

THE EFFECT OF SOCIAL AND ECONOMIC CHANGES ON THE PROFESSION OF MEDICINE

AN EXTRACT FROM THE PRESIDENTIAL ADDRESS * OF SIR RUSSELL
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It is a commonplace that the most important function of this College is to maintain the standards of medicine, but it is useful sometimes to consider what that implies today. Before the 1914 war, even before the 1939 war, it was a comparatively simple task, concerned almost entirely with standards of undergraduate and postgraduate education and qualifications, and to a less extent with the encouragement of research. The conditions under which doctors worked could be taken for granted, for they had not changed substantially for a century.

Now we can no longer take them for granted, and we are beginning to realize that standards of medicine do not depend entirely upon academic factors; they are the fine flower of a plant which has its roots in economic and social conditions, and we cannot continue to enjoy the flower unless we pay attention to the soil.

What has made this immediately obvious, of course, is the National Health Service, but if we are to diagnose our present ills correctly we need to take a much broader view.

It is inherent in national planning that no plan can be adequate. National affairs are so complex, and in these days so rapidly changing, that no planner can be aware of all the factors concerned in his problem, or foresee all the effects of his planning. A glaring example of this is the gross underestimate of the cost of the National Health Service; another is the still unsolved registrar problem.

The aim of those, of all political parties, who launched the Health Service, was to provide the best available medical facilities for the whole population, and this implies the best standards of medicine. But which politician stopped to consider, or even was capable of considering, all the effects of the Health Service upon the conditions of the doctor's work?

But the introduction of the National Health Service was only part of a social and economic revolution which, in other ways, has profoundly affected the status of the doctor. Some of the economic changes have recently been discussed in the press—the unprecedentedly high level of taxation and estate duties, the redistribution of the national income and the great fall in the value of the pound.

The changes resulting from the introduction of the National Health Service have been equally far-reaching. I will deal only with hospital medical staffs. Consultants are now paid for their hospital work, and they are also entitled to a pension, to which they themselves contribute, but against this must be set the decline in private practice and in the possibility of saving for the future.

Moreover, few consultants will have earned a pension of any substance for another 10 or 15 years, and the fall in the value of the pound means that their own superannuation contributions are a steadily depreciating investment.

Hospital residents and registrars are now paid salaries which are much larger than was the practice before the war, but the rise in the cost of living has swallowed up much of the apparent increase, and we must not forget that the lean years which many physicians endured a quarter of a century ago, while waiting to start consulting practice, were often possible only because they or their parents had capital.

Two main causes seem to me to have operated in varying degrees at different times to bring about the present state of affairs. The first is obviously the State's increasing need for money to pay for the war, armaments and the welfare state, and when the State needs money it takes it where it can find it without giving much thought to the long-term social consequences. The second cause is the conscious attempt on the part of some people to achieve a classless society.

It is an act of faith, however, that the professions so essential to the welfare state would flourish in such a society, for in the nature of things there can be no evidence for this. Hence, whatever our political convictions, we ought surely to try to answer the question what are the social and economic conditions necessary to maintain the standards of medicine.

The first obviously is that the life of a doctor must continue to attract men and women of good intelligence and high character. State-provided higher education has opened the door of the medical profession to all who reach the necessary educational standards—medicine in this sense is a classless society—but the training is still long and arduous, and would-be doctors naturally ask themselves how medicine compares with industry and technology in the chance it offers of earning a good salary in a reasonable time.

How many young people choosing a profession look at the remotely glittering prizes? They ask when they can afford to get married. Hence the salaries of residents and registrars, as well as the rewards of general practice or consulting work, are a most important factor in attracting the right people into medicine at a time when the competition, especially of applied science, is great and growing.

I think we should all agree that the consultant requires work unhampered by direction, security, a reasonable freedom from anxiety about the future, enough money to buy books and journals and to belong to medical societies, some leisure both to enjoy

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himself and to think, the opportunity to travel and meet his colleagues abroad and, many would add, the means to educate his children as he wishes, and to make some provision for their future.

Is this asking for special privileges, or merely defining the civilized life, in which we may hope an increasing number will share? If it is a reasonable claim, and if the standard of medicine cannot be maintained on much less, we should judge the policy of any government, as far as medicine is concerned, by asking not merely whether it provides the best hospital facilities or health centres, but also whether it enables medicine to attract the best students, and doctors to give of their best. This is a test which only the medical profession itself can apply. But, clearly, in considering the interests of medicine, we must always avoid a narrow sectionalism, and be prepared to subordinate our own demands to the needs of the nation as a whole; indeed, it is obvious that no profession can have satisfactory conditions apart from a stable national economy.

If you ask why the College should concern itself with these matters, I will give you two reasons. The first is that, while it could survive on its traditions, it can thrive only if it draws life from the world of today, and here the law of natural selection still operates. The College of Surgeons is developing as a post-graduate teaching institution; the universities are displacing our Conjoint Board undergraduate qualification; the B.M.A. would gladly speak for the whole profession in negotiations with the Government. Our future as a College, therefore, depends on our continuing to concern ourselves with every impact of national affairs upon medicine.

The other reason is that we have a contribution which no other body can make, if we use to the full our unique resources—the wide scope and representative character of our Fellowship coupled with the flexibility which our predecessors so wisely gave to our administration. For the great need in medicine today at all levels is integration, and without a comprehensive view there can be no adequate leadership.