

Why the AUT should not encourage members to join BUPA

The National Health Service was created in 1948 to provide free health care to everyone in need and to enable rational and equitable planning of health care resources. Subsequent history has demonstrated that demand for medical care always outstrips supply. Even in the U.S. where medicine is provided on a national and much more complicated BUPA principle this growing demand has led to an exponential rise in health care expenditure. America now spends three times as much as we do per head on health care with no measurable benefit. This growth is rapidly and uncontrollably continuing such that by 1980 America will spend 10% of its GNP on health.

10% of someones' income is cheap if it does buy their health. The trouble is that there is not one bit of evidence to suggest that the same levels of health cannot be achieved with half that amount. What BUPA and other provident schemes depend on is, in the first place, a general dissatisfaction with the health service and in the second the notion that by paying extra money one can actually buy better health in times of need.

The first reason is a cause for genuine concern. But free health care has to be rationed somehow. If real need is being neglected by the health service then there is nothing to stop it being improved, and in fact no public service can ignore unmet real need for long. Moreover it does not help the poor and the old to opt out of the NHS because BUPA cannot help them.

The second requires proof. It is possible that there are some things that private medicine ^{will} can do better and more efficiently. But only if there is a viable public sector to do the remainder, like look after the chronic sick and the mentally ill. In a fee-for-service system of private insurance such undramatic parts of health provision are severely limited.

Therefore unrestricted growth of the private sector means growth in a few prestigious areas only leaving the NHS with all of the less glamorous parts. Such a division may give an illusory impression of increasing the freedom of choice for the consumer. Perhaps it does for a few things, but in the long run the NHS will probably suffer, thereby limiting effective choice for everyone. The choice for people who become or who are not now able to afford provident scheme subscriptions

will suffer too. In 1948 good health care for the population was considered to be every persons' right. It would not seem worth compromising that principle for a few wholly unproven benefits for some..

What Can You Do About It ?

Probably the best way to fight on this question within the AUT would be to get as many Local Associations as possible to submit resolutions to the May National Council to the effect that the AUT should not accept any advertisements for Private Health Insurance or other Private Health Schemes (choose your own wording).

As the rules of Local Associations vary it would be advisable to check on the local procedure for passing and submitting resolutions to Council. Usually resolutions are invited from the whole membership and considered at a general meeting of the Local Association - but please check locally. Resolutions for the May Council must be submitted to headquarters by Local Associations by about 5th April.

Resolutions from Local Associations can also be submitted at any time for consideration by the National Executive Committee.