is extended to his dependents. The Old Age Pensions Act has started to operate after only 11 months of Labour administration. It is for us now to tackle the more arduous job of National Health Insurance. This will need your cooperation and for this reason I thought it my duty towards the profession, to which I am proud to belong, to address you this evening.

Health Insurance is more important than any other social service. It is more important than Old Age Pensions because illness even more than unemployment, comes when it is least expected. Both in sickness and unemployment hardship is due to loss of income. But in sickness the patient besides losing his income has also to pay the doctor's bill, pay for his drugs and quite frequently a fee to a consultant, a radiologist or a pathologist.

While Health Insurance is the social service that is most needed, it is also the most difficult to organise.

In order that it might be successful Health Insurance must be compulsory on every person gainfully employed (employed persons, self-employed persons, non-employed persons). If it had to be voluntary the fund would go bankrupt in a short time because only large families and people requiring medical aid frequently, would subscribe. The important fact in Health Insurance is that small families help large ones by their contributions and the physically fit help those who have not been endowed by Providence with good health.

National Health Insurance implies, besides cash benefit, also medical benefit.

The law that was in force in the United Kingdom from 1911 up to the 5th July last, had become out of date for the following reasons:—

i) Medical benefit was restricted to the insured persons only, other members of the family not being entitled to it. This constituted a hardship on the head of the family as he had often to incur expenditure that sometimes absorbed his whole wages.

ii) Medical benefit did not include hospital treatment, investigation and specialised services.

iii) It was not extended to the whole population but was limited to certain categories of employed persons only. Thus less than one half of the population did benefit from it. Critics went even so far as to admit that there were two kinds of treatment, one for insured persons and another one for those outside the insurance scheme. Apart from these considerations, in my opinion, it is not compatible with modern views to discriminate in disease between different social groups. Such a discrimination would have a touch of pauperism. This must be reduced to a minimum and possibly eliminated in any social service.

It is obvious that there should be a 100 per cent service for 100 per cent of the people. Sir William Beveridge made it abundantly clear in his report on Social Insurance and Allied Service that the proposals which he then put forward were based on three fundamental principles, one of which was the institution of a comprehensive health and rehabilitation service for all.

It may be of interest to note that even the Coalition Government in which Conservative elements had the strongest representations was committed to such a service. I feel sure that the next few years will see comprehensive medical service introduced in countries where progressive ideas are marked. One of Truman's planks in U.S. presidential elections was exactly a better medical service to be available to all classes of the population. It must not be thought, however, that such an evolution has been solely the outcome of the work of politicians and social workers. It has to a considerable degree been imposed by scientific progress in the medical field. "The days are gone" as the Medical Planning Commission of the British Medical Association has put it "when a doctor armed only with his stethoscope and his drugs could offer a complete medical service. He cannot now be all sufficient. For efficient work he must have at his disposal modern facilities for diagnosis and treatment and often these cannot be provided by a private individual or installed in a private surgery." The general practitioner quite often practises in loneliness, in intellectual isolation and does not come into sufficient intimate association with his colleagues. In addition the family doctor is expected to be on call every minute of the day and every day of the year. This is not only bad for the doctor but in the long run is bad for the patient as well.

However convincing the arguments brought forward in favour of a National Health Service, one cannot but feel perplexed when one thinks of the opposition the scheme at first met with in the United Kingdom. Why did the greater part of the profession in the United Kingdom and a considerable section of public opinion oppose it?. The main reasons were the following:

i) Uncertainty as to the compensation for purchase and sale of practices. Naturally

this question cannot arise in Malta as practices are not sold.

ii) The nationalization of voluntary hospitals with endowments and traditions of their own. Our hospitals with an exception of a couple of clinics are state-owned.

iii) Difference of opinion in England with regard to the morality of certain operations. Fortunately in Malta we all hold the same views in this regard; consequently this difficulty cannot arise.

Last but not least the aversion among English professionals to become State servants. Though such an aversion in Malta exists to a much lesser degree the compromise that has been found in England will also apply to Malta and practitioners joining the service will lose none of their civil or political rights. They will in no way be State servants.

