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THE NATIONAL HEALTH SERVICE: PRESENT BLESSINGS, FUTURE CRISIS

Rod Badams has recently been in hospital for major surgery to repair an aortic aneurysm. Here he considers the beneficial principles and practices which for centuries have so strongly motivated healthcare provision in the UK, and identifies some issues which could pose a significant future threat to them.

Life on a hospital ward is anything but dull. On some days, in such a procedure-dominated environment, the patient's 'to do' list can be extensive, rendering him far too busy to meet the requirements of every passing paramedic. If the physiotherapist has already claimed a time slot, the phlebotomist will have to wait.

There are other days, however, when everything goes quiet, and there is time, mental energy permitting, to estimate how many thousands of bricks were used in the construction of the tall Victorian chimney visible from the ward window.

For a brief few days, a hospital stay parachutes the patient, entirely and in some instances unexpectedly, into an unfamiliar setting, in a state of some dependency. Such circumstances provide an ideal opportunity to observe and consider an area of national life which is interesting and important, and yet, during years when we are fit and well, may not find much of a place in our thoughts.

My own reflections led to three main conclusions:

1) The National Health Service is more than a major industry. Every hospital site is a gargantuan combined operation of many major industries, relating closely with each other in pursuit of a complex common purpose.

Illustrating this, from morning till night a crocodile of trucks could be seen driving through the hospital grounds, carrying supplies and equipment, or removing waste. The management, administration and quarter-mastering required to keep just this delivery system on the road

seemed immense. Quite apart from the efficiency it would demand of itself, it would require a similar efficiency of all the departments it served, in order to operate effectively. The same standard would need to be achieved by all the separate disciplines practised, and the individual services provided, in the hospital.

Throughout the NHS's countrywide hospital provision, though there are numerous incidents both of crass stupidity and tragic error, the surprise perhaps is not that so much goes wrong, but that hundreds of thousands more things go right.

Much of what goes right is dependent upon effective systems involving procedural exactitude. Meals, for instance, are ordered with box-ticking precision. Even gravy is a separate item, ordered by ticking its own box. The system is magnificent, except for when the patient orders the apple pie [separate box ticked for custard], but the tray arrives without the apple pie, and without the custard. The spoon is present, as a kind of proof that a dessert of some kind was certainly ordered. Wherever the apple pie ended up, it was obvious to the recipient (in this case the non-recipient) that no system existed, nor could reasonably exist, to find, retrieve or replace it. Even the querying by the patient of the apple pie's absence would have seemed a disproportionate intervention.

Where the big purpose is as immense as that of the NHS, little irritations have to be tolerated. To appreciate the achievements of the hospital service is far more realistic than to judge it by its many inefficiencies, however exasperating or blameworthy these may appear to be.

2) The NHS is no longer a holistic care service. Rather, it now consists of a vast range of specific procedures, large or small, simple or intricate, modest or expensive, all of them designed to bring the recipient into a better state of health. How different from the early days of St Bartholomew's Hospital, founded in the city of London in 1123. As is made clear at the St Barts museum, for the first 130 years of its existence, the hospital did nothing which would nowadays be described as 'medical.'

What St Barts provided, for the health and welfare of its clientele, was rest, good food, care and comfort – provisions which could all be defined as 'hospitality,' from which the term 'hospital' is derived. The hospitality offered by Rahere and his 12th century team of carers would not have repaired aneurysms, removed cancers or by themselves neutralised infections; but the holistic care strategy it offered would have restored to health and strength many of those whose conditions could respond to natural routes to recovery.

This is a far cry from the nature of current healthcare. A holistic approach presupposes some kind of world-view and shared assumptions, which simply cannot exist in the social circumstances of present-day UK life. The pope, the druid and the secular humanist have diverse and mutually exclusive belief systems, but they can all agree when a tonsil is inflamed, or when a weak heart would benefit from a pacemaker. In a non-judgemental, non-prescriptive, individualistic and libertarian society, healthcare has become almost entirely clinical. This is not to under-estimate its achievements, nor to imply criticism. At that clinical level it brings huge quality of life gains to

millions of people, for which we can all be immensely grateful. Any attempt to provide holistic healthcare would need to be championed from within the private or charitable sector.

3) The compassion motive which underlies the NHS is a legacy of the Christian heritage and care ethic established in previous centuries. This compassion and care ethic can be demonstrated in four ways:

a) An individual presents symptoms and is referred to a hospital by his GP. In the case of an aortic aneurysm, a victim might, without treatment, survive on average for about five years. However, in addition to the loss of life expectancy, the victim would be suffering from a debilitating degree of uncertainty, and the prospect, whenever it occurred, of a sudden and distressing death.

