

## EDITORIAL

### THE PORRITT QUESTIONARY

The Porritt Committee, appointed in the United Kingdom to examine the workings of National Health Service, formulated a questionnaire to assess the opinion of medical and para-medical bodies (1960). The answer of the British Medical Association is now made known in the Association Journal (1961), and would be worth study by doctors and members of the public in Singapore.

The B.M.A. records its stand on fundamental issues as follows:

1. Members of the B.M.A., which first advocated the establishment of a comprehensive health service for the nation some 30 years ago, remain firmly wedded to this concept . . . .
2. There is a universal desire that private practice should continue, and that it should receive more encouragement.
3. The profession, as hitherto, overwhelmingly rejects the concept of administration of either the hospital or general practitioner services by local health authorities.

The Council also draws attention to the fact that the replies received from all parts of Britain have brought out two salient points; firstly, a general realisation that decisions on the administration and finance of the service inevitably *make some impact on both the relationship between a doctor and his patient and the relationship between doctors*; secondly, British doctors remain convinced that the traditional concept of a basic family-doctor service, augmented when necessary by consultant opinion and specialist treatment, is in the best interest of the nation.

Although it is by no means necessary that the opinion and the conditions prevalent locally run parallel to those in Britain, yet there are sufficient points of interest in these replies from the B.M.A. to merit serious study by local doctors.

Locally, members of the Alumni Association, most of them are now members of the Singapore Medical Association, made known earlier their belief in the introduction of some form of Health Service in 1959. The members' belief that the public should be adequately served by an improved service is to all intents and purposes a similar desire as expressed by the

B.M.A. Contrary to the allegations and attempts made in some local quarters against the doctors, it is the doctors, locally as well as in England, who first conjured up the picture of a comprehensive health service, and urged its adoption for the benefit of the public although fully realising that the doctor might not stand to benefit. That this point is made is not out of any spirit of controversy nor of any desire of self-vindication, but to give the lie to a number of people who apparently try to build up a false picture of a vested interest guarded by a horde of selfish doctors.

Criticisms and laurels apart, the success of a National Health Service must depend on three factors. Firstly, the state must be prepared to face the financial commitment, and that this is no mean one is shown by the mounting cost in Britain. All the estimates at the introduction of the service just about 10 years ago have been proved wrong, and the trend is still upwards with no sign of a ceiling anywhere in sight. That the cost can be prohibitive without safeguard is now known and accepted by all thinking men, and the problem would appear to be how much restriction could be imposed without seriously altering the purpose of the National Health Service!

Secondly, the large majority of the doctors must be prepared to participate in the service voluntarily. An unwilling doctor by indifferent service or indiscriminate prescribing can wreak havoc; and willingness from a party that stands to lose some privilege can only arise through personal conviction. In this case, since the concept came from the doctors originally, there should be no difficulty in securing the necessary cooperation, but the imposition of the National Health Service, and the progress of its subsequent dispute between the British Health Minister and the profession, culminating almost in a strike last October, would show that there is a serious risk of this willingness being exploited unnecessarily until one of the vital supports of the service threatens to crumble up!

Thirdly, the public must learn to utilise this service properly. Although it sounds ludicrous that the public should not know how to secure the service of a doctor properly, yet the mounting morbidity and the frequent abuses in

Britain suggest that there are occasions when even the ludicrous can be sublime! If the arguments for the benefit of a comprehensive health service are true, one may expect the nation to be healthier and happier and longer living. The changes in mortality in Britain are not commensurate with the progress made in National Health Service, and the average attendance for sickness per person per year has come up from the original figure of 2.5 per thousand to 5! The initial demand for free spectacles, free dentures and even free cosmetics, may be due to a transient surge of enthusiasm and irresponsible public behaviour. Even in national matters, such surge was known. Did not Lavoisier's head roll with the rest during the French revolution in the early days of zeal? Nevertheless, the continuing rise of morbidity in the form of sick attendance and leave, and

the rapid rise of psychiatric illness would suggest that there can be a second and more persistent wave after the first surge of enthused excitement.

All said and done, the majority of the doctors in Singapore still believes in a form of National Health Service, and would be prepared to see it introduced. But to introduce such a service without due safeguard and restriction would be to court disaster. A universal free medical service would be a most attractive dish to be served up for public consumption, but alas, a satisfactory and yet totally free service must remain a pleasant pipe dream for ever.

#### REFERENCES

- B.M.J. Supplement (1960) II P. 181.
- B.M.J. Supplement (1961) I P. 24.