

SOCIALIZED MEDICINE: A MESSAGE FROM BRITAIN

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The prolonged battle between the medical profession of this country and the political planners who favor some type of socialization scheme for medicine shows no sign of abating anytime soon. It is virtually certain that some version of the King-Anderson bill will again be proposed during this year's session of Congress.

Despite the constant opposition of formal medicine to socialization and government control, there has been a gradual erosion of this opposition strength over the past twenty years. Each time that a bill such as Kerr-Mills is passed, each time that the veterans or armed services medical benefits are expanded, and with each additional federal grant to hospitals, medical schools, and research institutes, another segment of medical opposition is compromised and eventually silenced.

The medical profession should no longer view itself as a unified whole. It has become divided into two basic groups: those in the direct contact of practice who treat and care for patients on a personal basis; and those who are engaged in the institutional activities of administration, teaching, investigation, and research. Although the goals of both groups—the promotion of general health, the prevention of disease, and the alleviation of suffering caused by disease and injury—are the same, the group attitudes differ considerably.

The institutional physicians do not look upon the problem of socialization in the same light as their practicing brothers. For the most part, the institutionalists have already given up the struggle against socialization. They are a salaried income group with funds derived from federal, state, municipal or private foundation sources. The opportunity to carry on their work under favorable conditions concerns them more than the source of their financial support. It is chiefly the doctors engaged in the private practice of medicine, treating patients and dependent financially on their own earning power, who most oppose government control. But there is division even within this group; those who have banded together into the large private clinic organizations are less opposed to socialization than are those practicing as individuals or in small partnerships.

The political and bureaucratic minds imbued with the desire to improve the lot of humanity, and in this instance the physical and mental health of mankind, believe that their goals can best be accomplished only through organization and standardization of all efforts pertaining to health. To the indoctrinated, socially conscious bureaucrats, the obvious approach is to accomplish standardization through the organized framework of government. Since they are already in positions of great power and in control of effective means of mass communication, they have been able to influence the general population to feel that it would be better served under some scheme of government medicine. The public has been led

to believe that its general health will improve, and that, best of all, by the payment of only a few additional tax pennies, the financial burden of illness will be forever lifted from it onto the broad, benevolent shoulders of government.

In his speech for Medicare, the late President Kennedy called attention to the fact that socialized medicine in one form or other is practiced on most of the so-called enlightened countries of Europe. He stated that this country was lagging behind since it had not adopted something similar. One would interpret this to mean that the health conditions in Europe surpass those of this country, that the European population is pleased with its medical care, and that the medical profession there is content with the situation, and that the financial burdens assumed by the governments (taxpayers) are manageable.

There is abundant evidence to question each of these four benefits. Indeed, the only segment of a population that seems to benefit from the socialization of medicine (perhaps, the socialization of anything) is the government bureaucracy, which must expand to direct it. Such expansion is inevitable, and occurs in spite of the fact that many of the bureaucratic heads that sponsor the plans become swamped in the complications and succumb to the unplanned headaches they create. But like the Hydra, for each head that falls, bureaucracy supplies two more to replace it.

As a sample of foreign medical viewpoint, we will relay here the following message received last month in the annual exchange of season's greetings. It is from Dr. Maurice Harvey, a good friend from the war years, who has practiced in his home of Monmouth, United Kingdom, under the British version of socialized medicine since its beginning.

Sorry to write so late that I fear you may not get this until after Christmas. Anyhow all my best wishes to you, and above all I hope that you never get anything like our National "Health" Service in America.

Perhaps you saw that our masters here have granted us a long overdue increase in pay – no less than 14½%? It was blazoned in all the papers here. But then they decided that the "pool" out of which we are paid was overdrawn, so that we could not have it after all. This, however, was kept dark, so that the unfortunate doctors were left to find this out in due time. The public still has not been told at all.

So shun anything on the lines of our N.H.S. Bureaucracy is not to be trusted, as I knew before this thing was set up. I opposed it then, and I have always disliked it, although I had no choice but to enter it. You have been warned.

It seems likely that this country will eventually fall under the siren-song spell of our socialistically oriented do-gooders. However, should the socialization of our medicine come about, there is at least a possibility that it may not survive for long. The one imponderable that the collectivist mind overlooks in its Fabian dream is the perverse nature of the uncouth American citizen. The irrational person has inherited his individualism and non-conformity from the many generations of restless and dissatisfied foreign forbears who came to this country to escape oppressive governments in search of freedom and opportunity. Unlike his European counterpart, inbred to passivity, stoicism and acceptance of authority, the unsophisticated American is fretful and boorish when he is herded or forced to queue-up. On a large scale, it is possible that the poor quality, the inefficiency, the red tape, the frustrations and the annoyances of bureaucratic medicine may be more than he can stomach.

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