Instead of the program originally scheduled for this time, CBS News now brings you a special broadcast on the controversial question of National Health Insurance. Oscar R. Bering, the United States Federal Security Administrator, has been in England, looking over the workings of the British Government's health program, and his conclusion has been that it is working remarkably well. In the course of his investigation he talked in London with the Secretary of the British Medical Association, Dr. Charles Hill. We recorded the interview here in New York by shortwave radio. And here it is. The first voice, that of Mr. Bering.

**Bering:** Dr. Hill, would you be good enough to explain briefly what the British Medical Association is?

**Hill:** Yes, like the American Medical Association it's a voluntary association of doctors to represent doctors' views, and, of course, the majority of doctors belong to it.

**Bering:** And you are the secretary of that organization?

**Hill:** Yes, I am.

**Bering:** The National Health Service Act went into effect in Britain in July 5th, 1948, I understand.

**Hill:** That's so.

**Bering:** What was the attitude of the British Medical Association towards that Act before it went into effect?

**Hill:** Well, for one or two years before the Act went into operation there was a good deal of difference between the BMA and the Government. The difference, mark you, was as to the ways of means to be adopted to put into operation a comprehensive service. The profession had long committed itself to the idea of a comprehensive service available to those who needed it. By "comprehensive" I mean complete. They had accepted the principle of it, but when it came to the ways and means of achieving
the comprehensive service, there was a great deal of controversy, a great deal of conflict between the Government and the doctors.

EWING: I see. Under the National Health Service here in Britain, does the Government interfere in any way with the medical service that the doctor provides?

HILL: No. I would say, as yet, no, being a doctor, who's naturally suspicious of Government, now and hereafter. We don't know what may happen in the future, but for the moment doctors are conducting their practices and treating their patients according to their knowledge and their consciences, as they always did.

EWING: Well, Dr. Hill, about the compensation that the doctor gets, say, over a year ... are the doctors -- I'm speaking now of the general practitioners -- do they earn less under National Health Insurance or more than they did in private practice?

HILL: Well, it's not easy to answer. My impression is that the doctors in the industrial areas -- and they constitute a very substantial proportion of the doctors in this small island -- they've not suffered financially. There will be some that have, but in general the financial position is not greatly altered. But a proportion of doctors, particularly those in the more residential areas, where the population per acre is less, there has been a very considerable loss sustained by a number of doctors. Probably the number who've lost is small and the amount they've lost is great. But they are ... the particular casualties are on the cash side.

EWING: Well now, as to the specialists, have they suffered, do you think?

HILL: Oh well, no, because until the Act came into operation, in general -- bearing in mind that most of our hospitals, or of our acute hospitals, were voluntary hospitals -- in general, specialists were unpaid for their hospital work, before the Act. As a result of the Act, they're to be paid for their hospital work. Now, to the extent to which private practice will disappear, to the extent to which their non-hospital income will decline, none can say. But as far as their hospital work's concerned, they are now paid where formerly they were not paid.

EWING: I see. So that on the whole they are better off.
HILL: They are better off, provided private practice ... (unintelligible) does not greatly deteriorate.

EWING: Yes, does a doctor -- and I now go back to the general practitioner -- does he have to work harder today to earn the same amount of money that he did before the National Health Scheme went into effect?

HILL: Ah yes, Dr. Ewing. There you've put your finger on an important point. The general practitioner is busier, he's working harder for the same money. .......

not surprising. The object of a comprehensive service is to bring people to the doctor earlier, to bring them to the doctor for the trivial, before it becomes the tragic. And so the bulk of work is increased. And, let it be said, as is, I suppose, inevitable in such a service, the amount of paper work has increased. So, in general, it is true that the general bulk of work undertaken by the general practitioner for the same money is rather more.

EWING: Well now, speaking of the paper work, in America we do not plan to give away free medicines, except the very expensive ones, such as streptomycin and possibly cortisone, if, when and as it's available. We would expect the patient to provide himself with the medicines. That would probably make a substantial decrease in the amount of paper work that the British doctor now has to do in prescribing medicines, or aspirin tablets, and the like.

HILL: Well, I doubt that. He will still ... the doctor will still prescribe. He will still write out a prescription for his patient. And the bulk of the paper work is not prescriptions. The bulk of the paper work is certificates, for one good reason or another.

EWING: That's more milk, more coal ...

HILL: That's so. Of course, part of it arises out of our postwar troubles.

EWING: Your rationing system -- which we do not have in America.

HILL: Oh yes. You're more fortunate and, being more fortunate in so many other ways, you won't have this certificate paper work.
Ewing: Well now, under National Health, the scheme that you have here, National a number of grievances, a number of things ... Health Service, can a doctor arrange his own time? For instance, one doctor that I've know ... in America, said that he'd always taken off Wednesday afternoon for golf and it seemed to him that it was not fair. He said he'd be better off if he had this right. He was a little bit envious of the American system. In the English system, he had to work hard to be able to do that. It seems to me that if we adopted National Health Insurance, it would be a good idea to make the same kind of provision. We should have the same kind of provision. We should have the right to work less than 40 hours a week, and the right to work in a manner that is not unduly burdensome.

Hill: Well, I assume Mr. Ewing, you're speaking of the general practitioner.

