

By and Large Britons Like Health Service

EDITOR'S NOTE—Britain's 14-year-old state operated medical service, long a cause of controversy in the British Isles and elsewhere, is termed generally a successful enterprise now. But there are still misgivings about aspects of its operation, and many doctors are plugging for changes.

By JOHN GALE
Of the Associated Press
LONDON — Fourteen years ago, Britain's doctors were united for better or worse with a state-run national health service.

The marriage, on the whole, appears to be succeeding. Officials claim the nation's health has never been better. Britons are growing bigger and living longer.

Diseases that once were the scourge of childhood have been put on the run. Diphtheria killed only five children of school age last year, polio only 12, tuberculosis 9. Scarlet fever is no longer a menace.

Most of all, the National Health Service (NHS) has succeeded in the high purpose it set out to achieve in the aftermath of World War II. Nobody is disabled by lack of means from receiving proper medical attention. With the state picking up most of the bill, Britain's 52 million people can at last afford to be ill.

The cost of keeping the nation healthy is now running at about 850 million pounds (\$2,380 million) a year. It is expected to increase in the next few years as it has almost annually since the Health Service was launched.

A Tiny Minority
But in Britain, only a tiny minority of the medical profession would like to see the NHS scrapped. Some 600 doctors have remained in private practice. The great majority — approximately 35,000 — work in the service of the state.

There is today widespread acceptance of the social factors that brought the NHS into being. No dispute exists over the

principles underlying the scheme. But in medical circles, there are many misgivings over the shortcomings of the service and its method of operation.

A committee representing the country's nine leading medical bodies recently completed a four-year review of this massive British social experiment.

It reported: "In general we feel that this (the NHS) has proved of great benefit to the community, but there are many defects and omissions." The committee then listed a total of 232 conclusions, many of them critical of the government's handling of the scheme.

One of its chief conclusions was that the Health Service is too loosely integrated. The NHS has three main operating branches—the family doctors in general practice, the hospital services and the public health authorities. Many physicians complain there is too little liaison between the three, resulting in duplication of effort and a general loss of efficiency.

The committee asserted that the three-way division of responsibility had prevented the system "from operating successfully as a team."

Complaints Voiced
Medical quarters also often voice complaints that the government does not work closely enough with the profession in planning such projects as hospital building programs; that the government spends too little on medical research (about \$14 million a year); that doctors are overworked and underpaid; casualty and accident services below standard; medical recruiting lagging and too little provision made for the care of the aged and maternity cases.

There is also a general desire in the profession to see an element of private practice retained and it is frequently charged that the NHS has tended to stifle its preservation. "Whatever arrangements are made by the state to provide medical care," said the review committee, "there will always be a section of the community which prefers to pay the doctor directly for his services by personal contract."

Among the foremost critics of the NHS is the Fellowship for Freedom in Medicine which has about 1,500 adherents among medical practitioners.

The fellowship maintains that the NHS is top heavy, cuts the family doctor off from hospital work and pays him with no regard for his experience, ability or conscience. In fact, Health Service doctors are paid 19 shillings 6 pence (\$2.73) per patient per year with an extra 14 shillings (\$1.99) for every patient within the range of 500 to 1,700 on his list.

3,500 Maximum
With a permitted maximum of 3,500 patients, the most a doctor can make out of the NHS is around 4,000 pounds (\$11,200) a year.

Said Dr. James Maxwell Alston, a consultant pathologist and honorary secretary of the fellowship:

"Our main objection to the form of Health Service chosen for this country is that it is too rigid.

"We all accept that there must be some system of helping people to provide against illness. But here, there is too much central control and the service suffers as a result.

"In 14 years, the government has made little progress. It has built no new hospitals in the whole of that time. It spends far too little on medical research.

"It enforces a rigid division of medical work with general

practitioners in one category, hospital doctors in another and public health authorities in a third. The result has been that the G. P. S. don't do as much specialized work in the hospitals as they used to and there has been a general weakening of the profession."

More Flexibility
Dr. Alston spoke in an interview at his home in London's West End—the headquarters for his campaign to bring more flexibility into the Health Service and to preserve intact the remnants of private practice.

Pausing reflectively, he said: "I and the people with me in this organization would never want to scrap the underlying purpose of this Health Service. "But given the chance, I would scrap the service in its present form and start again on entirely new lines."

Dr. Alston said there had been too little consideration in Britain of health service schemes such as Blue Shield and Blue Cross, operated in the United States. "These schemes deserve our attention," he said, "and might enable us to avoid some of the difficulties that we have met."

On a different level, the British public has its own personal complaints about the Health Service. Readers write to the papers to complain that little Tommy was kept waiting for six months before his tonsils were removed. Or that visiting hours at hospitals are too restricted.

Hospitals Experiment
Some British hospitals experimentally opened their doors for up to six hours a day. The result was that swarms of fruit-carrying well-wishers invaded the wards in such numbers that doctors and nurses had to struggle through a party atmosphere to reach their patients. Eventually, it was the tired-out patients themselves that begged to be left alone.

