

ada, arising out of the lower Canadian import duties. These lower prices of producers goods will be reflected ultimately, through lower costs, in consumer prices. Another outcome, although one difficult to measure, will be the increased business confidence based on the stabilization of duties on important imports and exports for the next three years. A final,

and not the least important benefit, especially to a region like the Maritime Provinces which is so largely dependent on export trade, is the fact that this new agreement will serve as a splendid model for other agreements which, it is to be hoped, Canada will make with other countries in the near future.

What Health Insurance Means to the British Worker

By DOUGLASS W. ORR

TWO questions are suggested by the title of this paper. One is, "What does health insurance mean to the British worker as seen by a public health official or some other outside observer?" The other is, "What does the average British worker himself think of health insurance?" Fortunately the points of view both of the average "outsider" in Great Britain and of the worker himself are quite similar. Anyone who undertakes a study of the British scheme of health insurance, interviewing working men and women, employers, social workers, doctors, politicians, and others, will soon find that the opinions about it from all sources have a certain monotony, and that, except for rare instances, only an extreme Conservative, on the one hand, or an extreme left winger, on the other, would provide any marked divergence of sentiment.

Great Britain has had its scheme of health insurance since 1911 when the first National Health Insurance Act was pushed through Parliament by Mr. David Lloyd George, then Chancellor of the Exchequer. The Bill was, in some respects, a patchwork of compromises and there was considerable opposition—both lay and medical—to many of its provisions. Once enacted the measure was skilfully administered by tactful civil

servants, however, and National Health Insurance has now become a permanent and indispensable part of the British social services.

Several characteristics of National Health Insurance in Great Britain deserve special mention at the onset. It is, first of all, compulsory for virtually all wage-earners; that is to say, all wage-earners under a contract of service earning less than £250 a year (about \$1250) and these comprise some 18,000,000 men and women between 16 and 65 years of age. Secondly, it is not merely a plan of insurance; it includes also a special type of medical service for the insured population. And, finally, the range of cash benefits and also of medical services is subject to fairly well defined statutory limitations.

Health insurance, now more than twenty-five years old in Great Britain, is almost as much a part of the worker's daily life as is the Post Office or the school system. The insured person, having his weekly contribution (about 10c.) regularly "stopped from his wages", finds himself relatively secure in the knowledge that if he becomes sick he has a considerable measure of protection both against the sudden loss of earning power and against the illness itself. The statutory benefits of National Health Insurance may be summarized as follows:

- (1) *Medical benefit*: This consists of medical attention and the provision of "proper and sufficient medicines" without the

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payment of further fees than the weekly contributions during health. Medical benefit is limited to services "within the competence of an average general practitioner"—the doctor to be chosen by the insured person himself—but does not include midwifery or the care of conditions directly related to childbirth. The services of specialists and of hospitals are not included.

- (2) *Sickness benefit*: This consists in a cash payment during a period of incapacity for work "caused by some specific disease or bodily or mental disablement." This cash payment begins on the fourth day of illness and may continue up to 26 weeks. The statutory benefit is 15s. a week for men, 12s. a week for unmarried women, and 10s. a week for married women (about \$3.75, \$3.00, and \$2.50 respectively).
- (3) *Disablement benefit* is also a cash payment, just one-half the amount of sickness benefit, paid weekly to insured persons who are incapacitated for work beyond 26 weeks and up to an indefinite period.
- (4) *Maternity benefit* is a cash payment of £2 (\$10) to an insured person whose wife gives birth to a baby. If the wife is herself insured, this benefit is paid in respect of both husband and wife.
- (5) *Additional benefits* are paid by insurance societies having surpluses. A surplus may arise from a low incidence of sickness in the society or from exceptionally good management. More than a dozen additional benefits have been approved by the Ministry of Health including dental benefit, ophthalmic benefit, convalescent care, home nursing, and the like. Some 70% of all insured persons are entitled to additional *cash* benefits and over 90% are entitled to one or more additional *treatment* benefits (1935-36).

The several benefits of National Health Insurance are most important to the worker who is suddenly thrown out of work by illness and they are greatly appreciated by a large proportion of the insured population. At the same time, however, there is an increasing awareness of certain inadequacies and limitations in the scheme, and a mounting public demand for extensions, especially of the

medical services of National Health Insurance.