In order that a National Health Insurance Scheme may work satisfactorily provision must be made for the following:—

i) General medical service;

ii) Specialised medical service in hospitals, Government dispensaries adapted as health centres, and where necessary in the house of the patient.

iii) Supply of drugs approved by a competent board.

iv) Maternity benefit.

v) Dental benefit.

vi) Cash benefit.

The first item is that which strikes most the imagination of the public. Before making any suggestions on how the general medical service can be organised on a social basis it is worth while to make some comments on how this service is run today. If the public considers it with an open mind it will certianly come to the conclusion that it will not regret losing it.

The general medical service as run to-day is not as satisfactory as it is commonly thought both from the doctor's point of view and from that of the patient.

We must start looking at health from a different angle. Unfortunately health is still considered as something which has to be treated when it is lost or, at best, as something that has to be protected from damage. Progressive minded persons see in man's health something which has to be promoted and improved. Social medicine should not aim solely at the prevention of disease. Its first goal should be promotion of health. The general practitioner should exercise his profession in this spirit. He must be in the front line in the battle against disease. On the contrary he is paid according to the number of calls necessary or otherwise in the treatment of disease. Unfortunately the present system of general medical service gives the doctor as G. B. Shaw put it, a vested interest in disease. In a book entitled "An Approach to Social Medicine" Dr. Kershaw points out that, owing to the way curative and preventive medicine have developed isolated from each other, they far too often make of the practitioner a reluctant collaborator in prevention. This is the reason perhaps why a certain section of the public, rightly or wrongly, is under the impression that doctors' motto is "in morbo vita."

Owing to excessive competition, often disloyal, the general practitioner hardly finds time to associate with colleagues in hospital practice or to follow cases by him remitted to hospital. He works in isolation. There is no pooling of knowledge amongst doctors experienced in different branches of medicine. The consequences of all this is that the doctor cannot keep himself abreast of medical advances and this both to his detriment and that of the patients. He has not at his disposal the necessary facilities for a consultant or specialised service which a general practitioner always needs behind him. This help is available to the general practioner only if the patient can afford to pay for a consultation, otherwise the doctor must, often reluctantly, consider hospitalization. Besides this the public expects that the general practitioner never takes a rest. It is foolish to think that doctors are not like other workers: that they never get tired. This idea is detri-

mental not only to the doctor but also to the patient. However strong and healthy however energetic the doctor is, it would be wrong to think that after a day's hard work he could give of his best during a night call, in a maternity case, or in any other serious case. It is the patient who suffers the consequences of these conditions of work. This is, perhaps, one of the reasons why the Medical Planning Commission recommended group practice on a cooperative basis. From a public point of view, perhaps, the most serious shortcoming in the general medical service is the bad distribution of doctors. There are over-doctored areas and under-doctored areas. The reason is that doctors under the present system are free to exercise their profession whenever they like. Naturally, and nobody can blame them, they choose the places they like best and where people can afford to pay most; but the medical examination of those belonging to the lower income groups should take as much time as that of those belonging to the higher income groups or perhaps even more owing to unfavourable social conditions under which the examination of the patient has to be carried out. But to-day's distribution of doctors clearly shows that paupers and minimum wage earners are being dealt with more summarily. And this is not because of lack of sense of duty on the part of the professional. On the contrary, I can say that on the whole the medical profession in Malta has a high sense of duty. It is because of the general atmosphere necessarily born out of a competitive system.

Apart from the above considerations it would be impossible to give adequate assistance to all insured persons and their families if doctors were to be paid by the call according to the tariff in force. If this had to be done there would be a heavy burden on the Health Insurance Fund and only a small margin would be left for the payment of sickness benefit and the supply of drugs. In order, however, that everybody will be able to make full use of the general medical service under better conditions than those existing to-day, there are two things which must not be interfered with under any circumstances. On them is based the whole patient-doctor relationship. First the right to choose one's own family doctor should continue to exist practically to the same extent as it exists to-day. At present this right is denied to the social group constituted of destitutes and minimum wage earners. Under present conditions non-paying patients are forced to avail themselves of the District Medical Service while paying patients can choose any other doctor though he be a private practitioner.

