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## Report From Britain, 24 October 1949

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REPORT FROM BRITAIN

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Aberdeen, Scotland  
October 24, 1949

It is as plain as a herring in Aberdeen that an alien observer of Britain's health service can find medical support here for whatever axe he intends to grand. In the past month I have talked at some length with at least fifty people connected with the medical profession -- general practitioners, specialists, nurses, students, public health officials, dentists, druggists, and even one hardy M.D. who refuses to sign up in the program -- and I have found fifty different opinions ranging from complete support to bitter opposition to socialization. Mind you, these individualists who eagerly give you the low-down are the very ones who have the health of Britain in their hands.

Regardless of point of origin, my conversations always came around to three aspects of the health program:-- the cost in money, its relative efficiency, and the impact on the personality of the practitioner.

Everyone agrees that the financial cost of this expanded medical service has been enormous and that a great unfilled need on the part of the British people has been brought to light. Most of the profession believe that certain costs (for glasses, false teeth, etc.) will level off but that the total bill will expand each year as additional service is rendered. A few express the view that the medical program will eventually bankrupt the state. Doctors are no different than other people in their ideas about unequal taxation (persons not taking advantage of the system still pay the taxes, as do the medicos themselves), and they disagree heartily as to whether the individual should pay a greater part of the cost of his own treatment. (Above eighty percent of the expense of the scheme now comes from general taxation.) In other words, the opinions of medical people parallel those outside the profession with comparable incomes.

Overwhelming opinion seems to be that so far medical efficiency has not been materially impaired even though it has been spread over more cases. Some doctors say that a physician just can't take care of 4000 patients while others point out that unless he tries to take care of them some people

just don't get attention at all, and that the crying need is for more practitioners. Many serious minded medicos are plainly worried about the level of service in the future and they also talk about extravagance and waste. In such conversations overprescription of glasses, wigs, false teeth, and inexpensive drugs enter the picture. To a few the furnishing of medical appliances to the aged comes under the heading of waste - one remarks that dime store glasses are often adequate in such cases

It is occasionally suggested that some doctors have purposely sabotaged the system and here the dentists come in for special criticism. There is general agreement that long waiting lists at hospitals, a serious shortage of nurses and practitioners, and an inadequate number of health centers, would be the case today with or without nationalization. For example, dental education came almost to a stop during the war. Everyone admits that there are bugs in the present system and each has procedural reforms to suggest, but there is no room to enumerate them here.

There seems to be universal concern regarding the plight of the general practitioner, particularly the one who serves in rural areas. Special inducements to entice younger members of the profession into the not-so-profitable areas differ little from those suggested and tried in the United States.

What nationalization will do to the individuality of the doctor, the fear that he will become an automaton dealing in numbers and forms, and the possible breakdown of a harmonious relationship between doctor and patient, come out in every conversation. Many believe, though, that such dangers are inherent in our highly specialized world. Others point out that the amount of new paper work has been exaggerated in view of the fact that the doctor no longer has to bother with fees and collections and has less paper work when it comes to income tax returns. The medical profession as a whole seems to be uneasy about the state setting its financial return - dentists, for instance, have seen their fees altered twice since the health service came in. It is only natural for most doctors and dentists to prefer to have complete control over their own destinies.

In spite of vigorously expressed criticism of many aspects of the service, by far the greater number of practitioners realize that the health situation in Britain before and after the war was far from good and that large segments of the population were left out in the cold. Most doctors are more interested in practise than in politics and believe that the shortcomings of the scheme will be

ironed out in time. There is no talk of returning to the old system. The feeling surely prevails, particularly among the younger members of the profession, that the future physical well-being of Britain is assured. Eight applicants for every opening in the medical school at the University of Edinburgh attest to the same sentiment among those who desire to enter the field.

The British doctor of tomorrow will continue to consult with his patient not as a socialist or free enterpriser but as a man of medicine.

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