Interviews with insurance doctors, social workers, politicians, and workers point to "general satisfaction" with National Health Insurance, but frequently with the qualifying phrase "as far as it goes." A majority of workers who think about possible extensions of the scheme favor changes like these: (1) Extension of the medical service (now limited to what can be provided by "the average general practitioner") to include specialist services; (2) Still more important, extension of the medical service to include, not only the worker himself, but also his wife and dependent children; and (3) Increasing the amount of cash benefits, again not only with the welfare of the individual worker in mind, but also that of his dependents through some form of dependent allowances. There is some left-wing sentiment for nationalization of all medical services, including hospitals, and for making a full range of health services and medical care available to all (the analogy of the public school system is frequently used), but there is no widespread popular demand for any such sweeping change.

One index—and one often disregarded—of what a scheme like National Health Insurance means to British workers is what the workers themselves say about it. Several years ago an English nurse, employed by the Central Bureau for Industrial Nursing (London) interviewed at the request of the Metropolitan Life Insurance Company of New York, several hundred English workers and their wives on the subject: "Do you approve of the National Health Insurance Act?" Her findings have never been published in full, but her general results have been summarized as follows: "The final analysis of the survey showed that very few were not in favor of the scheme, but there was evidence that changes in some directions were needed. There was a feeling that benefits and contributions should not be at a flat rate but should be assessed according to circumstances.

There was a strong opinion that wives and dependents should be included in the scheme."¹

One or two "sample opinions" taken from Miss Charley's article are as follows:

- (1) "I can speak nothing but good of the scheme. I have had a lot from it. I have been ill since 1921 with toxic goiter and now it has left me with a weak heart. I have drawn on the National Health all these years and now I am getting disablement benefit. My panel doctor, who is a lady, is very good...."
- (2) "It is good to be able to have the doctor when you want him. If you had to find the money each time you might not have him at all."
- (3) A shopkeeper thinks: "There's less since it came in and the workhouses are not so full. It's certainly rather a nuisance stamping the cards, but I think it's worth it."

A similar, more comprehensive survey of National Health Insurance and other public health and medical services for the lower income groups in Great Britain was made by the writer and his wife two years ago.² The results, insofar as the popular feeling about National Health Insurance is concerned, are in substantial agreement with the above and also with the published opinions of the British Medical Association, the Royal Commission on National Health Insurance (1926), the Committee on the Scottish Health Services (1936), and the P E P (Political and Economic Planning) "Report on the British Health Services," 1937. The medical service established under National Health Insurance is vastly better than the haphazard arrangements existing before 1911, but there is chum

that remains to be done in extending the service and making it available to the wives and dependents of the present insured group.

Opinions expressed to the writer or his wife included the following:

- (1) "...one of the best Acts ever introduced for the worker."
- (2) "A twist" (i.e., a swindle).
- (3) "In my experience as a working man it is one of the best things we have—the more so since it is made compulsory so that the state, the employer, and the workman all subscribe to it..."
- (4) "What I think about National Health Insurance is that it is very useful and sensible as it comes as a good consolation to poor people when they are ill. If there were no National Health, poor people would find it very difficult to find money for doctors' bills, and the panel money which is given is able to allow extra nourishment when a person is ill..."

Increasing concern with respect to "social security" on this side of the Atlantic heightens the interest for us of measures which have already been taken in Great Britain. When we recall that Old Age Pensions, Unemployment Insurance, and National Health Insurance were all pre-War measures there, we realize that there is much that we can learn from a study of such well-established schemes. The British form of health insurance, despite certain limitations, has brought a considerable measure of "health security" to the 18,000,000 workers who are included within the scheme, and the time is probably not far remote when nearly 20,000,000 wives and dependents of these workers will be included in the medical service of National Health Insurance, so that nearly 80 per cent of the entire population will enjoy its benefits and likewise the increased range of services which is almost certainly also a matter of the immediate future.

1. Charley, Irene H.: "National Health Insurance in Great Britain," *Public Health Nursing*, 27: 125-128, 1935.

2. Orr, Douglass W., and Orr, Jean Walker: *Health Insurance With Medical Care: The British Experience*. New York, The Macmillan Company, 1938. See also the *Survey Graphic*, December, 1937, and January, February, and March, 1938.