

Editorial

... and the rich shall inherit?

Not many papers in the decade of this Journal's life have elicited quite the same response as *The megacare dilemma*, which opened the second issue of this volume. Written by two members of the Editorial Board, the paper perhaps succeeded best in placing an issue in centre stage simply by giving it a name. It is a familiar phenomenon. Fifty years ago, Stuart Chase in *The Tyranny of Words* showed how strongly social movements can be set in motion, for better or worse, by providing a label around which they can condense. He has been proved right many times since. Would the computer age have descended upon us quite so swiftly had we continued to call the contraption an adding machine – which is essentially all that it was and is? In its much smaller way, launching the notion of megacare as a problem about which we should all be concerned may have accelerated thinking in the right direction. Quite simply, the provision of health care on the large scale is far too prone to serious defects, both as regards the quality of care generally and the incidence of avoidable risk in particular.

There are exceptions to every rule, and one correspondent chided us for overlooking the fact that within the megacare situation there is a lot of microcare. Of course she is right; one can still find good nursing, conscientious diagnosis and painstaking treatment all over the place, within even the most deficient health system; but the system as such is not conducive to such good things, and by its emphasis on quantity rather than quality it places difficulties in their way. As another letter-writer put it: "I think I am doing the best job which the system lets me do, but I do not see that the megacarers in the district administration are much concerned care whether I do or not; provided, that is, that I work within their budget, do not too obviously kill anyone, wear a clean white coat and am present during the core hours." That comment illuminates another facet of the problem: somewhere at the top, people are not sufficiently occupied with the right issues. One final criticism of *The megacare dilemma* is that our writers gave insufficient recognition to the fact that so much has been achieved in bringing basic health care to the masses; "Look back at 1899 if you dare" as one writer put it.

Let us begin with this last point. It is perfectly evident that much has been achieved in public health services and that on some fronts we continue to do better. Systematic efforts to measure and advance the quality of care are prominent enough. All the same, one cannot avoid the impression that such efforts are to a large extent concentrated in the centers and systems which are not doing too badly as it is. In theory that is all very well; if we find ways of caring better for our patients in well-ordered systems, we shall then be able to apply those methods more widely. In practice, unhappily, these developments come at a time when megacare is in many respects going downhill rather than being poised for improvement. Those developments are taking place in many parts of the world. In the West, the long shadows of Thatcherism and Reaganism fell in the seventies across the welfare state. The notion that the rich, the strong and the enterprising should carry society forwards and have their due reward proved to have a dark corollary in marginalization of provisions for the weak and the dependent, in health care as in other areas. In the once centralized economies of Eastern Europe and Asia, the problems resulted from a hasty plunge into a poorly understood capitalist system, without due provision for checks and balances. That led to the

emergence of a myriad of health care centres and clinics for the new entrepreneurs while the sad residues of state health care systems fought a losing battle to survive on less than minimal funding. Somewhere in between is the situation of those social democracies, especially in Northern Europe, where an ethic of decent public health enterprise survives, but where financial constraints nibble ever more hungrily at the edges as wealth shifts from the community at large to a new business-orientated elite.

This necessarily brings us back to the question from our correspondent as to whether the megacarers are really concerned. Too many quite obviously do not care sufficiently, or about the right things. There are very few countries on earth (are there any at all?) where the people with the ultimate responsibility for health care systems – the politicians, the parliamentarians, the senior managers and professionals – need ever expect to end up themselves in a public hospital bed. Even in the developing world, there is often more political acclaim to be earned by well-publicized stunts than by engaging in the hard, sloggish battle to serve the majority. Installing a single state-of-the-art radiotherapy unit in a prestigious hospital or opening the market to overpriced Western pharmaceutical specialities earns sudden headlines; progressively upgrading rural clinics does not. If consciences at the top ever need assuaging, then cheap comfort is to be had in assurances that the mass of the population have access to “basic” or “no frills” care. No doubt, but “basic” may mean little more than keeping people alive in lamentable conditions. The very suggestion that whatever else might be provided is of no more significance than frills on a lace cushion is absurd. Basic care is often no more than rough-and-ready care; it is, as WHO has always stressed when promoting its Essential Drugs concept, a starting point and not an end-point.

The megacare dilemma rightly stressed the challenges facing mass care at the institutional as well as the national level. Perhaps it is at this level – that of individual hospitals and clinics – that most can be attained during the coming decade in ensuring that the quality and safety of publicly funded medicine gets an impetus to move forward once more, despite society’s shift – hopefully only transient – away from the ideal of universal welfare. One cannot afford to be numbed by an adverse political tide. If one hospital and institution after another succeeds in demonstrating what can be achieved with limited means, but also in proving forcefully how much better things can be made for a great many people through a modest expansion in resources, opinion can be shifted. At some time in the twenty-first century, the meek may ultimately inherit – if not the earth, then at least the level of health care which they deserve.

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