findings of a survey using the list of symptoms and certain additional questions showed that 584 individuals, 47.9 per cent, of a sample of 1,219 persons had one or more symptoms which should receive medical attention and that among the 584 individuals there were 314, or 27.7 per cent of the 1,219, who had not seen a doctor. The need for medical care increased with the age of the population and with a decline in the gross income of the family."[6]

Why were these people with unmet medical needs not availing themselves of medical attention? "The reasons given most frequently for not seeing a doctor were: (1) 'ailment not serious enough,' (2) 'don't have the necessary funds,' (3) 'don't have time to see a doctor' and (4) 'doctors can't help you much anyway'."[7]

That the amount of unmet need for medical care is considerable and that two important reasons for this are lack of appreciation of and an inability to pay for medical services is corroborated by other studies. One of the most pressing problems concerning the health of our people is how to reach these unmet needs for medical care. In whatever manner this is achieved, it will involve some extension of the present health services which in turn will depend upon the supplementation of existing personnel and the effecting of a fair and equitable distribution of all such personnel.

The medical manpower situation might be summarized as follows: international comparisons show Canada to be one of the most favoured nations; the present population-physician ratio is perhaps the most satisfactory in Canadian experience; there has been a steady improvement in the effectiveness of medical services; and the output of medical schools has been greatly augmented. On the other hand, the number of deaths of physicians is rising slowly; some loss of trained personnel will continue because of the number of foreign-born students being educated in Canada; there will be a further wastage of medical manpower through emigration with a possibility that this may become a very heavy loss. Further, the demand for medical services has been greatly augmented and there still appears to be a sizeable amount of unmet needs for medical care.

The prospects of more favourable population-physician ratios for several years ahead are good provided the net loss of emigration over immigration of physicians does not become too serious. However, some areas continue to face an acute shortage of physicians. The crucial problem at the present time appears to be not so much an overall shortage, although this does pertain in some specialties, as a maldistribution of physicians. Any public medical care programs that propose to adequately serve rural areas in Canada must give prime consideration to this difficulty.

6. "Medical Needs of the Rural Population in Michigan," by Charles R. Hoffer. *Rural Sociology*, University of North Carolina, Vol. 12, June, 1947, No. 2 p. 162.

7. *Ibid.*, p. 164.

Scotland and the New National Health Service

By Muriel Ritson

In countries where a State Medical Service has either not yet been introduced or is still in its infancy, the new British Health Service, inaugurated by the passing of the English and Scottish National Health Service Acts may well seem revolutionary.

EDITOR'S NOTE: Miss Muriel Ritson had a distinguished career in the Scottish Civil Service, from which she retired a year ago.

In Scotland, where a State sponsored Medical Service has been an accepted part of our Social Services for over 30 years, we regard it as evolutionary; and indeed all socially minded citizens have believed for a long time that a widening and co-ordination of our medical services were overdue—division of opinion merely appearing in discussion

as to how far-reaching the first step in that widening and co-ordination should be.

Such controversy as the new proposals have excited, was perhaps more acute south of the Tweed than here in Scotland, for which happy state of affairs several reasons may be advanced.

In the organization of the hospital services a prominent part will be given to the four teaching hospitals in Edinburgh, Glasgow, Dundee and Aberdeen, which enjoy a very good reputation. Financial arrangements for the transfer of existing hospital endowment funds to the new regional organization have been made with due consideration for local needs and responsibilities. Finally, provision of health centres in which the general practitioners and allied services will function in certain areas has been entrusted to the Secretary of State for Scotland, and not, as in England, to the municipalities, of which the medical profession is somewhat suspicious.

Again, Scotland is a smaller country than England and our Health Services have, for many years, been administered by a Scottish Department with Headquarters in Edinburgh.

Scottish Civil Servants are well aware that the diversities in our geographical make-up render it impossible to apply a series of hard and fast regulations throughout the length and breadth of our land. Compromise and modification to suit the small Burgh, the Highland area, the Islands and the Lowland glens are matters of every-day administration and it has been customary for the Central Health Department to keep in close touch with representative medical opinion; while doctors individually and collectively have learnt to freely consult the Department on all matters of difficulty.

