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EDITORIAL.

A CONSTRUCTIVE HEALTH POLICY.

The Consultative Council on Medical and Allied Services associated with the Ministry of Health, of which Lord Dawson of Penn is chairman, has now issued an interim report. The Council was invited by Dr. Addison, on its formation, to consider the problem of forming a systematised medical service, established on a local basis, but applicable, area for area, to the whole country.

It emphasises the failure of the present organisation of medicine to bring the advantages of medical science within reach of the people, and points out that medical treatment, while becoming more effective, tends at the same time to become more complex, so that it grows increasingly more difficult for the individual practitioner to administer the full range of treatment.

The Council lays it down that any scheme of medical service must be open, though not necessarily free, to all classes of the community; that it must be such as can grow and expand and adapt itself to varying local conditions, and that, in each locality, it must comprise and provide for all the medical services, preventive and curative, necessary to the health of the people all these agencies being brought together in close co-ordination under a single health authority for each area.

It is pointed out that at the centre of the medical service of the country lies the treatment which the medical practitioner gives to his patient—either at his own surgery, or at the patient's private house. It is contemplated that this domiciliary medical service should continue, but that all such service should be brought into relationship with a Primary Health Centre, which would serve as the rallying point of all the

medical services, preventive and curative, of the district for which it was established.

So far as midwives and nurses are not available in particular districts, under other arrangements, their services could be provided from a centre. A dental clinic, with a staff of visiting dental surgeons, would be another important branch of the equipment.

The Secondary Health Centre of each district would be situated in a town, where an efficient staff of consultants and specialists could be assembled, and would be within access of all the Primary Health Centres in the area. This centre should be brought into touch with the Teaching Hospital, which would be found in some large city; to this would be sent cases of unusual difficulty from Secondary and Primary Health Centres.

The need for a new type of local health authority to administer the scheme in each district is pointed out, on which body it is proposed that the medical profession should have due representation, assisted by a Local Medical Advisory Council. In our opinion it is also essential to the success of such a scheme that the nursing profession should similarly have due representation.

The alternative of a whole-time salaried service for all doctors, which has been carefully considered, is not approved, the Consultative Council being of opinion that the public would be serious losers, as the clinical worker requires knowledge, not only of the disease, but of the patient. It believes "it is a true instinct which demands 'free choice of doctor.' In no calling is there such a gap between perfunctory routine and the best endeavour," that the latter "would not be obtained under a whole-time State salaried service, which would tend by its machinery to discourage initiative, to diminish the sense of responsibility, and to encourage mediocrity."

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