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The Advertiser

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RECRUITMENT FOR
PUBLIC SERVICE

Professor's Case For Choice
Of University Men

SYDNEY, September 15.

Professor J. Bland, chairman of the Public Service Association and the Workers' Educational Association on Saturday, commented on the recruiting of the public service. He said he was appalled at the ignorance public servants displayed with regard to the general significance of their activities, and that the public service man was definitely inferior in mental stature to the fully trained University man. The present system of recruiting the public service from below assumed that anyone possessed administrative ability. The grade tests imposed to prevent the indolent and the indifferent from securing automatic advancement were but a poor safeguard against mediocrity.

The lofty disdain of the practical man for anything savouring of intellectualism, he added, was the natural result of the system of recruitment which was being followed. The time had arrived for definite separating routine from administrative work and seeking objectively to secure the men who could do the thinking work of government.

Mr. W. S. Flynn, S.M., commenting on Professor Bland's criticism, denied that the full time University student was a superior type of man to the servant. For one thing, he lacked practical experience, he said. Mr. Flynn averred that the position would be given to a scheme whereby grade tests would be displaced and the public service would attain to the higher grades by securing a University degree.

DOCTORS' FEES
"TOO HIGH"

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Lively Debate After
British Criticism

"HEALTH INSURANCE
MUST COME"

B.M.A. Congress Ends

MELBOURNE, September 15.

The last was the liveliest of the sessions of the annual meeting of the British Medical Association. In a lecture on national health insurance, Dr. H. Guy Dain, of Birmingham, criticised the high fees charged for private medical service in Australia. Distinguished speakers from abroad supported him. They advocated unanimously a system of national health insurance in Australia. Australian doctors explained that free and partially free service given to the poor made a substantial standard fee necessary.

Most of the distinguished visitors have already left Melbourne, some by boat on Saturday morning and today. The remainder spent the week-end sight-seeing and at social events. One distinguished party has left for Sydney by way of Canberra.

Australian doctors rallied to the defence of their scale of fees when it was attacked in a spirited address by Dr. Dain, who is the deputy chairman of the representative body of the British Medical Association, and the chairman of the Insurance Acts Committee of the association. His address, delivered at the Medical Societies Hall on Saturday morning, was the final formal feature in the series of meetings of the association at its annual meeting in Melbourne.

Cause Of Hospital Congestion

Having given a clear exposition of the national health insurance system in Britain and of his views on its application in Australia, Dr. Dain criticised the high cost of private medical services for much of the congestion in public hospitals in Australia, and urged that a consultation at his surgery was

2/6.

"It is the duty of the Government to survey the provision available for the sick, but by that I do not infer that it is the duty of the Government to restrict or to provide it free of charge," Dr. Dain said. "That is both unnecessary and undesirable. It is better that people should pay for their services with such services as they re-

quire, if they can afford to do so, but the Government must make certain that treatment is available for every citizen. The necessary condition for the public less and less able to pay for a complete medical service is that the Government of Britain and of most European countries have found it necessary to make some provision for their own wealthy citizens. The result is the same form of national health insurance."

Dr. Dain said that because treatment was provided by the Government there was no reason why patients should be deprived of the right to select their own doctor. National health insurance usually provided for sick pay as well as medical attention. But in the medical aspect. The provision of full time doctors would be public servants who were appreciated. In the experience of the last 22 years in Britain it had been found advisable to permit any doctor whose name was on the medical register to put his name on the panel. The patient was free to choose his doctor from the panel and to select any patient. This freedom was a stimulus to keep the doctor up to his work and to the consideration of his employer—the State—before that of his patient. At least in the United Kingdom.

"I hope that our system is one from which you in Australia will begin and not the other," Dr. Dain said. "You should attempt to include specialists' services and services for dependents in your national health insurance. We have to include those later."

Insurance In Australia

Considering Australia specifically, Dr. Dain said that national insurance was not necessary in the Commonwealth. He had altered that opinion since the war. The rate of lower paid workers in Australia was higher than in England, and it would be difficult to raise the rate of national insurance in Australia less than £300 a year; but, if it were so fixed, £300 would be a prohibitive charge for those involved. What private practice was left for the doctors? It was not a small matter affecting the workers' lives, but the doctors were provided with medical attendants and general practitioners' services to the lodges with which the doctors were under contract. Members of the lodges would almost all be absorbed into the new service. One of the fundamental principles of national insurance scheme would be to relieve the hospitals of all patients except those who were not specialists, hospital treatment. All the "donkey work" of small ailments would be treated by the panel doctors. The doctors would not be purely medical services would cease, and they would be concerned only with surgery.