Throughout Scotland, the medical officers attached to the Department have tried to act as colleagues and not inspectors of their medical brethren. The friendly relations thus established have resulted in a co-partnership in the administration of the Health Services which has already enabled certain experiments in co-ordination to be carried out, and has had the still happier result of paving the way for a smoother passage from the old to the new health programme than might at one time have been anticipated.

It should not be further overlooked that the average Scottish doctor has never been so wealthy as his English colleague —his main income is derived not from the richer patient but from the under £600 a year man, and his dependents, and when in the interwar years Scotland suffered so cruelly from unemployment doctors in the industrial areas found their incomes materially reduced and came to recognize the value of the assured quarterly cheque which they received in respect of their insured patients. Similarly, the doctors in our Highlands and Islands where the land is sparsely populated and travelling conditions are burdensome, have over and over again expressed their appreciation for the State Grants and other aids without which it would have been impossible for them to practice in these lovely but lonely places.

Plans for extension and co-ordination of our Health Services were afoot long before war broke out in 1939 and though the war years have delayed the fruition of these plans, the very necessities of war have created certain valuable assets for the new scheme.

Air services have been developed which have linked the Islands with hospital and consultant services on the mainland.

Prior to 1939 there was in Scotland 11.8 hospital beds per 1000 of the population, to-day we have 12.8. At least 7 large hospitals built for or conver[illegible] to war purposes are already state owned and administered. By agreement with the voluntary hospitals and the profession, certain specialized forms of treatment are concentrated in their wards and they are used as over-flows for the voluntary and municipal hospitals besides providing diagnostic, consultant and specialist facilities for insured per-

sons referred to them by general practitioners.

The foundations of co-operation between general practitioners, consultants, hospital authorities and the State have therefore already been laid, and past experience leads one to believe that the whole-hearted co-operation on which the success of the new scheme must ultimately depend will not be lacking in the future.

It would not be true to say that the new service will Athene-like spring full-grown from the God of War.

It is timed to commence on 5th July, 1948, as from which date practically every person in the country of working age (married women employed in their own homes excepted) will make a contribution towards the finance of the scheme.

Much remains to be done before the full services are brought into operation but steps have already been taken to set up the five Regional Hospital Boards to which the Secretary of State will delegate the management of the hospital and consultant services of the country. The chairmen of these Boards have been appointed, all of whom have experience of hospital management, and command confidence.

The Health Services Acts do no more than lay down the broad outline of the provision to be made under them—leaving to order or regulation the filling in of detail. Ministers are still in conference with the various professional bodies on matters regarding which there are outstanding differences of opinion and any forecast of the ultimate form which the service may assume, must therefore be accepted with reservations. The average man in the street has however formed certain expectations as to what the new service may mean to him, and it is hoped that despite the country's present difficulties these expectations will be fulfilled.

Although just now there is much that is vague, it may safely be assumed that the new scheme will be built on the foundations of the present services.

Practitioner Service

It is confidently expected that on 5th July, 1948, there will begin a medical practitioner service, which will be available without payment of direct fee, to all who wish to avail themselves of it. The doctors will, as under the present National Health Insurance Medical Service, agree with the Secretary of State on terms and conditions under which they will give this service and it can be assumed that the regulations which will set these out will include many of the conditions with which insurance doctors are already familiar.

The present service has on the whole been a good service with advantages which far outweigh its defects. The new service should be even better, but no one will be forced to use it and no doctor will be compelled to enter it.

During recent years much argument has centred round the contention that a Universal Medical Service which leaves only a modicum of private practice will result in a lower all round standard of medical work, but it has not always been recognized how small the debatable ground which the medical profession has now surrendered to the ministers, has been.

Few of the persons at present insured under the National Health Insurance scheme do not avail themselves of the services of an insurance doctor, and no difference of opinion exists as to the necessity for extending these services to their dependents. If such an extension took place 90% of our present population would be covered and if the self-employed man or woman whose income does not exceed the present National Health Insurance Limit of £420 per annum were brought in, that percentage would be considerably higher.

