GENERAL PRACTICE LITERATURE

NEW BOOKS

POVERTY, EQUALITY AND HEALTH

The Strategy of Equality. LeGrand, J. (1981). London: George Allen & Unwin. 191 pages. Price £12.50 (hardcover), £4.95 (paperback)

The Politics of Poverty. Donnison, D. (1981). Oxford: Martin Robertson. 239 pages. Price £3.50

Health and Wealth: an International Study of Health Care Spending. Maxwell, R. J. (1981). London: Lexington Books. 179 pages. Price £14.95

General practitioners pick up the pieces when governments fail to provide a healthy environment for their subjects. We are the doctors who have to cope with the stresses induced in people who have been condemned to live in tower blocks, we are the doctors who provide the terminal care for people who have not been protected from the tobacco menace, and we are the doctors who have to cope with the bereavements and injuries stemming from the failure of successive governments to implement seat belt legislation. Few, if any, governments since the war have achieved worthwhile housing targets and we are (or should be) fully cognizant of the resulting ill health and dis-ease. In football parlance we have become "the sweepers" of the Welfare State. What will bid fair to overshadow all the above loads for a long time to come will be unemployment and the real poverty that springs from it. It may well be that the technical indicators of economic success—productivity and the Public Sector Borrowing Requirement—are held to have been achieved and that the human price paid for it can be conveniently forgotten. That price will be structural unemployment of between two and three million people; they will include tens of thousands of people who have lost their jobs in their prime and will never work again, and tens of thousands more of young people who may never get jobs. The resulting physical, mental and social pathology will fall to general practice for amelioration and support. As we look forward to this bleak prospect three recent books give serious food for thought.

The first of these is by Julian LeGrand of the London School of Economics, whose book studies the extent to which the way we spend money may contribute paradoxically to increases in inequality. The second, by Professor David Donnison, lately Chairman of the Supplementary Benefits Commission, looks at the way in which a welfare state attempts to shield people from destitution and in doing so shows its prejudices. The third, a more technical work by Robert Maxwell of the King's Fund, provides us with a much needed way of accurately comparing health expenditures from country to country. The first two books should find a place on any health centre or group practice library shelf and the third should certainly be in the library of every postgraduate centre.

LeGrand shows that in health, education, housing and transport, policies designed to reduce inequality have failed to do so. Reviewing much evidence he suggests that "almost all public expenditure on the social services in Britain benefits the better-off to a greater extent than the poor, due to the insignificant role played by concern for equality in determining policy, such an outcome might be expected; it is also true for services whose aims are at least in part egalitarian such as the NHS, higher education, public transport, and the aggregate complex of housing policies." He surveys each area in terms of the amount of public expenditure, the way the service is used, the opportunities which it presents to its users, its accessibility and its outcomes.

With regard to the NHS he arrays the evidence to show that "equality of use for equality of need" has not been achieved (the highest socio-economic group receives 40 per cent more NHS expenditure per person reporting illness than the bottom one); equality of cost to the individual has not been achieved (and therefore there is inequality of access. Going to the doctor, to the Outpatients, or into hospital cost more in transport and lost wages for the lower socio-economic groups than the higher); and lastly, as the Black Report has shown, there are persistent inequalities of outcome. He examines the often stated theory that it would be better to give people money rather than services (in this case by reducing taxation and increasing social security payments). He concludes that if this were done, there would be greater inequality in council housing and rent rebates; in the NHS there would be little effect; but in higher education, owner-occupation and rail travel, there would be greater equality in both public expenditure and final income. With regard to the NHS, some of the relevant inequalities might be increased by reducing public expenditure.

He examines and rejects means-testing and compulsory patterns of utilization as strategies to reduce inequality. "The prospects for reform that involve neither means-testing nor reducing the role of individual users seem equally gloomy." He goes on to say: "The failure of public expenditure on the social services to achieve equality can be explained primarily by its inability successfully to counteract the influence of the more fundamental social and economic inequalities that still pervade British society." In 1976 the top 20 per cent of the population received 40 per cent of the total after-tax income, while the bottom 20 per cent received only 8 per cent. Before such inequalities in incomes can be tackled it is necessary to re-examine the ideologies of inequality (for instance, that it is

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References

British Medical Association (1974). *Primary Health Care Teams.* London: BMA.

Cannon, G. (1982). What makes so many run? *Sunday Times,* 2 May.

