

Letters

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The White Paper: a framework for survival?

In his editorial in the September issue,¹ Roger Jones asks:

'Why do we not look to and learn from more successful health systems in which a mix of private and public provision — including insurance schemes, means testing, payments for hospital and doctor visits, and co-payments for drug treatments — lead to better patient health outcomes and greater patient satisfaction? ... this, of course, is the heart of the matter: through no fault of its own, the NHS has become unaffordable ...'

There is no 'of course' about it. If this is indeed the 'heart of the matter', then it deserves some evidence to support all these assertions. I don't know, nor do I think Roger knows, any country anywhere where public service medical care has had media approval over the last decade of transitional promotion for marketed care. Falsehoods about NHS cancer outcomes comparable to backward and broken services in Bulgaria and Romania have been exposed as statistical nonsense by experts in this Journal.² They depend not on better care abroad, but grossly inferior data collection in, for example, Germany, and almost none at all in the eastern Balkan republics.

Lobbying against free public services, funded from income tax, has everywhere been very well funded and very effective. It has told governments serving transnational corporate business, rather than their own electorates, just what

they want to hear. Opposition to it has not even a small fraction of that funding, nor support from the leaders of any of our political parties in serious contention. Mass opposition will eventually develop, as it always does when people are seriously hurt, but for the time being most simply cannot believe that so many people who claim to be saving the NHS are actually selling it off to the strongest commercial bidder.

What we can afford is surely a matter of opinion and choice. In 1948, Nye Bevan had to push his proposals for a free national health service, funded from income tax, past not only professional opposition, but a sceptical majority of his cabinet colleagues — mainly because the UK was then virtually bankrupt. He succeeded because the government was swept in with mass support, which would not take no for an answer. There was political will. Nobody today can deny that we are richer now than we were then. Yes, I know the NHS costs more today. Of course, because it can do more. But everything else costs more too. For example, if Spitfires had cost in 1940 what Eurofighters do today, the entire RAF would possess a few dozen at most. If we can afford Trident missiles, for which even Tony Blair now sees no rational purpose (other than to assert power we no longer possess), we can afford the NHS as a public service, a gift economy, and almost our only hope for some more truly civilised and sustainable society in the future.³

Roger says '... western societies now have to find alternative ways to pay for health care.' What better way is there, than income tax? In 1762 Adam Smith, founder of economics, wrote:

'The subjects of every state ought to contribute towards the support of the

*government, as nearly as possible, in proportion to their respective abilities; that is, in proportion to the revenue which they respectively enjoy under the protection of the state.'*⁴

Those who have much depend on the state to protect them from those who have little. Differences in personal wealth are now greater than at any time over the past century. I look at the bankers, the corporate executives, the playboys, and playgirls of our increasingly decadent society, and ask why they can't afford the rising costs of a rising civilisation. Doctors must occasionally help patients to see what is in their own vital interests. This is one of those occasions.

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REFERENCES

1. Jones R. The White Paper: a framework for survival? *Br J Gen Pract* 2010; **60**(578): 635–636.
2. Ouhami R. Are UK cancer cure rates worse than most in other European countries? *Br J Gen Pract* 2010; **60**(571): 81–82.
3. Hart JT. *The political economy of health care: where the NHS came from and where it might lead*. 2nd edn. Bristol: Policy Press, 2010.
4. Smith A. *An enquiry into the nature and causes of the wealth of nations* (1762). Oxford: Oxford University Press, 1993.

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Your editorial 'The White Paper' highlights the futility of past and present reforms.¹ The urgent need to get it right cannot be understated. There are common themes to the past and present failures from which all should learn. If clinicians are permitted to concentrate on clinical work, productivity, and quality, then morale