It has indeed been stated on behalf of the medical profession that they would be willing to provide a service up to the limit of an annual income of £600 per annum, though no one has found an alternative to the objectionable means test which would have to be satisfied

by the self-employed and professional classes who wished to take advantage of that service.

Forecasts are being freely made of the number of people who, in the early years of the new scheme, may elect to continue as fee paying patients.

The highest forecast would seem to place that number at round about one million out of a total United Kingdom population of 47 millions, and many of these it is expected will take advantage of the State sponsored consultant and hospital service.

As the years pass, the standard of the new service and the satisfaction it gives to the community may well be judged by the reduction in the number of private patients.

If past experience is any guide, that standard will be greatly influenced by the number of patients who are allowed to place their names on a doctor's list. Heretofore a limit has been set to the number of insured persons whom a doctor could accept as patients. The maximum varies from area to area but in Scotland it rarely exceeds 2,500 persons with an additional 1,500 where an assistant is employed. This maximum applies however to insured persons only, and no control is exercised over the number of private patients or medical appointments which a doctor chooses to accept.

What the average citizen will look for under the new service is the establishment of a patient-doctor relationship under which the doctor has time to learn to know the family, domestic and industrial background of each person who puts himself under his care and to examine and advise each individual patient who comes to him.

To achieve this end the total numbers on a doctor's list must obviously be limited, and the limit which seems to find favour at the moment is round about 4,000 souls—man, woman and child.

In the early days of the new service at any rate, consultations will take place as heretofore in doctor's homes and consulting rooms, for although it is the expressed intention of the Secretary of State to experiment with the construction of Health Centres which will be rented under favourable conditions to doctors who will work as a team, construction of such centres will probably be delayed on account of the present short supply of building materials.

Thus the average patient, approaching his doctor for the first time as a public-service patient should know little difference in his relationship with the general practitioner of his choice. He will receive medical attention either in the consulting room or in his own house as usual and will receive where necessary, a written prescription for drugs, cotton wool and other medical requisites which may be dispensed in any chemists' shop. The chemists will render their accounts to the Local Executive Committees and they will be paid in accordance with a scale of fees for professional services and a price list for drugs and appliances agreed between the Pharmaceutical Association and the Secretary of State.

This matter of prescribing, however, may raise some knotty problems for administrators of an all inclusive medical service. In practically every country which has embarked on a State sponsored medical service, the steadily rising cost of the drug bill has created uneasiness, and if the latest reports from New Zealand are accurate, the situation there, where the service is still young, is alarming.

The Scot has often been depicted as a hard drinker, but in the years before the war he showed his native common sense by imbibing much less freely in bottles of medicine than did his brethren south of the border, or beyond the Irish Sea. Unfortunately, however, in Scotland as in most other countries there still lingers a conviction that treatment and a bottle of medicine must go hand in hand.

In the past, the supervision of prescribing in Scotland has been left in the hands of the local Medical Committee. No necessary drug, however expensive it

might be, was refused; but the persistently extravagant prescriber had to explain his high costs to his medical confreres, and could be asked to refund any charge on the drug fund which was held to be unreasonable.

Under the present Insurance Service moreover, a maximum figure is laid down by Act of Parliament to cover the cost of medical attendance, drugs and administration. Where that maximum is not expended, the surplus is spent in additional benefit for the insured population, while if it is exceeded, the increased cost is reflected in an increase in the weekly insurance contribution.

The present method of control of prescribing will probably be continued but extravagance will have no direct reaction on benefits or contributions for the new scheme will be very largely financed from State funds.

Dental Care

The number of general practitioners and pharmacists available for staffing these basic medical services will probably be adequate for the needs of the community by July, 1948. Unhappily it is by no means clear that the same assurance can be given in regard to dentists, specialists and nurses. It is indeed probable that in all these professions, the desirable quota will not be reached.

Although for many years school dental services have functioned in Great Britain, we have as a nation never acquired a dental conscience, and the comparatively small number of practising dentists is probably due to this fact.

The novelty of a completely free service and the possible postponement of treatment during the period immediately preceding its introduction may make it very difficult for dentists to meet all the calls made on them in the early months of the scheme.

