



By: *Catriona M. Munro, TA Editor in Chief*

# Time for Brits to pay for Health



I've just spent 3 weeks in hospital with mobility problems. I could extol the **National Health Service** - unique as British people like to consider it; express my deep gratitude towards it or rage against years of governments having failed to keep it maintained and cherish it.

I could slate the staff for what I might interpret as some of their professional failings. I could also deluge you with yawn-inducing facts about the actual capacity of NHS doctors to meet the increasing demand for private services, or how the obvious solution is to recruit more doctors, nurses and surgeons from overseas (it's not). As a long-term user of the NHS, I would prefer to offer some experience and thoughts.

There are not many countries with a system quite like the UK's - free medical treatment for all; meaning operations, vital ongoing treatment for life-threatening conditions - in the case of Scotland, free prescription medicines.

It inspires fierce protection (from people who don't have to use it that much, to be honest). No politician has dared suggest anyone pay for it, although there is a talking Banquo's Ghost who hovers over the occasional public debate. Which are becoming more frequent.

## Paris and Benghazi

A friend of mine had a heart attack in Paris some years ago. He had paid his necessary (quite hefty) subscriptions and was admitted to hospital by ambulance immediately. When he finally came to, he was duly informed by the surgeon that he had died twice on the operating table but had been revived.

A couple of days later he was transferred to a what was effectively a sanitarium for proper recovery. Wonderful food with wine, he informed us. He had regular visits from his assigned doctor, who said to him at one point, "I'm afraid you will only be able to have foie gras once a fortnight, M Smith".

On the other hand, I remember a spine-

chilling tale from a colleague who had been brought up in Benghazi, Libya, in the 1970's, where there was no private medical treatment. Her description of an appendectomy under local anaesthetic was something else...

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I can hear you say, "I don't want foie gras; I don't need special treatment, I just want the right treatment. I'm happy for it to be brief, and I want it to be cost-free. Trouble is, you are not in that kind of condition when hauled into hospital (believe me, I know) especially for an unexpected operation.

I've cited extremes, but to avoid total glibness, official research shows that British patient outcomes are worse than the international average - the UK has higher avoidable mortality than "comparator countries". However, when it comes to improving their health services, most countries prefer to tinker with its existing model rather than change the system. But the UK also spends noticeably less on health than similar nations (major EU countries).

Most Brits are familiar with the NHS-associated myths and whilst I wouldn't accuse us of ostrich-type denial-type behaviour, there is no question that there are hard questions to ask, and worse situations to expect. "Another COVID outbreak would destroy it", warn the doom mongers. "And there's a bad winter approaching".

## Is it just a question of money?

My personal conviction is that we are in an unsustainable situation with the NHS, and we are going to have to start paying more than the

paltry amount we do.

It should simply be a question of a means-tested contribution: if you can't afford anything, those who can should be charged. Alas, the glory days of free health care for everyone are rapidly approaching their end.