Davies, J. E. (1981). Sports injuries and society. *British Journal of Sports Medicine,* **15,** 80-83.

Ellman, R., Adams, S. M., Rearden, J. A. *et al.* (1982). Making physiotherapy more accessible: open access for general practitioners to a physiotherapy department. *British Medical Journal,* **284,** 1174-1175.

Fentem, P. H. & Bassey, E. J. (1978). *The Case for Exercise. Sports Council Research Working Paper 8.* London: Sports Council.

Health Education Council (1974). *Prevention and Health—Everybody's Business.* London: HMSO.

Royal College of General Practitioners (1981). *Health and Prevention in Primary Care. Report from General Practice 18.* London: *Journal of the Royal College of General Practitioners.*

Stott, N. C. H. & Davis, R. H. (1979). The exceptional potential in each primary care consultation. *Journal of the Royal College of General Practitioners,* **29,** 201-203.

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right and proper, the natural state of things, or that further reduction of inequality could damage other objectives such as diversity, economic growth or liberty.) By leaving the ideology of inequality intact, the strategy of equality through public provision has failed, he says.

This is sobering stuff: while some doctors clamour for more resources for the NHS primarily for the pursuit of their own clinical interests (and some others primarily for the enhancement of their personal incomes), most of those who feel that we need more resources honestly believe that they would help to reduce inequalities. LeGrand demonstrates quite remorselessly how simplistic this assumption is and how erroneous. Meanwhile equalization of incomes and any attack on the ideology of inequality cannot be found in any party manifesto: those of us who want to diminish inequality in health are in for a long haul.

LeGrand's work should at any rate prevent us from making oversimplified international comparisons: if reduction of inequality in health is our objective, then merely saying that we should spend as much as the West Germans, Australians or Americans is superficial. Maxwell's painstaking and scholarly work does allow us to make useful comparisons, although he himself points out that whereas the reliability of his data is assured, comparability is a more difficult concept. He presents a wealth of data, and to select from it might invite the charge of bias. Nevertheless, certain trends are beyond argument. The first of these is that expenditure on health rises as the gross national product rises, but that in the second half of the seventies the increases were slowed down. The second is that there is a relatively poor correlation between health, as crudely judged by mortality ratios, and the percentage of the GNP expended on health. Not surprisingly, since he shows that 60 per cent of health expenditures are on wages, you can see that there is no correlation between doctors' earnings expressed as a ratio to average earnings and the health status of the population (better-paid doctors do not produce better results). Another interesting point is the extent to which public monies pay for health care even in what are generally thought to be the "free market" systems, reaching, for instance, 43 per cent in the United States. He makes the point that while British Ministers of Health congratulate themselves on holding costs down whilst maintaining a reasonable level of health (smallest percentage of GNP and fourth place in the mortality league table), there is no room for complacency, because of the comparative slowness of the trends towards improvement. The prime objective of health services is to ameliorate suffering rather than delay death, but such amelioration is much more difficult to measure than mortality rates and ratios, and even more difficult to use for international comparisons. Nevertheless, Maxwell uses a weighted system of mortality rates to give added weight to perinatal and infant deaths, which are more preventable by medical care.

In his conclusions he says: "Health care spending is very closely related to the means available. The higher a nation's GNP, the higher tends to be the proportion of that GNP related to health care. The proportion will tend to rise everywhere in periods of sustained prosperity. In periods of economic difficulty the pattern will be more diverse. Because of the strong pressures for continuing expansion within the health care system, national expenditure will continue to rise in countries where the controls over health care expenditures are weak or fragmented. National expenditure may well fall relative to GNP where controls are tight, depending on other perceived priorities." He points out that the challenge is not merely to limit but also to choose in an informed way where to set the limits, and to obtain the best results one can within those limits. He says: "It is inescapable that societies find ways of responding on a communal basis, whatever the part played by the private sector. While it is by no means essential that government try to handle all these problems by itself, it is inescapable that society, and therefore government, be concerned about the working of the whole." If these problems are to be tackled positively rather than with the aim of simply minimizing public expenditure, it will call for competence far greater than that which any country can yet display.

