Is the NHS Worth Saving?

Many times over the last few decades the death of the NHS has been predicted. No matter where the blame is placed, on under-funding or on wastefulness, the language focuses on the idea of social care as a burden on society. Increasing demand from an ageing population will, we are told, push the NHS over the edge unless we take better care of ourselves. Rarely does anyone anymore ask the question that would have been asked in 1950. Does our NHS fulfil the principles upon which it was formed? Does our social care system deliver on the cradle to grave protection envisaged in 1942 by Beveridge?

Let's look firstly at how the recorded performance of the NHS compares with the systems of other nations. At 18th in the WHO rankings, we're doing better than the privatised health care system in the US. According to Harvard University, the US spends more than any other developed nation … 2.5 times more per head than the UK. While the US has the highest rate of avoidable death, the NHS is in fact only slightly better than the US system at keeping people alive for longer.

In relation to the inequalities Beveridge believed would be addressed by the principle of universality, the NHS has fallen well short. A Bristol University study (2002) concluded that inequalities in premature mortality increased in the UK throughout the second half of the 20thC. According to Imperial College London, between 2001 and 2016 the gap in life expectancy between the richest and poorest in the UK grew from six to ten years.

In assessing its 'failure', it's important firstly to bury the left liberal myth that post WW2 the welfare state as an idea was won. After a destructive war, state intervention was necessary for the governance of a modern industrial society with a growing working class. As part of the 'settlement', the commitment by our rulers to so called social citizenship, it was never envisaged that the state would be anything other than a 'partner' of the market.

At its origin Britain's NHS was a central component of the liberal model of capitalism; state run social provision in an economy driven substantially by the market. It's here that the problem lies; in order to maximise competition for control of resources, an economy which relies on private capital needs inequality. And it is precisely inequality in the distribution of resources which fuels poor, failed, inadequate or inappropriate health care.

So long as it is the governing principle of the economy, the intrusion of the commercial market into the NHS is inevitable. The shift away from the free at source principle began in 1952 when free dental and optical treatment was withdrawn and prescription charges introduced. The peak years for private investors were the eighties and nineties. The 2012 Health and Social Care Act joins the dots, transforming the remaining trusts into private enterprises.

The subversion of the original promise is not simply a product of how the NHS is run but that like all aspects of social living in market based economies it reproduces structurally the patterns of social class. High status health care professionals, remote from the lives of many patients, are often pre occupied with conformity and control, leading to an inclination to judge or question the right of certain categories of people to treatment. 75% of the NHS budget is in fact spent on those aged 85+. While they are recycled enthusiastically by a voracious academia and media, narratives blaming the 'burden' of healthcare on lifestyle or behaviour … modern euphemisms for the morally degenerate poor … are entirely false. Almost all the morbidity they attribute to 'diet' for instance is in fact malnutrition in the elderly. The pursuit of fitness/health/youth may be a marker of value or status but it has nothing to do with the better health enjoyed by those who benefit from social opportunity. The bulk of avoidable early death is a result of inequality in life chances at every level of social living, for which there is substantial evidence.

Historically the role of medical elites in the maintenance of social distinctions has been central; body rights denied by male practitioners to women, the portrayal of non white immigrants and homosexuals as harbingers of diseases, the misuse of vulnerable patients, the disabled, the mentally ill and immigrants for experimentation; forms of human difference categorised as abnormality or dissent as mental disorder. Today, under our 'public' health care system, it remains likely that your experiences of the NHS, from first consultation to final treatment, will differ dramatically based on your status.

Medical belief systems, a key element in minimising preventable death are, in free market societies, driven by the power of commercial interests; panics spread by compliant 'experts' and press produce multiple layers of bad and inappropriate treatment against which the general population has little defence; miracle drugs, foods, diets and 'treatments', alternative quackeries and cures marketed by insatiable spin doctors looking to expand the base beyond those who are ill. When we are actually sick, and ask the state for help, we are more likely to be ignored, misdiagnosed or blamed. The US spends $200 billion a year on treating well people as ill; and here, according to BMJ, 80% of prescriptions written by British doctors are medically useless.

Last year (2018) an audit by the Guardian found poor care was causal in the deaths of hundreds of mentally ill patients over a five year period. A similar audit by Diabetes UK found that most premature deaths associated with the condition were also the result of failings in care, easily

avoided by simple, low cost monitoring and management. Mental illness and Diabetes are two among many non lethal conditions which are in fact only likely to kill you if you happen to be poor, elderly, sick or unable to fight the system.

Prevention and intervention is one of the elements that has raised the quality of Cuba's healthcare system to first world levels; the highest doctor-patient ratio in the world, a life expectancy matching the USA and child mortality twenty percent lower than its rich neighbour.

In the UK we don't have insurance companies deciding what care we deserve but we don't do an awful lot better out of a healthcare system distorted by class interests, an obsession with control and the subordination of policy to the profit motive.

We know what is needed to make our health service truly national and to function as its founders said they intended. All forms of private investment in the NHS must be removed, private health care provision abolished, the drugs industry nationalised and the funding of medical research by commercial interests ended. To avoid the current elitism of the doctor-patient relationship the training of health care professionals must be wholly state run and funded.

Unless the social principle not the market guides the values of our society as a whole, as it does in Cuba, our welfare system will continue to fuel rather than address the scandal of avoidable illness and death in the working class.

Kim Bryan, General Secretary
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