REVIEW

CLASS STRUGGLE - THE STATE AND MEDICINE.

by Vicente Navarro, Martin Robertson 1978, 17 Quick Street, London NI 8HL

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This slim book contains an analysis of the elements of class struggle in the UK affecting the development of medical services. Navarro's central thesis is that events in the medical sector are determined not by an evolution of ideas and organisations within that sector, as most histories have assumed, but by outside political factors in society at large.

Navarro gives an account of events leading up to the establishment of the National Health Service (NHS). In 1911 the First National Health Act was passed, providing for compulsory health insurance through private insurance agents for all workers earning less than £2 per week. The Dawson Report of 1920 advocating a regionalised and integrated national health service is often seen as a pioneering document. Navarro relates it however to the ground-swell of working class dissatisfaction in the wake of the first World War and the 1917 Soviet Revolution, and to a more radical Document published earlier by the State Medical Services Association (later the Socialist Medical Association, SMA).It was in this period that the Labour Party adopted its most radical programme ever, enshrining the famous 'Clause 4' on nationalisation in its constitution, and the Dawson report is seen as an attempt to forestall the unrest springing from this mood. Navarro also links the 1926/56 Royal Commission on National Health Insurance to the political situation surrounding the General Strike of 1926. The fact that neither report was acted upon he attributes to the waning of impetus of the Labour Movement due in the latter case to the breaking of the Strike by threats to call in the

army, and the channelling of discontent by Labour leaders into the less effective Parliamentary channels.

Navarro at this point shows that leading Parliamentary Labour Party figures espoused a political viewpoint which they expected to appeal to all sections of society, all 'men of good will' on grounds of social justice and morality.

The Wall Street Crash of 1929 and the ensuing depression led once more to increasing militancy among workers, and to disillusionment with the 'evolution into socialism' doctrine of the parliamentary leaders. The Labour Party programme of 1934 called for nationalisation of key industries and a completely integrated (preventive and curative) publicly provided national health service. The response of the British Medical Association (BMA, the organ of general practioners) was a report in 1938 advocating the extension of National Health Insurance to all sections of the working classes through subsidising schemes with commercial agencies. It was during this period that the very similar Blue Shield Scheme was established in the US by the American Medical Association. One writer comments that the BMA was more concerned to ensure the patients' ability to pay them to insure them against the high cost of medical services.

The Second World War however had a deep radicalising effect on British society, partly from the need to plan a better tomorrow to sustain wartime solidarity, and partly through the experience of much greater effective government control of the economy on the major services. Specialists sent to provincial hospitals were appalled at conditions there.

Several blueprints for reform were prepared. The most famous, the Beveridge report of 1942, advocated

Keynesian full employment policies and national free provision of health services and education. Again, Navarro sees this report not as a radical departure but strongly tarred with the capitalist brush, (due partly to Conservative dominance in the Wartime coalition). He finds its proposals on medical services very similar to a previous report on the Medical Planning Commission (MPC) in which the BMA and the Royal Colleges (the Specialist bodies) were represented, the specialists being more numerous. This report accepted the central planning and regionalised co-ordination which had occurred during the war, though it did not favour total integration of voluntary hospitals into the national system. It recommended expansion of Naticnal Health Insurance to the entire population, except the top 10% (from whom the Consultant specialists draw most of their clientele).

The final NHS scheme, though said to be 'similar', *nationalised all hospitals and did not accept the* exclusion of the top 10% of population. A comprehensive free health service was introduced, financed out of general taxation and local rates. GP's still provided the bulk of primary health care and were paid by the state according to the size of their patient lists, receiving considerably improved incomes. Consultants, however, were rewarded extravagantly for joining the NHS: in Bevan, (the Labour Minister's words), he 'choked their mouths with gold' with a secret tax-funded system of rewards and the weighing of salaries in favour of consultants working only part time for the NHS. Private beds in hospitals were still available; though an insignificant proportion of total patients, they allowed consultants to augment their income. Moreover the consultants were permitted key positions of control on the Regional Hospital Boards. Crossman wrote "what chance is there of a shift of money to the community health services or long stay hospitals?... (the

consultants)are the most ruthlessly egotistical administrators I have ever met in my life. They know nothing of what goes on outside the hospitals. These vast new palaces are justified for the convenience of the consultants" (1971).

This would have been avoided if, as the SMA had proposed, the health services had been controlled by the democratically elected local authorities.

Thus, Navarro argues, the Labour Government responded with far less radical measures than the working classes then wanted. (He does not comment on the subsequent election of a Tory government for 13 years). He blames the Labour leaders' support of the capitalist system, visible in their electoral claims in the early 60's.

Since its inception, Navarro notes that in line with the rest of the economy, central management of the health services has been strengthened by subsequent reorganisation. Responsibility was shifted yet further to ad hoc bodies leaving still fewer (mainly public health) functions to the local authorities. Strengthening the regional boards reinforced the dominance of hospitals in the system and the increasing proportionate allocation to teaching hospitals reflected this. He notes the strong class structure in the medical professions, and its legitimation through the control of technology and medical knowledge.

To conclude, Navarro looks at three main areas of debate in health care in the UK today:

i) The rapid growth of expenditure on health care, which he attributes to growth in the social demands of labour (complementary to their demands for higher direct wages).
ii) The continuance of regional inequality. Although

he regards this as something of a diversion from the underlying issue of continued class inequality, Navarro discusses the procedures adopted by the Medical Practices Committee (made up of doctors) to control the placing of new doctors so that underdoctored areas were better served.

This practice ceased in 1961, leaving only financial incentives to operate in these areas. He argues that redistribution of doctors has failed partly due to the strengthening of academic medicine under the NHS, allowing it more effectively to control the numbers of doctors trained. He states that while financial incentives were used to induce reallocations, a more democratic production of health resources in the NHS was not considered.

iii) The ineffectiveness of medical expenditure to reduce mortality and morbidity. As well as the bias towards curative hospital medicine, Navarro notes that three major health problems - alienation of workers, occupational diseases and cancer - all have origins outside the health sector in the working and living environment and are not susceptible to control by medicine; they are related to the class control of production and consumption.

Navarro's book is sketchy - the full contours of historical background of the themes he delineates are not filled in, which often makes for disjointed reading. The groundswell of militant working class opinion to which he frequently refers is left very shadowy, and there is no acknowledgement of the elements of inherent conservatism, short sightedness or false consciousness in the mass of the British public, only in the Labour leaders, who are slated for their acceptance of the capitalist system.

Although the Parliamentary Labour Party is undoubtedly more conservative and more system-management oriented than the rank and file, the view Navarro presents is unbalanced.

Much else of his argument is not well substantiated. His framework excludes some factors. More historical detail could have brought much greater richness to this analysis, reaching the depth of some of his earlier work. But perhaps a degree of oversimplification is inevitable in a book which uses the whole of social and political history of the Labour Movement to account for changes in the health sector. Yet this is the way things are - the movement of aspects of society are only explicable in terms of the whole; it is important and enlightening that Navarro has adopted this perspective in relation to health.