Data are required across the full range of services, geographic areas and client groups and conditions as to the relative effectiveness and costs of different methods and resource distribution patterns. He goes on to say that when there is a strong case for change in approach or balance, the skills needed to bring this about are formidable. Where governments have moved into this field at all they have underestimated the leadership, trust and patience required to alter health services materially without doing more harm than good. It is far easier to destroy something in health care delivery than it is to create something better. He also says that: "Even when countries develop greater skill in managing their health systems, there is a constant danger of their being too supply side (and service provision) orientated . . . if resource constraints, access difficulties, or even lack of present knowledge make it hard to help someone who needs help, one cannot rest satisfied. A way must be found to work within the constraint or to remove it." This is a valuable and perceptive book and should certainly protect us from making simple-minded assumptions about financing health services.

Donnison's book, recounting his work as Chairman of the Supplementary Benefits Commission, puts the flesh on the technical bones of the previous two books. His work was informed by compassion (how many other chairmen of equivalent national bodies would have tried to learn the meaning of what they were doing by sharing the life of the people they were trying to help?). The book has, for me at any rate, three main messages. The first is that we need to think carefully about the nature of poverty before we can determine how to ameliorate it, the second is that we must rid ourselves of the habit of attaching stigma to unemployment, and the third is that to be effective, the management of social services must listen not only to the sources of conventional wisdom, but to those people, organizations and agencies whom they are most likely to regard with antagonism and suspicion.

Donnison traces the growth of our mechanisms for coping with poverty from the old Poor Law to today, and particularly the nation's idea of what constituted poverty. "In the 19th century the state tried to prevent destitution—hardship, misery and starvation: that was what poverty meant. In the 20th century, poverty came to mean a living standard which falls below a tolerable minimum: Seebohm Rowntree calculated the incomes which various sorts of household required to maintain physical efficiency, and this became the national minimum of Beveridge and the labour movement, a floor below which no one need fall." This concept of minimum standards or subsistence poverty is what most people have in mind today when they talk about poverty and the poor. "It suits liberals who want to help the poor without upsetting other people or abandoning their own privileges. With a poverty line of this sort and continuing economic growth, we could in time raise everyone's living standard to a point at which even the poorest are lifted out of poverty without affecting relativities and relationships between the different social classes in society."

In fact, Professor Donnison points out that we often do better for the poor than that. "If there is a floor it does not stay put at a fixed level, its value is as a social convention, subject to political convention. . . . If we stuck to the standards of Beveridge some really would starve. The frail conventions on which we rely to keep poor people docile would then disintegrate." Very usefully he defines poverty as: "a standard of living so low that it excludes people from the community in which they live. People must be able, for example, to keep themselves reasonably fed and well enough dressed to maintain their self-respect and to attend interviews for jobs with confidence. Their homes should be reasonably warm; their children not feel shamed by the quality of their clothing; the family must be able to visit relatives, and give them something on their birthdays and at Christmas; they must be able to read newspapers and retain their TV sets, and their memberships of trade unions and churches. *And they must be able to live in such a way which ensures that public officials, doctors, teachers, landlords and others treat them with the courtesy due to every member of the community*" (my italics).

There are now four million people eligible for supplementary benefits, and Professor Donnison recounts the struggle which the Commission under his leadership undertook to rationalize, humanize and simplify the system under which they were provided. Particularly he discusses the need to reduce to a minimum (while retaining the flexibility to help in unforeseeable crises) discretionary benefits in favour of better statutory benefits to which disadvantaged people could look as of right. Again and again he points out that the unemployed qualify for fewer and smaller benefits than all other classes of claimants.

Perhaps the most chilling passage in this book is in Chapter 4, 'The Political Environment', in which he shows how the unemployed occupy a much more lowly place in the thinking, policies and activities of both the major political parties and institutions like the TUC and the CBI than their other constituents or members. Meanwhile each of them clearly recognize that British industry

can never be the same again: that the basic staples for so long—ship-building, fabrics, steel, cheap cars and tractors, etc—can all be made more cheaply by developing countries. This country's work and prosperity will be rebuilt only by massive investments and redeployment into high technology, sophisticated manufacturing and the service industries, and until this is accomplished there is bound to be huge structural unemployment. Recognize it they may, admit to it they will not. Pieties are mouthed, cosmetic schemes launched, but the basic fact has not been put before the electorate. The Supplementary Benefits Commission's efforts to get higher long-term rates of benefit for the unemployed were considered to be right in principle, but were not implemented. "There are no powerful groups outside government pressing for action on behalf of the unemployed."