"The basic wage in Victoria is less than £4 a week, but the average man working £4 a week earns at least £4," Dr. Dain said. "That is about twice as much as the man on the basic wage could afford to pay for his medical expenses. A woman who brings a child to you with a stomach ache to pay 10/6 for a consultation and you give her a prescription. I understand that the lowest price here for a bottle of medicine prepared by a chemist from a prescription is 10/6. That woman would get away from my surgery for 2/6, and in many other places in British she would have paid only 1/6. The country areas at least, we do our own dispensing. That is only one quarter of the cost in Australia."

"I turn now to your lodge contract system in this city. You receive £1 a year for a family on our scale of attendance. I suppose that your average family has three children and attend only three times a year, and there are three in the family—member his wife and one child. You give nine attendances a year for £1. The discrepancy is enormous. I suggest that, while your fees are excellent if you get them for 10/6 is not economic. You are driving your patients to consult chemists and druggists. If you are to have a system, you must take your choice of a high fee and few patients, or the converse. On the present figures either your lodges are grossly under-paying you or your private fees are too high in comparison with the economic position of the workers. By saying that I am hoping to provoke a violent discussion of medical practice in Australia."

The medical secretary of the British Medical Association (Dr. G. Anderson) and the chairman of the Council of the Association (Dr. E. Kaye Le Fleming) contributed to a general discussion which followed.

Public's Wants
"Why has public opinion changed so much in the last 20 years," Dr. Anderson said, "because the public was not getting efficient medical service. That is the State will therefore be called to national health insurance. Dr. Dain has suggested very courteously the possibility that, because the medical profession is so far people are slipping away to the public hospitals and you are losing by it. We must therefore find a way to require the service within its means, and if the medical profession cannot provide it the State will have to face the problem. Compulsory insurance must come, and I believe it will come. Why has the system been so successful in this country in the envy of other countries? Because of the part played in it by the doctors themselves in the British Medical Association." (Applause.)

Dr. Le Fleming said that Dr. Dain worked in a country town with a sparsely populated area around it. In spite of the fact that he had to travel on occasions eight or ten miles to see a patient, he found that the panel system was very satisfactory both to the doctor and to the patient. He said that he had been dissatisfied before they understood the national insurance system, but that he was now satisfied. Like a medical revolution in Great Britain if an attempt were made to do away with it. The time had come when it was a question of the right for every person. Every citizen was entitled to the best health of which his body was capable, and it was the duty of the medical profession to see that he obtained it, and at a reasonable cost. His own fees varied from 3/6 to two guineas a visit, according to the economic position of the patient. When people could not afford to pay the fees, national insurance became essential.

"You insure your house, your motor car and your life," Dr. Le Fleming said. "Why should you not insure your health?"

Australian Doctors Explain

Several local difficulties were discussed by Australian members. Explaining the scale of fees which had been criticised, one Victorian doctor said that members of the profession in Australia were paid a fee for each hour of their work free, and much more of the fee for lodge patients, and the fee of 10/6 cent themselves for each roundabout when they lost on the swings. They were not prepared to abandon the present scale until they received some recompense for the 25 per cent of patients to whom they gave their services free. It could not be

Securing a vote of thanks, the president of the New South Wales branch of the B.M.A. said that the doctors felt that, at the present scale of fees, taking into account the free service and the partially free service which was given to the poor, it was in many cases to their poorer patients, it was difficult to maintain and educate a family of five children, and to have meant five children. (Applause.)

Adv. 16-9-35
HOUSE DOCTORS
WANTED

—18 SEP. 1936—
Children's Hospital
Inquiring
SALARY QUESTION

THE Children's Hospital is advertising for house surgeons to reside in residence at the beginning of next year. The initial committee is considering increasing the salaries paid to its medical officers.

Of significant view of the Government's offer of a salary of £150 a year, with a £50 bonus in the event of 12 months' service on completion of the present shortage of resident house surgeons at the Adelaide Hospital.

The present salary of house surgeons at Children's Hospital is £100 a year, with a £50 bonus, and it has been the practice to grant an additional £50 at the end of the year if there has been staff shortage.

Unless the Children's Hospital authorities raise the salary they will continue to be disadvantaged in competing with the Adelaide Hospital for the services of house surgeons.

Three doctors from Britain will complete their terms at Children's Hospital at the end of the year. Their movements then are not known, but