HEALTH INSURANCE IN ENGLAND[1]

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TWENTY-ONE years' actual experience of giving and receiving medical advice and treatment under a system of compulsory and contributory national health insurance has had certain definite results both upon the community and upon the medical profession. It must be understood by American readers that the British health insurance system has from its beginning in 1912 included in its medical benefits only the services of a general practitioner in the patient's home or at the doctor's office; that it does not include the services of specialists or hospital care. In addition to medical benefits, cash benefits amounting to a part of the wages are provided the insured person for a specified period during sickness. All persons employed at manual labor, and all other employed persons with annual incomes of less than £250 are legally required to insure under the Act, these employees paying themselves approximately 40 per cent of the total cost, the employer paying about the same amount, and the state the remaining fifth. Over 15 million persons are thus insured under the law and about 15,000 physicians have elected to serve them under its provisions, these physicians ordinarily giving only a part of their time to insurance practice and carrying on private practice also.

On the whole, and leaving out of account for the moment those features of the British system which are not directly concerned with the provision of medical attendance and treatment, the results are beneficial to both: and when the

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expression "on the whole" is used it is not intended to imply that the benefit is just on the right side after nicely balanced consideration, but merely that there are some points of disadvantage which may be set over against an overwhelming preponderance of advantage. That this is so may be judged from the official resolution passed by the Representative Body of the British Medical Association almost without dissent: "The measure of success which has attended the experiment of providing medical benefit under the National Health Insurance Acts system has been sufficient to justify the profession in uniting to secure the continuance and improvement of an insurance system." It is some eight years ago that this resolution was passed, but since then it has been endorsed, further resolutions have been adopted pressing for an extension of the system to bodies of persons who are not at present included in it, and by a growing conviction, born of intimate experience, it is acknowledged that any suggestion of the abolition of the scheme would be received by an overwhelming and emphatic protest from the profession and insured population alike.

It is important to emphasize the official and definite character of these and the following expressions of opinion of the medical profession of Great Britain in view of the different and incorrect impressions which have been conveyed to American physicians in certain British "correspondence."

There is a similarly official record of what the medical profession believes to be the general benefits to the community which have been either directly due to, or greatly accelerated by, the National Health Insurance scheme. In the Memorandum of Evidence which the British Medical Association presented to the Royal Commission on National Health Insurance they are thus enumerated: "(a) large numbers, indeed whole classes, of persons are now receiving a real medi-

cal attention which they formerly did not receive at all, (b) the number of practitioners in proportion to the population in densely populated areas has increased, (c) the amount and character of the medical attention given is immensely superior to that formerly given in the great majority of clubs, (d) illness is now coming under skilled observation and treatment at an earlier stage than was formerly the case, (e) the work of practitioners has been given a bias towards prevention that was formerly not so marked, (f) clinical records are being provided which may be made of great service in relation to public health and medical research, (g) co-operation among practitioners is being encouraged to an increasing degree, (h) there is now a more marked recognition than formerly of the collective responsibility of the profession to the community in respect of all health matters." These are described as "immense gains," and further experience has not tended to minimize the value of any of them. The only qualification perhaps required is that, except in a few instances, the authorities have failed to make proper use of the potential value of the clinical records made by practitioners. It may be added that in a number of rural areas it has been found possible to maintain medical attention in places which would otherwise have been left derelict.

Such are some of the main benefits to the community. It is natural to ask also whether there is any evidence, as yet, that the general public health has been enhanced as a result of the working of a National Health Insurance system. This is a question, however, which it is impossible to answer, and probably will always be impossible to answer, with any degree of confidence. There can be but little doubt that during the past twenty-one years, in spite of war and economic calamities, the national health has improved; but it is quite impossible to separate the effects of the medical benefit in-

surance arrangements from those of other agencies which have contributed, probably more effectively, to such a result —for example, an increase of knowledge of medicine and ancillary sciences, a more effective and widespread public health administration, a much greater realization of the importance of health matters, and education in personal, domestic, and industrial hygiene. It will be realized, however, that the beneficial effects of these other agencies must have been largely augmented and reinforced by the activities of the physician doing insurance work, without whose services they would have failed of practical application in the homes of the people.

On the other hand, the fact that the provision of cash benefits payable during incapacitating sickness has led to increased claims cannot be taken as indicating any actual deterioration in the general health. It must be borne in mind that the insurance scheme applies to not much more than one-third of the population, that the effects of prolonged unemployment and the aftermath of war are still with us, that the propaganda in favor of securing early medical attention and of realizing the importance of minor illness must at first tend to swell the periods of sickness, and that the recent actual prolongation of life almost necessarily increases the total of such periods. These and other purely medical considerations fully account for an increase in sickness claims. Whatever be its actual effects on the public health there is no doubt at all that the insurance scheme has brought to large numbers of persons the advantage and comfort of having a family physician or private medical adviser in whom they have confidence.

The results to the medical profession itself have also been, in general, advantageous. The system has, in almost all areas and in the case of a large proportion of individual practi-

tioners, increased the feeling that we are colleagues rather than rivals, and has brought about a more conscious relationship between family practice and various aspects of public health service. These are considerable gains. Financially, too, the effects have been beneficial. The aggregate income of members of the profession practicing under the scheme has been largely augmented. There are probably thousands of general medical practitioners today who, without the insurance scheme, would not have been able to earn by the exercise of their profession a sufficient income on which to live. It must not be understood that any money is coming to them through these state insurance arrangements which they have not fully earned. It is the greatly increased amount of work, which the scheme provides for a guaranteed reasonable (though some think not a fully adequate) payment that has led to this improvement. In addition, a large number of physicians find it a relief and comfort that they can now give a fuller attention to many of their poorer patients without the thought that those patients will be afterwards distressed by the presentation of a bill. There is not evidence that the general quality of professional work has in any way deteriorated. No doubt, as in other branches of medical work, there are some who are less skilful and less conscientious than others; but comparing like with like, the best with the best, or the average with the average, it is safe to say that the quality of the service rendered is at least as high among insurance doctors as it is, say, in private practice or in hospital out-patient departments.