In its compassion, the State does not leave the patient in this unenviable combination of circumstances, but is willing to carry out and pay for repair surgery which, in respect of the consultations, procedures, surgery and after-care involved, from diagnosis to discharge, would be likely to cost £50,000 in marginal and pro rata hospital costs. The oft-quoted NHS mantra – 'free at the point of need' – has been devalued by tiresome repetition, but remains an impressive truth.

The treatment offered is motivated by sympathy, and a desire to heal, without reference to economic considerations. Although some of the recipients of treatment will for the rest of their lives be net contributors to the State, there are many who will continue to cost the State more than they contribute. The State's compassion is such that it does not choose between them.

b) The State's compassion is also shown by the fact that it offers its benefits unconditionally, which means that it does not matter what else is true about the patient. Clinical need is the only criterion on which service provision is based.

c) There are 231,000 doctors listed in the UK Medical Register. Thousands of these have devoted their time, intellect and enthusiasm to mastering specialist disciplines, enhancing their knowledge and abilities, and developing their techniques. There is still stiff competition to enter the medical profession, which means that for the time being there will be no shortage of highly-skilled physicians and surgeons.

By his common grace, God has given to sufficient capable people a desire to spend their working lives putting right those in medical need, when their intellectual capacity could certainly have taken them into a wide range of alternative spheres of work.

d) It is part of the instinctive British character to be compassionate. If told about the specific implications of an aneurysm in the life of a patient, there are not many people who would begrudge the State's paying £50,000 of taxpayer's money to alleviate that need, even though the person affected was a complete stranger.

Even in this more rationalistic age, there is still an underlying human sympathy which does not demand a cost-benefit analysis for every item of expenditure. The beneficial effect of this instinctive sympathy is that the government faces no popular demand to cut costs in this area of service provision. The latest *British Social Attitudes Survey* showed, even in the context of severe national economic restraint, 'strong support for increased public spending on education and health.'

Having identified the benefits of the present healthcare system in the UK, it is equally important to identify the factors which may in the near or medium-term future put them at risk.

a) It is likely that soon, the present scope, commitments and expectations of the NHS will become unaffordable. When it began in 1948, the NHS cost the present equivalent of £9 billion. In 2008-2009 it cost more than £100 billion, which means that for 60 years costs have been rising by 4% per annum over and above inflation. It now costs more than 7% of Britain's GNP, which is the equivalent of £1,980 for every man, woman and child in the UK.

Over the years, the annual budget increases have paid for the implementation of the steadily increasing number, range and intricacy of medical discoveries and innovations, successive governments having recognised the public expectation that these should all be freely and immediately available.

New treatments, procedures and technologies will continue to multiply at an increasing rate, but in the face of global as well as national pressures to restrain public expenditure, the financial assumptions which hitherto have shaped NHS service provision will eventually be challenged. When that point is reached, two results could be the imposition of stricter criteria in respect of which treatments are to be offered at all on the present NHS basis, and, where particular treatments will still be provided, a reduction in the categories of people eligible to receive them.

b) Although cost is sure to be a factor in the thinking surrounding all future healthcare strategies, financial factors are not the only influences which will put the compassionate healthcare rationale at risk. With the reduced influence, generation by generation, of the Christian ethic, which has inspired present healthcare assumptions, society could become more at ease with decision-making based on more rational and practical considerations.

c) The pro-euthanasia lobby, though still a minority, has been active and vocal for a number of years, and will not be going away. An increasingly secular society world-view, coupled with a climate of financial stringency, would make its arguments more appealing. Euthanasia is considerably cheaper than palliative care, in the same way that an extraction is one of the least expensive of dental processes. The latter is not only cheaper in the immediate, but the offending tooth, once removed, costs nothing in the future either. This is an extremely disturbing parallel.

Finally, how may evangelical Christians most usefully respond to the present challenges facing the NHS?

a) By highlighting and declaring support for the compassionate principles and motivations which lie at the heart of the history of healthcare in Britain;

b) By identifying and commending the many practices and achievements which have resulted from those principles and motivations;

c) By advocating and supporting the strategy and provision of palliative care, and urging that it should not only be the assumed healthcare strategy for those who require it, but that its provision, in spite of the high cost involved, should be regarded as a priority;

d) By opposing the pro-euthanasia lobby and its 'culture of death,' not only on principle, as inimical to the sanctity of life, but also because it conflicts with the compassion, care and dignity which has characterised the last 900 years of Britain's healthcare history;

e) As churches and as Christian individuals, by demonstrating our own belief in a caring and compassionate approach to those in need by giving a sufficient proportion of our own time and money to the support needed by our own families, church members and friends;

f) As we move into a period in which society is likely to embrace, and depend upon, the concept of 'volunteering,' by considering how we can best help the State to provide the level and quality of care and support which demonstrates the highest possible regard for the value of the whole of natural life.

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