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 they say push the NHS over the cliff 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 by Beveridge in 1942?

NHS performance: Let's look firstly at how 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, among developed nations the US spends the most … 2.5 times more per head than the UK … but has the highest rate of avoidable death. Nonetheless the NHS is 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 Univeristy 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.

The Right of Care: firstly it's important 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' ie 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 then 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 that inequality in the distribution of resources which is the root cause of poor, failed, inadequate or inappropriate health care.

The Programme: since it is the governing principle of the economy, the intrusion of the commercial market into the NHS was therefore inevitable. Beginning in 1952 when free dental and optical treatment was withdrawn and prescription charges introduced, the eighties and nineties were the peak years for private investors culminating in the 2012 Health and Social Care Act which will transform the remaining trusts into private enterprises

Blame Game: the loss of original purpose is not simply a product of how the NHS is run but that like all aspects of the social structure it reproduces in its values the interests of the class system. High status health care professionals, remote from the lives of many patients, remain pre occupied with conformity and control, too many inclined to judge or question the right to treatment. 75% of the NHS budget is in fact spent on those aged 85+; of the morbidity the health industry … for that is what it is … claims is preventable, only a tiny portion is related to diet, almost all of these, cases of malnutrition in the elderly.

While they are recycled enthusiastically by a voracious academia and media, narratives blaming health inequalities on lifestyle or behaviour … modern euphemisms for the morally degenerate poor … are false. The pursuit of fitness/health/youth may be a marker of value or status but it is not associated with better health or longer life. Avoidable early death is a result of inequality in life chances at every level of society, for which there is substantial evidence.

Class war: historically the role of medical elites in the maintenance of social distinctions has been central; examples include the denial of body rights by male practitioners to women, the portrayal of non white immigrants and more recently 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.

Commercial Investment: 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 sick, and ask the state for help, and become therefore a burden, 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

Poor Care: 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 self 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.

Conclusion: 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 functioning 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.

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