The other big public complaint is over-crowded surgeries. Fewer than 10 per cent of NHS doctors operate an appointments system. As a result, patients have been kept for up to two hours waiting for the 20 people in front of them to be seen.

Dr. John Fry, in partnership with his younger brother Lionel, cares for the health of some 7,000 people in a suburban middle class area of London. He re-

cently introduced an appointments system. "I got tired of people coming in to see me suffering from some stress after sitting two hours in the waiting room," he said.

"I didn't want to keep them waiting but I did want to plan my work more effectively. The result is that instead of seeing 40 persons one day and 20 the next, I see 30 on both days and everybody is happy.

"I get more time to plan my private life and the patients are not inconvenienced."

Dr. Fry, 40, served with the Royal Navy in World War II and had one year in private practice before the Health Service came in. He now enthusiastically supports the system.

"Of course we were apprehensive at the start," he said. "I was worried that the relationship between my patients and myself would be changed, that my services would be abused and that there would be interference by the government.

"But none of this has happened. It is a misconception that there is a lot of government interference. I account to nobody for my medical therapies inside the boundaries set by the ethics of the profession.

"There is no abuse of my services, although there has been a slight increase in the people that come in with trivial ailments. But that is inevitable with no financial barrier between them and me.

'Subtle Distinction'
"As for my relationship with my patients, it has never been better. The patients have no fear or anxiety about coming to see me. I have no fear or anxiety about not getting paid.

"Instead of being employed by my patients, I am providing a professional service. There is an important and subtle distinction."

Dr. Fry reckons his partnership is worth about 10,000 pounds (\$28,000) annually, gross. Out of that, he pays all overheads including secretarial and nursing costs and improvements to the premises.

He has after that slightly more than 3,000 pounds (\$8,400) left for his personal and family expenses—a wife and two teenage children both being educated at exclusive schools.

"In private practice with the same number of patients, I suppose I would be earning four

times as much," said Dr. Fry. "But I don't regret the financial loss.

"This type of practice is easier to run. One is on top of the heap rather than at the mercy of one's patients.

"They benefit too because nothing is denied to them."

Occasionally though, the patient must wait for hospital treatment. Emergency cases get priority attention, but there are long waiting lists at most British hospitals for those with minor ailments.

One matron of a London hospital with 109 beds said the whole lot were always full. "The waiting list right now is nine months," she said, "but that's for non-priority surgery.

"I'm talking about bunions and hernias and the sort of thing where it doesn't hurt a patient to wait a bit."

The Health Service is financed mainly out of taxation, although each employed man hands over a weekly contribution of 2 shillings 8 pence (37 cents) from his pay check. Employed women and juveniles are assessed at lower rates.

Favored in Poll
The great majority of the public—81 per cent on the basis of a recent national opinion poll

—considers it is getting value for money. The same poll recorded that 89 per cent of the public evaluated the NHS as satisfactory with only 11 per cent disgruntled.

Mrs. Ethel Adeane Young, 73, a widow regards it as far more than satisfactory.

To Mrs. Young—in and out of the hospital in the last three years with a fractured hip—the NHS has been "a salvation."

"Without it, I just don't know what I would have done," she said. "I live on a fixed and limited income. I suppose I would have had to sell my furniture and my house in order to pay for medical treatment."

In her lonely home, Mrs. Young has regular visits from her doctor and a district nurse. Her meals are brought to her by a women's voluntary organization. She gets a domestic help for two hours a day and the Health Service pays, and she is provided with a wheelchair and elbow crutches by the NHS, free of charge.

"I can't speak too highly of the system," she said. "It is a wonderful thing.

"And I have noticed this. All the people who sneered about it in the past are taking everything that they can out of it now."



Calling Britain's state-run health service "a salvation," Ethel Adeane Young, 73, talks of it in her home in Woodford Green, a London suburb. National Health Service provides crutches, one of which stands alongside her, and a wheelchair free of charge. It paid for frequent hospital stays for a broken hip during the past three years. A widow living alone, she has domestic help two hours a day, through NHS.

Likes It

Constitution Plan Lauded By Maurine

WASHINGTON (Special) — Sen. Maurine Neuberger said Friday "people of Oregon face one of the most important tasks that confront a self-governing people" when the forthcoming state Legislature considers a new constitution.

In a Senate speech reporting on background of the proposed constitution, Mrs. Neuberger remarked that states "could not halt or reverse the drift of state functions to Washington, D.C., unless they face the task of strengthening state and local government at home. A key step toward this goal must be the modernization of state constitutions."

The Oregon senator lauded the revised constitution proposed by a bi-partisan commission as "consistent with Oregon traditions and with the best developments in modern state constitutions."

She said the method being used for consideration and action on the new constitution is an experiment. She added "Oregon's experiment is to see whether a state can make necessary reforms while the record is still good, and to do it on the basis of the careful consideration of the constitution as a whole by an expert, non-partisan citizen's commission. Perhaps this cannot be done. Perhaps only the spur of immediate crisis can overcome inertia, disinterest and preoccupation and a proposal for constitutional change is inevitably a tempting target for political attack.

"But I prefer to hope that Oregon's Legislature, in which I was proud to serve, will rise to the occasion."

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