It is not to be denied that there are certain drawbacks, dangers, or disquieting features which may be found under an insurance scheme for medical benefit. The most commonly mentioned among those which are real, is the multiplicity of rules and regulations which it involves. No doubt there is

a tendency to multiply and complicate these unnecessarily, but it should be realized that most of them arise from three extremely valuable, and probably unique, features embodied in the English system. These are (1) every registered medical practitioner has the *right* to be a member of the service unless and until it is proved that, because of misconduct, his continuance therein is detrimental to the service as a whole; (2) the close approximation of the conditions of the service as between doctor and patient to those which obtain in private practice; (3) the considerable share assigned to the profession itself in administration. Because of, not in spite of, the confidence in the profession which these features disclose, provision has to be made for the occasional delinquent. If the state has no right to choose which physician shall take part in the service, machinery has to be established for dealing with anyone who conspicuously fails in his duty. If the state has limited its function to bringing together doctor and patient, leaving them free thereafter to act in accordance with recognized or traditional methods, it must provide means whereby, in case of dispute, each may have a square deal. If the state leaves purely medical matters to be judged by a purely professional body, there must be some authoritative delimitation of the respective spheres and some prescribed means for action. All these statutory requirements, rules, and regulations, need not trouble the physician any more than the ordinary requirements of the penal code trouble the law-abiding citizen. In fact, they do not worry him overmuch; they exist largely for his own protection. There is, however, a certain type of mind which tends to be distracted by them, and therefore they should be made as simple and few as possible.

Only two other drawbacks or dangers need be considered —the one affecting the attitude of certain members of the

profession, the other affecting the mind and conduct of certain insured persons. The one is that the system does to some extent facilitate the procedure of commercially-minded practitioners, and the exploitation of unwary members of the profession by ingenious laymen. There is no doubt that insurance practices are more easily and more certainly transferable than ordinary private practices. On the occasion of any such transfer each insured person on a physician's list is afforded the opportunity of choosing another physician, but, in fact, only a very small proportion of them (perhaps 3 to 5 per cent) avail themselves of this at an early date thereafter. This allows of such practices being worked up in suitable areas and then, perhaps at short intervals, being bought and sold as commercial propositions. This danger, however, cannot be said to be prevalent, and it is one which knowledge and experience should easily combat.

The other drawback is that with a quite small proportion of insured persons, their attitude towards their physician may be changed for the worse. Instead of regarding him as a confidential friend and adviser there are a few who come to demand his services as a business right and may be critical and suspicious lest they should not secure their full due. If there were any widespread effect in this direction it would be enough to condemn the whole system, but in fact the enormous majority of insured patients enter into relations with the physician of their choice in exactly the right spirit, and such an attitude as that described is not common and can be readily dealt with by any wise practitioner.

Other supposed drawbacks or dangers are either unreal, or trivial, or not peculiar to insurance practice but more or less common to many forms of medical work.

In conclusion, if, as the result of the British experience, one were to offer any advice to members of the profession or

other persons interested in public health elsewhere, one would feel inclined to say with a good deal of emphasis, that, whatever variation there might be in many details of any proposed insurance health service, certain conditions should be regarded as essential for smooth working and success.

First the three unusual features of the English scheme mentioned above should be regarded as absolutely fundamental—the right of all doctors to be members of the service, the absence of interference between doctor and patient as such when once this relationship has been brought about; the close and appropriate association of the profession itself with the administration.

Secondly, the scheme for provision of medical benefit (i.e., medical advice and treatment) should be separated as completely as possible, both financially and administratively, from any insurance provision for cash payments of any kind.

Thirdly, the scheme should, from the beginning, make provision for a full medical service, not merely for general practitioner attention but also for consultant, specialist, and other ancillary services, and, where circumstances allow, for institutional treatment also. Because of historic reasons which govern the provision and maintenance of the institutional care of the sick in Great Britain, it is found impossible in this country to incorporate hospital provision as an integral part of an insurance scheme, but practicable, however, to secure such provision in direct and intimate association therewith.

Fourthly, the scheme should be administered as simply as possible in topographical areas, and not through a multiplicity of "approved societies." In Great Britain, owing to the vested interests which have already been established, it is recognized that Approved Societies may require to be

represented on whatever local committees administer the scheme. Most of the difficulties and complications that have from time to time arisen under the existing English scheme have been due to the fact that these last three conditions have not been fulfilled; and the British Medical Association in the spring of 1930 issued "Proposals for a General Medical Service for the Nation," incorporating the above stated general principles and urging the extension of the sickness insurance law to cover not only the insured employees themselves but also the members of their families, to provide the services of specialists as well as of general practitioners, and to arrange for hospital care, as measures for increasing the provision which the present law furnishes for attending to the health of the people by securing full medical attention for them. Financial stringency has prevented any attempt to establish such provision during the past three years, but the scheme has been very favorably received in general, and it is under discussion by societies and authorities interested in the public health.