THE UTOPIA OF SOCIALIZED MEDICINE

(Originally published February 1965)

The proponents of Medicare always manage to convey the impression that private enterprise medicine has fallen down on the job of keeping the nation healthy, and that only by increasing government control of medical services can the nation's health be expected to keep pace with the coming of the Great Society. To generate public support for government medicine, propagandizing efforts follow several lines: improvement of general health and the promise of a prolonged life free of disease through expansive government-sponsored programs of education and research; increased availability and betterment of medical services to all; relief from the payment of medical bills, particularly those for prolonged and catastrophic illnesses; and relief from exploitation by crafty practitioners, whose fabulous incomes indicate that the public is being fleeced. There is the unspoken assurance that with government regulation and control, all medical problems will be solved, dissatisfaction will vanish, materialism and impersonality will disappear from the medical profession, and presumably all may one day look forward to living forever.

It is a lovely and utopian picture, and the immediate aspects most appealing to the public are the dream of getting medical attention on demand at no cost to itself, and the satisfaction of seeing the doctor lowered from his level of privilege.

If the pitfalls of bureaucracy can be avoided and the costs to the taxpayers kept within reason, there are undoubtedly some phases of medicine in which the arguments for increased government control may be justified. These phases, however, lie almost entirely within the impersonal fields of medicine, and have to do with public health services, medical education, research, and the establishment or standardization and coordination of regional centers for the treatment of special diseases.

The average citizen, however, who is being encouraged to support the government's plan for medicine, is as little concerned with these impersonal aspects as he is with the TVA, SEC and other government-supervised programs. He may be for or against in principle, but aside from that, his interest in socialized medicine is purely personal and centers on treatment for himself, his family and close associates. When he is ailing, he wants immediate attention, a sympathetic and confidence-inspiring personal physician, rapid and effective treatment, and all at as little cost to him in time and money as possible.

The British magazine, *Punch*—to which our liberal American publication, *The New Yorker,* is roughly comparable—printed an article last year that should be required reading for all advocates of government medicine and all ordinary citizens who dream of a medical Utopia. The article, by Brian Inglis, is titled "The Decline of British Medicine."

Mr. Inglis describes in depressing detail what medicine is like for the average citizen and doctor in Great Britain. The long lines of patients on sidewalks in the rain for the

door of the doctor's office to open at some announced time. The deterioration of the practitioner to the role of office clerk, a functionary needed to sign prescription requests or approve referrals to hospital out-patient clinics. The decrepit and inefficiently run out-patient departments in run-down hospitals. The waiting lists for hospitalization; the longer waiting lists for surgical operations.

After fifteen years of socialized medicine under Britain's National Health Service, instead of Utopia here is indifference and cynicism on the part of the doctors and frustration and dismay on the part of the public. Mr. Inglis relates that during the first years under the N.H.S., it appeared that the private practice of medicine was doomed, as everyone who had caught up in the initial euphoria of getting something for nothing, "flocked to the N.H.S. and confidently expected to receive the same services from the same doctor they'd had when they paid for it." Instead the services grew poorer, the backlog of untreated patients increased, and the waiting lists grew longer.

As the situation progressed, it was not long before those patients with influence or means deserted the waiting lists, sought out for themselves a personal physician, paid him for his services, and got treated. With the demand for personal service increasing, fewer doctors sign up for the N.H.S. and more and more of those in it look for ways to get out so that they can take advantage of the more rewarding possibilities of private practice. As medicine exists now, these privileged citizens are paying twice for their medical care: once out of their own pockets for personal service and again (out of the same pockets) through taxation for support of the National Health Service that they do not use.

Interestingly enough, Mr. Inglis, in his dreary recounting of Britain's medical woes, does not think it is fair to blame this decay on the N.H.S. He rationalizes that the situation was not much different before the health act went into effect—a conclusion that is at variance with the title of his article. However, he is still critical enough of the National Health Service today to label it ". . . little more than a noble façade, masking tenement conditions inside," and does not feel that it will survive much longer. Since he does not specify where the blame for the decline of British medicine should rest, perhaps it might be fair to attribute some of it to the weaknesses of human nature.

One does not have to go to Great Britain for an example of how government medicine functions. One need only join a branch of this country's Armed Services, where the advantages of medicine practiced at appointed hours, waiting in crowded out-patient departments, and getting on the lists for hospitalization and surgery all may be enjoyed. If one is a colonel, general or admiral (in a socialized civilian scheme, a politician or ranking bureaucrat), it is not at all uncomfortable, in that restrictions and regulations may be bypassed through the special handling ("expediting" in bureaucratese) always offered to rank and influence. The dissatisfied ordinary serviceman and dependent with means does as is done in Britain—deserts to private care and pays for it. But the rest, the great complaining mass, just learns to put up with it, and eventually comes to expect nothing better. In the words of a *British Medical Journal* correspondent, quoted by Mr. Inglis in

his article, “Menial medicine, for menials, for menial rewards.”

The one great reason for American medicine’s determined, prolonged, but now apparently futile resistance to socialization—and when we speak of American medicine we do not include that impersonal sector engaged in research, education and administration, which has already given up the struggle—has been its certain knowledge of the deterioration of medical services that will develop under any such scheme. When it comes, and the choice now is apparently out of the hands of physicians and public alike, it will be found that the private American physician is adaptable to altered circumstances just as any other private citizen is adaptable. He may squirm a little, but in time he can become the menial, government-paid functionary punching his time-clock, just like his British counterpart in general practice, or just like the cynical British specialist at the hospital enjoying the waiting lists and adding to his income with a little, personal private work on the side.

“The N.H.S. was a fine idea,” concludes Mr. Inglis. “To see the service gradually being eroded, facing us with the choice between expensive/plush and free/squalid treatment—both given by doctors who are losing the vocational instinct—is sad.”

We agree.