Ewing: Yes, yes.

Hill: Well, apart from the views of the profession, the medical profession, as to the National Service that's being given here for service, the general practitioner, subject to being reasonably available, will arrange his work as he did in the past. The essence of our service is that effective substitution arrangements must be made, and the doctor taking his place off, he has a right to have his work done. Provided he's made really effective arrangements for his patients to be cared for in his absence, there's no doubt about the clock, there's no clocking in, there's no set number of hours for the general practitioner.

Ewing: But the conscientious doctor always did that before this system went into the effect.

Hill: Yes, there's no substantial change in the leisure system, except, of course, the doctor's bill is gone. That's perhaps a minor point, but the burden of work is not lessened and it is an attitude. But in general, I think, on the general plan, the whole plan is an improvement.

Ewing: Well, Mr. Hill, now that the Service has been in operation for some ideas for eighteen months, what do you think is the attitude of the medical profession of this change, for that change, as you have said?

Hill: Well, there's a minority, of course, that is against the whole thing, against the whole idea of a comprehensive service. The majority accept the general conception. And that majority, if you talk to them, they feel there are a number of difficulties,

Ewing: As you know, the service is not administered.
a number of grievances, a number of things to ... (unintelligible), a number of things about which they feel keenly. But, in general, the attitude is — perhaps it’s a typically British outlook — but the attitude is: This thing is here, the general conception is good, it’s our job to make it work; to seek such changes as will make it work; pressing on the Government again and again points to which we attach importance. But the general belief is that it can be made to work and will be made to work, provided the changes of one kind or another are made.

EVING: Well now, apart from the views of the profession, the medical profession, as to the National Service that’s being given here for health, would you have an opinion as to whether or not on the whole it has been a good or a bad thing for the British people?

HILL: Well, perhaps I’d better answer that as an individual, rather than speak as an official of the BMA. I would say in general that the British people — all party politics on one side, for it doesn’t come into this subject of Health Service here — the attitude of the British people is that it’s a sound and a sensible thing to insure that everyone, whatever their means, can have made available to them the medical treatment they need. And so the general idea is not only accepted but welcomed by the people, as a whole, because, naturally of course, people like something for nothing, and the doctor’s bill is gone. That’s perhaps an inevitable part of the people’s attitude. But in general, I think, we in this country regard the general conception as sound. And let it be faced that no political party dare stand before the people of this country, at the present time, and oppose the whole thing. They have ideas for this change, for that change, as we have. But it is part of our set-up and I doubt whether the basis will ever be shaken, although many changes will be made in its form, in its administration.

EVING: As you know, you were good enough to arrange for me to meet some general practitioners and some specialists, day before yesterday, and I was very much impressed by a remark made by one of them, in which he was explaining why he felt the Service was
good for the people on the whole; that the previous health insurance which you had
insured the worker but did not insure his wife and his children. And now his wife and
children are covered by the Service.

HILL: Oh yes. For thirty-five years we had a system covering twenty million of
our people, the wage-earners, providing a general-practitioner's service, and it was a
success. The doctors in general liked it, the people in general liked it, and the
urge came, indeed it came, from the doctors themselves to extend this service to the
wives and children. Mind you, it was but . . . but more than that was done; it was
extended to the whole community. Let me say that I think some of our difficulties as a
profession arise from the fact that this service is made available to everybody, whatever
their means. And looking back, if I may offer a personal view, I think it was unwise
to make the Service available to everyone – those who needed it and those who could
have afforded to have made the provision for themselves. And I think a good number of
our difficulties as a profession come from the fact that the profession is likely to
receive the bulk or the whole of its remuneration thru the State and so, rightly, are to
be susceptible more and more to State intervention; for States, for reasons good or
bad, do intervene in the fields which are under their aegis.

HILL: Dr. Hill, the plans that we have for health insurance in America contemplate
it will be based on insurance payments, rather than as a general welfare provided by
the State. Do you see any particular advantage or disadvantage in that, one way or
the other?

HILL: Well, let me say before I answer that question that I must be careful not
to appear to interfere in the affairs of another country, just as I'd be very grateful
if some people in other countries wouldn't presume to form hasty summaries about what's
going on here. But if I may offer an academic view, I think that a service which is
an insurance service is better than a service which is a State-provided estate. Now,
I think there's something very sound and healthy about the people not only believing
they're paying for what they're getting, but actually paying for it thru an insurance
scheme.
SWING: Yes. You know, we do not plan to take over the hospitals under our system. Do you think that's advisable?

HILL: Again a personal view — on the whole, I would rather see the State exercising such control as is necessary thru the cash it provides. I don't think — and here I'm at variance with the scheme here — I don't think it's right or necessary for the State to become the hospital-owner, the hospital provider, no.

SWING: Well, thank you very much, Dr. Hill. I'm sure the people of America will be very much interested in your views on this very interesting and highly controversial subject.

HILL: Controversial it is!

ANNOUNCER: You have been listening to a recorded broadcast on the question of National Health Insurance. The participants were Oscar H. Swine, Federal Security Administrator, and Dr. Charles Hill, Secretary of the British Medical Association. They spoke from London, where Mr. Swine has been looking into the workings of the British program of government health insurance.

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