As he describes "the politics of poverty", Professor Donnison recounts in a fascinating way how his Commission picked their priorities, assessed the political situation and looked for allies, and set going the open discussion of ideas. Out of these came proposals that eventually became an Act of Parliament. The most impressive feature of this saga is that he and the Commission listened to politicians and high civil servants, to academics who had researched the field, to their own front-line workers, to pressure groups, to thinking people in major institutions, and all those with a point to make on behalf of the disadvantaged, however militant or radical. Equally, they discussed their ideas with all these people and provided them with facts.

What is the importance of these books for general practice? Firstly, they should help us to avoid looking for simplistic solutions: problems do not go away if you throw money at them (or to the people trying to grapple with them). Secondly, from both LeGrand and Donnison's work, that people need "space": freedom for manoeuvre, freedom to make their own choices, freedom to live their own lives. This corresponds closely to what we have known for a long time instinctively in general practice and are beginning to teach explicitly. Dubos (1980) defines health as the ability to adapt to your environment (come in out of the rain or go where the food is), while Maslow (1970) establishes his hierarchy of need in which people can receive education (and, similarly, health care) only of a sort appropriate to their level of need. Those with the most pressing needs have least "space".

We are going to have to pick up the pieces for structural unemployment, and while we must use all our skills for our individual patients and enhance these by careful listening, even to people who tend to set our teeth on edge, we must be prepared to enter the political arena on their behalf. The College should take more than one leaf out of Donnison's book, but in particular learn from his readiness to listen to and provide facts for a wide range of institutions, pressure groups and individuals.

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References

Dubos, R. (1980). *Man Adapting.* London: Yale University Press.

Maslow, A. (1970). *Motivation and Personality.* New York and London: Harper Row.

THE MAKING OF THE NATIONAL HEALTH SERVICE

J. E. Pater

King's Fund Books
London (1981)

210 pages. Price £10.00

Most historical studies of the NHS have been written by American authors and the field has recently been covered by Honingsbaum in *The Division in British Medicine.* However, for a balanced and scholarly account of the political manoeuvring, changing professional attitudes and government plans leading up to the "appointed day" I unhesitatingly recommend John Pater's book.

It is not a personal reminiscence; like Honingsbaum, Pater has made a painstaking study of contemporary documents, including cabinet and departmental papers now released by the Public Records Office. Unlike Honingsbaum, he is not influenced by preconceived ideas about the proper organization of medical care, and his 40 years of service with the Ministry of Health and DHSS have equipped him to assess much more accurately the relative importance of competing pressure groups.

After an opening chapter reviewing the previous 30 years, the bulk of the text comprises a detailed and dispassionate account of successive proposals and discussions initiated by the wartime coalition government and the subsequent negotiations with Aneurin Bevan's department, leading to the passage of the NHS Act and its implementation in 1948. Only in a brief final chapter does Pater offer his own assessment, 30 years later, of the strengths and weaknesses of the service thus introduced.

While not a book for every practitioner's shelves, it should be required reading for anyone involved in planning future developments; Pater's conclusion that "it now seems that quite unnecessary strife and bitterness was generated over the birth of the service" is well argued and some understanding of how this arose would surely help to avoid further damaging acrimony or confrontation.

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PROBLEMS IN ARTHRITIS AND RHEUMATISM

D. N. Golding

MTP Press
Lancaster (1981)

160 pages. Price £7.95

No one can deny that general practitioners need to understand rheumatology. In the introduction to this book, the author points out that each of us sees one to three new cass of rheumatic disease each day—that is nearly 700 cases a year. A clear, factual, authoritative guide by an author who understands a general practitioner's problems would therefore be both important and useful. This book, one of a series written for general practitioners by specialists in district general hospitals, is a great disappointment. The layout is haphazard, with different subjects seemingly popping up almost at random. Indeed, if it were not for its mercifully first rate index it would be hard to find one's way round. Many subjects are repeated whilst others are only just touched on. I found it unhelpful to read that the treatment of, say, capsulitis of the shoulder is steroid injections, without any real information as to where, how often and how much should be injected. Most of the advice is written to the level of students rather than experienced general practitioners. Indeed, at times it is plain contradictory: on page 120 x-rays are recommended for severe or persistent low back pain, but on the next page they are recommended after only three days of acute pain. The bibliography is restricted to six books, but with no journal references. It adds up to something of a wasted opportunity to cover an important subject.

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