

## *Failures in State Medical Care*

***Financing Medical Care***, ed. Helmut Schoeck. *Caldwell, Idaho: Caxton Printers, 1962. 314 pp. \$5.50.*

FOR SOME YEARS the American Medical Association has had an Economic Research Advisory Committee which met regularly to discuss questions related to the establishment of various systems for providing medical care. From their discussions the present volume evolved. Under the editorship of

Dr. Helmut Schoeck, economists, actuaries, political analysts, physicians, professors of medicine, and statesmen have prepared chapters dealing with health services in various nations of the world.

The preponderance of the points of view reflected in the chapters of this book are against the systems that now prevail. The British are particularly sensitive to criticism of the National Health Service; yet they themselves in their publications often point out its inadequacies. From what I have myself seen in Great Britain, I am ready to confirm many of the criticisms mentioned in this book. In Great Britain the budget rises while the services apparently diminish. Great Britain has lagged far behind in the building of hospitals. The shortage of physicians that confronts the National Health Service is even worse than the shortage of physicians in other parts of the world. Some of this shortage is no doubt due to emigration of physicians from Britain to other countries. I have myself seen in England people going into chemists' shops to buy self-treatment simply because they could not endure the waiting which is a major frustration. One of the chief objections seems to be that people without any real understanding of medicine or even hospital organization, make final decisions which hamper a high quality of medical service. Particularly to be condemned is that system which prevents the general practitioner from following his patients into the hospital, where specialists dominate.

The French system has always been inadequate, consisting of a huge organization of provincial insurance funds. Physicians have on several occasions gone on strike against the government. One of the special objections to the French system is the control system: about one thousand physicians actually control the practices of some 30,000 others. These physicians investigate irregularities of reimbursement,

fraud, and errors made by the insured, or by the administration.

Compulsory health insurance began in Germany, which does not have a national health service. The sickness societies are still the bodies which provide medical care. Under the German system compulsory coverage applies only to those whose monthly income from wages does not exceed \$162.00. About 85% of West Germans are covered under the compulsory plan. Only 15% may provide for medical needs as they see fit. This they do by membership in private health insurance agencies. The system is constantly disturbed by fraudulent issuing of certificates. Again in Germany it is the full time medical staff in a hospital that takes over from the doctor who first sees the patient. Dr. Schulten points out that the hospitals are constantly overcrowded notwithstanding the fact that Germany has more hospital beds for its population than any other country. Incidentally, Dr. Schöllgen notes that more quackery and folk medicine prevail in Germany than in most other countries.

Austrian physicians in recent years have struck repeatedly against the sickness societies. The Austrian Social Security budget is far out of proportion to the total economy. The payment for physicians is, nevertheless, inadequate. Most serious, however, is the attitude of patients towards physicians whom they consider simply employees of about the status of any government clerk.

In a recent visit to Sweden I have observed tremendous numbers of buildings now housing private insurance companies. These have had a phenomenal growth in response to continued encroachment of the Swedish government into medical care. Indeed the whole Swedish system is now under fire because of its immense cost and the constantly rising burden of taxation.

In Switzerland left-wing groups have

been urging national health schemes similar to the Scandinavian or British systems, but the majority of the Swiss are still convinced that they do better under their combined public and private insurance. The tendency is more and more to coverage for people in the exceedingly low income level.

In Australia the health care is through voluntary insurance agencies which are included under the Australian Medical Plan. There is no separate or special tax to pay for health services, nor is any such charge withheld from wages. Except for Queensland, all other Australian governments impose a means test on hospital patients.

This volume on *Financing Medical Care* brings to light many facts not usually called to the attention of American citizens where medical care of the aged has become a highly inflammable political issue. In such times particularly, people ought to be made aware of the experiences in other countries of the world. These may well guide them in their ultimate decisions as to what they want in the way of government participation in medical care in our own country.

Reviewed by MORRIS FISHBEIN, M.D.