DAVE HARAN

NHS Prevention or Cure?

Mindful of the comments made by Alison McFarlane following John Bibby's article (*Radical Statistics Newsletter No. 9)*, I will safeguard this article against outside criticism of technical points by not including any. Not that I wish to deny the relevance of statistics to what I have to say. I have excluded them in order to be sure that what is at issue is not lost in a sea of percentages. As I see it, the issue represented by *Prevention and Health: Everybody's Business* revolves on whether Governmental policy on health is seriously undergoing a change in orientation from curative to preventive health practices, or whether by placing responsibility for health squarely on the shoulders of individuals, the Government is hoping to justify an underfinanced health service. A later article will, I hope, invoke the facts and figures on financial and resource allocation in an attempt to measure the strength of Government commitment to the radical readjustment of priorities implied by *Prevention and Health*.

Thanks largely to improved public health services and, to a lesser extent, to advances in medical technology, there has been over the last century an undeniable movement in the 'state of the public health' away from acute life-threatening illnesses to the more insidious chronic illnesses. Although a credit to our medical services in one sense, this 'improvement' is becoming an embarrassment to them in another. For the ability to combat acute life-threatening conditions has not come cheaply. It has been bought by expensive investment in a particular kind of technology and professional training which many now claim is inappropriate for tackling chronic conditions. Indeed, the great mass of suffering from chronic illness never surfaces in hospitals. It is estimated that at least 98 per cent of doctor-patient contacts are in the GP's consulting

room or in the patient's home. Only 2 per cent are referred to hospitals. A commitment to prevention rather than cure should, over time, make these proportions even more extreme.

The response of successive Governments to this imbalance between needs and investment in resources has been quite interesting. During the fifties and sixties, the policy seemed to centre around the compilation of morbidity and mortality statistics without necessarily ordering priorities in line with these data. At the same time, Governments turned down, year after year, the opportunity to impose controls on a wide range of substances and practices which were known, or considered highly likely, to damage health. Towards the end of the last decade, some official support was finally forthcoming for the view that health and illness were no longer the exclusive preserve of medicine. The establishment of Community Medicine and the funding of investigations into the relationships between social circumstance and illness, small though the commitment was in material terms, marked a shift in Governmental orientation to health matters.

In the seventies (leaving aside the NHS reorganisation, which was largely an administrative shake-up), Government policy thinking has been outlined in two documents. *Priorities for Health and Personal Services in England* has already been put under the microscope in *Whose Priorities*. *Prevention and Health: Everybody's Business* requires a different approach, I suggest, because at the root of it is a change in philosophy concerning the responsibility for health. There is much that is admirable in the document, but the central message that 'more can be achieved now by effective prevention than by cure' will only be fulfilled if resources are made available for the re-education that is necessary. Having instilled the notion that illness is an invading force that

attacks individuals almost randomly and which the medically trained alone can exorcise, medical professionals will find it an expensive task to convince the formerly powerless of their ability to help themselves where health is concerned.

In addition, the Government, having pointed the finger of responsibility so directly at the individual, must by its policies in other fields aid the individual to accept his responsibility. If it is true that the poorer sections of society suffer illness more than others, then the Government must either take them out of poverty or act on their behalf to lift some of the extra burden they bear. Again, it can be argued that in the 'cure-based' health services the better-off enjoy an advantage both in access and treatment; if we are to move to a more prevention-minded health policy, some effort should be made to ensure there is no similar in-built advantage to particular social groups.

My father always told me, among other things, that prevention is better than cure. If this is going to represent future health policy, there must be a financial commitment to develop the preventive aspects of health services at least equal to that previously dedicated to cure. The philosophy of 'prevention rather than cure' should not be allowed to become the justification for a National Health Service on the cheap.