

HOSPITAL PENSIONS.

During the last few weeks an intelligent correspondence has appeared in the press discussing the Scheme of Pensions for Hospital Officers and Nurses, put forward by King Edward VII's Hospital Fund for London, upon the recommendation of the College of Nursing, Ltd., both in support of the Scheme, and in criticism of it. Sir Edward Penton, Chairman of the Provisional Executive Committee of the Scheme, writes in *The Times* in its support, while Lord Ebury, President of the London Fever Hospital, Mr. P. W. Bassett Smith, F.R.C.P., F.R.C.S., and Mr. A. W. Clarke, of Brockham Green, Surrey, make some well-considered criticisms.

We had intended dealing somewhat exhaustively with the question, but a letter by Mr. A. Kaye Butterworth, of Hampstead, which was published in *The Times* on Saturday, October 2nd, put forward such admirable arguments, that it leaves us little to add. We publish the letter in full:—

TWO POINTS OF CRITICISM.

TO THE EDITOR OF "THE TIMES."

SIR,—Sir Edward Penton is certainly right in saying, as he does in the letter which appears in *The Times* to-day, that much interest is taken in the subject of hospital pensions; I doubt whether he is justified in inferring from the number of hospitals that have joined the King's Fund's Scheme that that scheme meets with general approval. For the majority of hospitals it is a case of Hobson's choice.

It seems ungracious to criticise a scheme with the main objects of which all must sympathize and upon the details of which much thought has been bestowed; but the importance of the subject justifies the fullest possible discussion, and I suggest that the new scheme offends against two elementary principles:—(1) It is an attempt to run before we are sure that we can walk; (2) it mixes up two distinct things which are much better kept separate.

May I make good my two contentions? The scheme demands a contribution from hospitals of 10 per cent. on salaries and 5 per cent. from the staff. This is a very heavy burden, especially at the present time, and the burden is heavier than it need be. A very fair and indeed liberal scale of pensions for those who remain in the service of hospitals till pension age could be provided with little more than half of the prescribed rates of contribution; what cannot be so provided are dowries to nurses who leave a hospital to marry and substantial parting-gifts to officials who exchange hospital service for some more lucrative employment. Such subsidiary benefits no doubt make a pension scheme attractive, but do they fall within the objects for which the public subscribe to our hospitals?

My second criticism is based on the essential difference between two classes of pension schemes—professional and service—that is to say, schemes which provide pensions for members of a profession (e.g., clergymen) and those limited to persons in the service of a particular employer or group of employers. The funds for the first must, or should, be provided by the profession, except so far as the funds are supplemented by philanthropic agencies or possibly by the State; schemes of the latter class are financed by joint contributions from employer and employed. The present scheme attempts to combine both classes. Nurses are treated, not as employees, but as members of a profession, and their pensions are earned regardless of whether they spend the greater part of their working life in hospital service or out of it. That may be quite right, but the burden should not fall on hospitals.

Hospital officials stand in an entirely different category from nurses; their pensions are employees' pensions pure and simple and different considerations apply to them. In my view (and I am not alone in my opinion) the two classes should have been kept quite separate. If this had been done and if the benefits had been limited to pensions for those serving when pension age was reached, the most urgent needs would have been met and the burden on hospitals would have been much less serious.

Your obedient servant,

A. KAYE BUTTERWORTH.

Hampstead,
October 1st.

Points made by Lord Ebury are:—

"I should state as emphatically as possible my view that the scheme is unworkable from a financial standpoint."

"While it might have been possible to shoulder an addition to the wages bill for a modified 'money purchase' pension, the liability for 'back service' is so great that a hospital already fighting hard to make two ends meet would, in my opinion, be recklessly committing a breach of trust in accepting this added responsibility, however desirable it might be of securing the benefits to a very deserving class of worker."

Mr. Bassett Smith writes:—

"There is no doubt in my mind that some provision of this kind has long been overdue to insure the nurses who run special risks in their humane work. . . . The non-nursing staffs run no special risks, and should provide for their future in the ordinary way."

Mr. A. W. Clarke writes:—

"The Scheme proposed is not primarily a pension fund at all; it is a scheme of life assurance and endowment policies. For example one of the benefits offered is an insurance which upon the death of an employee becomes payable to his relatives or other nominees if he so desires. . . ."

"Much good work has been done to co-ordinate and increase charitable financial aid for hospital work, and to encourage the judicious expenditure of monies entrusted to hospital authorities by the generous public. It is travelling a long way from these objects if the Pension Scheme, as at present drafted, is accepted by the management of the voluntary hospitals."

In regard to private nurses we have no hesitation in saying that the Pension Scheme put forward by the College of Nursing, Ltd., for nurses in private practice is impracticable, i.e., that the nurse should pay a flat rate of 3s. 9d. weekly, and the employer of 7s. 6d., with an added contribution of 1s. 6d. to cover the interval between employment, i.e., a total of 9s. weekly.

Anyone who knows anything of private nurses knows that the public is already charged to capacity, and owing to the cost of skilled nursing many sick persons of the middle classes have to do without it, a nurse often being sent for only when the patient is practically moribund.

As far as we can gather the majority of the College Council know little about the conditions of Private Nurses, and they have not consulted the associations of organised nurses, or the leading private nursing associations. Neither, so far as we are aware, has the King's Fund which has circularised the Hospitals. Neither quite recently had letters addressed to the King's Fund from the Private Nursing point of view been considered by it.

The present suggested Pension Scheme figures largely in the public eye as "Nurses' Pensions," and as usual the Nurses are decoy ducks for other less interesting classes of officials.

We are entirely in favour of well considered Schemes of Pensions for Nurses, but agree with Lord Ebury in considering that put forward by the Committee of the King's Fund as unworkable.

LEGAL MATTERS.

At an inquest held on the body of Mrs. F. A. Tapp, of St. Mark's Road, Fulham, who died in St. George's Hospital on September 17th, the Coroner, Mr. Ingleby Oddie, recorded the verdict, "That death was due to peritonitis following an operation for the removal of a pair of artery forceps negligently left behind by Dr. Rhind in September, 1923, during an operation for the removal of a cyst, and I further say that the said negligence was not gross and culpable."

Dr. B. A. Burns produced the notes of the case which proved that the patient was admitted on September 16th,

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