Some such difficulties have evidently been anticipated by the framers of the Health Acts for they have used different phraseology in setting out the arrangements to be made by Local Executive Councils for providing medical and dental services.

So far as medical services are concerned, it is the duty of the Council to make arrangements with general practitioners for the provision of personal medical services for *all persons who wish* to take advantage of the arrangements, while the arrangements to be made by the Councils with dental practitioners extend only to persons *for whom a dental practitioner undertakes to provide dental treatment and appliances.*

Moreover, as a further safeguard against a failure in the general dental service to provide essential treatment, the Acts empower Local Health Authorities to provide a dental care service for expectant mothers and young children.

Hospital Care

Many members of the community have already had experience of State sponsored medical, pharmaceutical and dental services and expectations under the new scheme will be based on that experience. The field of diagnostic, consultant and hospital service has however up to now been covered mainly by private and voluntary enterprise. That cover has however for various reasons been admittedly difficult to obtain for many of our population.

The voluntary hospitals have done good work for the lower-paid citizen and a few hospitals have in recent years established paying wards for the better off, but delay in obtaining treatment for the less spectacular but nevertheless incapacitating infirmities is all too frequent. Great physicians and surgeons have given generously of their time to these institutions, yet the consultant and diagnostic services provided on an honorary basis by busy professional men with conflicting calls on their time result only too often in long hours of waiting in surroundings which depress the patient and may even exacerbate his ailments.

In the General Hospitals provided by the local authorities charges were levied in accordance with the income of the patient, but very few such hospita.s

were accommodated in up-to-date buildings and they have never rivalled the voluntary hospitals in popularity.

For the better paid citizen serious illness has remained an expensive luxury, bringing in its course hospital, nursing home and medical charges crippling to the majority of incomes.

The choice of hospital or consultant will presumably be left in the first instance to the patient's general practitioner, but if congestion is to be avoided and early admission to a suitable hospital secured, some arrangement must be made for helping the general practitioner by supplying information as to the hospitals in which beds are available at the moment when they are needed. For this purpose it is probable that bureaux will be set up by the Regional Hospital Boards.

No hard and fast rules will be laid down to compel the use of free hospital accommodation. The single room or the small ward in which a fee for privacy will be charged, and indeed the private patient block are not ruled out of the scheme though provision for them can only be made subject to the needs of patients who require accommodation on more pressing medical grounds.

Nurses and Specialists

It is probable that the new comprehensive service will be hampered in its full development by a shortage of personnel to man it.

The nursing service of the whole country is far below its required strength and the introduction of a domiciliary nursing seirvice available to all, must inevitably accentuate the difficulties which Hospital Committees are facing at present.

Again, certain of our specialist services are undermanned, and although the Secretary of State has already taken steps to encourage young specialists on demobilization, by financing additional hospital appointments, some years may elapse before this side of the scheme can be fully developed.

Conclusion

There are critics of the new Health Service who regret the encroachment of the States into fields already tilled by private arrangement. There are others who would have preferred a complete break with the past and the substitution of a whole-time salaried State Medical Service. Strophe and antistrophe are loud just now in Britain in every discussion of public affairs.

In the result the Nation is perhaps wise in choosing a blend of the old and new—an Evolution rather than a Revolution.

But in a world which has been promised freedom from fear, it must at least be regarded as good that Great Britain has determined to launch a comprehensive and universal Health Service which with the increased sickness insurance benefit payable from July, 1948, should go far to remove the fear of the economic distress consequent on ill-health, should inspire the patient to seek early medical advice and give him assurance of obtaining all the aids to restoration of health which science can provide.

Provincial Collective Bargaining Legislation

By Eugene Forsey

SIR JOHN A. MACDONALD, in 1865, thought that the Confederation proposals would make "one people and one government, instead of five peoples and five governments." If he could return and look at provincial collective bargaining legislation, he would probably say that what we have is nine peoples and nine governments; not a nation but a loose league of semi-independent states For the most notable feature of these Acts is their extraordinary and bewildering diversity. The only approach to uniformity is that Manitoba, Ontario

EDITOR S NOTE: Eugene Forsey, Ph.D., is Director of Research for the Canadian Congress of Labour.