Social discrimination in the treatment of disease is absurd in the 20th century. It is an anachronism! The second condition is that an incentive be left for the doctor. The doctor's zeal must be compensated. This could be done by allowing every insured person to choose his own doctor. Practitioners will be paid a capitation fee besides a guaranteed minimum. A thing of great importance is also in my opinion that patients will be allowed to consult specialists and even general practitioners outside the panel. That percentage of persons who prefer to take advice from more than one doctor cannot be disregarded though this practice is not always conducive to better service. But you will agree that the less the liberty of the individual is interfered with the better. Under the present system they pay for more than one doctor for advice on the same illness. Under the National Health Insurance they will be in a position to pay privately for extra consultations. It must be remembered, however, that in the case of the general practitioner the doctor selected by the insured person can be changed periodically and even before the period elapses, if there is sufficient reason. In much the same way I consider that the freedom of private hospitals and mutual help societies should in no way be interfered with.

For this purpose doctors will be asked to register at the Ministry of Health and choose

the district in which they want to practice. In areas where there is more than one general practitioner they could be allowed to pool emergency and night duty. As I have already pointed out it is not fair to ask doctors, just because they are doctors, to be on call for 24 hours a day and 7 days a week. Doctors need leisure in much the same way or perhaps even more than other professionals.

In villages where no general practitioner would go because of lack of incentive, either whole-time medical officers will be appointed or a higher capitation fee fixed. A ceiling of insured persons will be established for every doctor. This is so because we must aim at the maximum of efficiency of the service. If work is not properly distributed efficiency is impaired. It is a known fact that there are doctors who are over-worked more because of their popularity than because of the service they give. In addition every doctor will be permitted to accept private fees from patients who seek his advice but are not on his list. The district medical service will because of this new scheme undergo a general overhaul. I will see to it that this will in no way prejudice the position of present holders. The present District Medical Officers will continue to have the same salary, increment and pension. Perhaps some of them would be willing to enter into the wholetime service or fit in the new scheme. Apart from their salary those who will not become whole-time officers will start receiving a capitation fee according to the number of persons registered with them.

Arrangements for transport will be made when and where necessary. A scheme for superannuation will also be effected in consultation with general practitioners joining in the scheme. Perhaps, there may be practitioners who are asking themselves this question. What will our income be under the new scheme? I cannot give an exact answer to that and what I am going to say is in the nature of guess work; though it may not be far wrong. I should say that under the present situation with to-day's number of general practitioners the average income would be in the neighbourhood of £750 a year, ranging from a minimum of £250, which will in all probability be the established minimum, to a maximum of £1,000 a year, where probably the ceiling would be fixed. There will also be a limited extra income deriving from visits to patients not in one's own list. In discussing conditions of labour, however, we must bear in mind that income is not the only thing that matters; leisure is also an important factor. This will be increased with the introduction of the new scheme. Under present conditions doctors are practically denied leisure. Under the proposed scheme it will be possible for doctors living in the same area to pool their labour in order to meet emergency cases. This leisure, which general practitioners fully deserve, will have as a consequence a much better service as has been recognised by responsible bodies in all civilised communities. Gradually the public becomes used to the system, and it will be possible for general practitioners to distribute their day's work more evenly. Besides leisure, they will have more time at their disposal. Time has been recognised as the thing most needed in medicine. Time is necessary for full examination of individual patients and for the assimilation of new medical advances and contact with colleagues, especially those in hospital practice.

And now some remarks about consultant and specialised service. These include laboratory research service, X-rays, consultations in hospitals or at Government dispensaries which will gradually be changed into health centres, and also at the patient's residence when for health reasons the latter's remittance to Hospital is not advisable. Surgical and obstetric treatment are naturally included among these services. A specialised service organised on these lines will be of great help to the health of the community. Under present conditions when health services are for the most part run on principles of competition, we often see un-

necessary work by specialists in the case of people who can afford to pay whilst unfortunately cases needing special treatment do not get it owing to lack of funds. I have in mind middle class people who can afford to pay the general practitioner but cannot do so for specialised services. The home doctor who under present conditions (and this is not his fault but that of the system) does not wish to lose his patient by remitting him to hospital and may be tempted to assume responsibility which only a specialist can assume. Evidence of this we find in cases of rupture of uterus after improper treatment by general practitioners. In surgical and medical cases such abuse exists but is not as obvious as in midwifery.

