



Freedom of Choice in the National Health Service

BY A CORRESPONDENT

THE CHANGES planned for the re-organisation of the National Health Service raise an important question of principle - the right of the patient to have some choice in the form of treatment he receives.

At present Homoeopathy, which provides the only alternative to orthodox medicine in the NHS, faces grave threats on a number of counts.

The practice of Homoeopathy has been established in this country, with its own hospital, for more than 120 years and when the National Health Service Act was introduced in 1946, the then Minister of Health gave assurance that under it, homoeopathic institutions would maintain their own characteristics and continue to provide their own form of treatment.

Homoeopathic doctors have gone through orthodox medical training and qualified in exactly the same manner as all registered practitioners; they use conventional medicine and surgery where indicated but in addition they apply homoeopathic medicine in appropriate cases - using small doses of naturally-occurring remedies which have no harmful side-effects. The object is to stimulate the body's own defensive and curative processes.

Last year about 100,000 people in Britain received homoeopathic treatment on the National Health Service. But many thousands more who sought relief from illness and disease through Homoeopathy were disappointed; there are simply not enough trained doctors to meet the demand.

The problem is that only a small proportion of the doctors who would like to train in Homoeopathy can afford to attend the postgraduate courses organised by the Faculty of Homoeopathy, which is responsible for such education under the Faculty of Homoeopathy Act 1950. The courses themselves are free. But an independent body, the Homoeopathic Research and Educational Trust, has to provide the funds to pay for the expenses and locum fees of doctors to enable them to attend their courses to qualify in Homoeopathy. *Although state money is granted to every other speciality in the National Health Service to meet such expenses, none is allowed for Homoeopathy.*

This anomaly means constant drain on the Trust's resources and a brake on its plans for a significant expansion of homoeopathic training, clinics and research. Moreover Homoeopathy now faces a new and bigger

threat, posed by the radical re-organisation of the National Health Service due to come into effect in 1974.

The key point in this re-organisation is the abolition of the Management Committees which now run most individual NHS hospitals and the taking over of their responsibilities by newly-created authorities responsible for much larger groups. Thus for example the Royal Homoeopathic Hospital, at present with its own independent Management Committee, will be absorbed into a new group run by a new authority on which the Homoeopathic members will be heavily outnumbered.

While the Secretary of State for Social Services has given a general assurance that the continued practice of Homoeopathy within the NHS will not be affected by administrative re-organisation, homoeopaths want to know how their speciality can remain unaffected when the Hospital Management Committees which have afforded homoeopathic hospitals some degree of protection and independence are swept away. Can the views and needs of a small, unconventional speciality like Homoeopathy hope to be taken account of in the new authorities and committees of a massive streamlined organisation committed to nurturing monolithic district general hospitals devoted to orthodox medicine?

One disturbing decision already announced is that the Liverpool Homoeopathic Hospital - one of six in Britain - is to be closed down and absorbed into a general hospital as a Department of Homoeopathic Medicine. Homoeopaths fear that in the face of indifference, at best, from conventional medicine, such a department, unprotected by organisational safeguards, will slowly wither away.

It is already extremely difficult for large numbers of people to obtain homoeopathic treatment whenever they need it. Many travel long distances - 20-30 miles is not uncommon and others travel 100 miles or more - and undertake complicated journeys involving several changes of bus or train to visit homoeopathic doctors or the outpatient departments of the homoeopathic hospitals. In 1971 there were over 60,000 attendances at outpatient departments in Britain's homoeopathic hospitals. But many who have young children or who are too old or disabled or poor to make these journeys face the choice of going without or paying private fees

for doctors who live too far away to attend them on the NHS.

To such patients, even the removal, for example, of the Liverpool Homoeopathic Hospital to some less central location would be a tragedy. There is clearly a pressing need for more facilities, not less, with the setting up of regional homoeopathic clinics an urgent priority. Does the Liverpool situation presage the gradual closing down of homoeopathy within the NHS? If so, it would then be available only to private patients - a betrayal of the liberty now enjoyed by the individual to exercise freedom of choice in the form of state medicine he receives.

Homoeopathy has met and continues to meet the needs of a significant minority of people in all walks of life, offering them a safe and effective alternative to what many regard as the not infrequent excesses of fully conventional medicine, especially today with the increasing use of powerful pharmaceutical drugs.

It is the confidence in, and reliance upon, Homoeopathy by so many patients consistently for such a long period of time that has brought it to its present position and gives special weight to its place in medicine.

Successive Ministers of Health have emphasised the importance of clinical freedom. This, too, is relevant here since much of Homoeopathy's clinical freedom is dependent upon the position of its hospitals, especially the Royal London Homoeopathic Hospital.

A refusal to recognise the *national* function of the latter, and a failure to safeguard its postgraduate teaching role for education in Homoeopathy, coupled with lack of adequate representation on the proposed bodies, would be seriously prejudicial to the profession, and detrimental to state medicine generally through loss of the humanising influence which Homoeopathy can have upon it: firstly, by the concept of treating the individual - the whole patient rather than the immediate illness from which he suffers; and, secondly, by the principle of applying small doses of natural remedies, which in practice helps temper the acceleration in orthodox medicine towards an over-use of modern drugs.

The attitude implied in both these features is today gaining increasing acceptance, both among informed doctors and the public at large, regardless of whether or not they subscribe to Homoeopathy itself.

This makes it all the more vital to ensure the future of Homoeopathy in Britain: to guarantee adequate availability of this safe form of medicine prescribed by doctors whose specialised training deepens their concern for, and perception of, the particular needs of each individual patient.

If we agree that the freedom of choice which Homoeopathy represents is to survive, we must then ask ourselves how it can, in the light of what is proposed.

Man-Made Problems of Hunger

THROUGHOUT the world 1972 was not a good year for agriculture, mainly because of weather. An article in *US News & World Report* catalogues conditions as follows:

USSR - insufficient snow cover, a late spring, drought and autumn rains; China - drought in both north (wheat) and south (rice); India - late monsoon, less than usual rainfall; Afghanistan - drought; Cambodia - bad weather; Burma - poor weather; Philippines - worst floods in recorded weather history; Brazil and Uruguay - drought and other weather setbacks; Australia - drought; USA - prolonged autumn rain and snow.

The result has been a drop in food production in all the above countries, and in others not listed. Output is down by up to 30 per cent.

There is little one can do about the weather, but it is noticeable that the countries with market economies have suffered less than those where production and marketing are state planned. For example "Power shortages, breakdown of some key irrigation facilities and bureaucratic errors have further worsened India's food situation.

"In Burma . . . in addition to poor weather, observers blame inept distribution and low farm prices set by the government.

"In Chile . . . some of the produce that does come off farms rots in warehouses, because the transportation and distribution networks break down."

It bears repeating that food, in common with all goods, is produced according to effective demand and not in response to need. The problem of hunger is a problem of poverty; it is never the rich that go hungry, however great the shortage.

According to *US News & World Report* "International agricultural experts say farming practices in underdeveloped countries must be upgraded quickly. They especially urge land reform to provide production incentives, plus a big infusion of modern technology and equipment."

Economist Gunnar Myrdal is quoted in the *Christian Science Monitor* as predicting a major famine around 1975. Population control and income redistribution in backward countries cannot fill the hunger gap in time. "Landlords, moneylenders and other middlemen have the power in the villages . . . and so in practice very little of land reform is often accomplished."

Effective land reform is the key to overcoming world-wide poverty and hunger. Many people involved in the struggle now realise this, but the political problem remains - how to bring about land reform.