Naturally a specialised service organised on these lines involves a revision of specialists' and consultants' salaries. I cannot give exact data in this connection. I may say, however, that the criteria on which these will be based will depend on the volume of increased work in the public service, on the volume of their diminished private work and on a fair ratio with the salaries of other high Government officials.

And now something about the supply of drugs under a National Health Service. I start by saying that only drugs of therapeutic value will be allowed. There will be no placebos. A Committee has been appointed to draw up a pharmacopoeia. In due course this Committee will consult other specialists and general practitioners. The profession will be asked to make suggestions. The pharmacopoeia will also be submitted to the Malta Branch of the British Medical Association and the Camera Medica for their comments and remarks.

As regards appliances, especially dentures and glasses, they will be given free of charge for those who qualify for them.

I am not going to enter into details with regard to the dental and maternity services. Representatives of these professions will be consulted later on. I shall also consult the Association of pharmacists. With regard to the midwifery service I may say that the present system is showing its weakness in a marked degree. We have several areas with a high birth rate where no midwives go because there is not enough incentive. The National Health Service has an answer to that. It can also deal with the maldistribution of pharmacies.

The existing public machinery for the treatment of disease is going to be expanded to such a degree as to constitute the main instrument for regaining health. It will be a 100 per cent service for 100 per cent of the people. The whole population will naturally take a deep interest in it both as regards its efficiency and the relationship between patient and doctor. Admittedly, medical services in Malta have improved considerably in the last 15 years. It will be agreed, however, that there is still much to be done. To ensure the greatest possible efficiency and the adoption of modern methods for the improvement of the services, a Health Service Advisory Council will be constituted. It will advise the Minister on the shortcomings of the service and on the steps to be taken to keep it in line with the best medical services obtaining abroad. Besides taking advice from this Council I assure you that I shall give due consideration also to disinterested and constructive criticism from whatever quarters it comes. Critics must bear in mind, however, that it is not claimed that the proposed National Health Service is a panacea for the many pitfalls and shortcomings of the present system; but it cannot be denied that the few advantages of the present system such as the right to choose one's own doctor, and a compensation for the doctor's zeal will not be done away with.

On the other hand the extension of the right to choose one's own doctor to the lower income groups, who at present are forced to avail themselves only of the District Medical Services; the freeing of specialists and general practitioners from considering the patients' financial conditions in the prescription of research and drugs; the close

link between general practitioners and specialists, will undoubtedly be considerable improvements on the present system. "National Health Service," in the words of Mr. Aneuryn Bevan "will free the doctor-patient relationship from what most of us feel should be irrelevant to it, the money factor, the collection of fees and thinking of how to pay fees — an aspect of practice already distasteful to many practitioners". Above all this service together with sickness benefit will give social security to the members of our community against the worst hazard of life: ill health.

Camera Medica and B .M. A. General Meeting

On the 8th January 1949 in the Hall, St. Aloysius College, Birkirkara, a General Meeting of the Medical Profession was called jointly by the Presidents and Councils of the Camera Medica and of the local branch of the B. M. A. for the purpose of electing a Committee whose functions will be:

1. to collect information about the National Health Service Scheme, proposed by the Hon. Minister of Health to the Medical Profession on Nov. 27th 1948,
2. to receive suggestions from members or from groups of the Profession, and to co-ordinate the activities of members and of groups,
3. to direct or help direct the attitude of the Profession as a whole towards the eventual Scheme.

The Committee is composed as follows:

1. the President and a Secretary elected by the General Meeting
2. two members elected by general practitioners with less than six years qualification
3. two members elected by general practioners with more than six years qualification but less than 55 years of age
4. two members elected by general practitioners over 55 years of age.
5. two members elected by the district medical officers
6. two members elected by the specialists and consultants
7. two members elected by the full-time government medical officers
8. two members elected by the Course of Medicine and Surgery qualifying in October 1949.

Professor J. Hyzler and Dr. P. Borg-Olivier were elected by general acclamation President and Secretary of the Committee respectively. The three members elected to serve as electoral officers to help the President and Secretary to convoke the various groups for the purpose of electing their representatives on the Committee are:

Prof. V. Vassallo, Dr. V. Stilon., Dr. C. Coleiro.

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