

We can't keep taking the medicine

OUTLOOK:

Health reforms

The health service is struggling with its new market-led health reforms. It could do with more consultants, says *James Woodward*

THE MIDDLE of a fast-flowing river is not the best vantage point from which to judge the end towards which the waters we flowing. All those working in the health service have had to learn how to live with change amid uncertainty, as the policies, structures and patterns of health-care delivery take shape and change the culture of care. This area of public policy will be an important part of political debate in the run-up to the next election. What are we to make of the NHS reforms?

On the positive side, the introduction of the internal market has removed many constraints against change in a complex organisation. They have allowed initiative and innovation, empowering managers and clinicians to explore new ways of doing things. Many of our hospitals are better run, with an ongoing improvement of facilities, shorter waiting lists than ever before, and a commitment to understanding people's health-care needs.

Above all, the separation of the purchasing or commissioning of health care from the provision of health services is fundamentally good. This has transferred the power from those with professional vested interests, like doctors in certain areas of medicine, towards those with a broader outlook. This means, potentially, a better use of resources; and it is a creative move of health provision, promotion and prevention from hospitals into primary care in the community.

The heart of the matter lies with finance and resources. There has always been a need for rationing in a cash-limited service. More than ever before, however, the process by which those decisions are made is accessible and open. This is a challenge to the Churches in considering their role as agents of care. This leads to the debits around the reforms. Difficult choices are now made in a goldfish bowl.

What hasn't been solved in all this change is the fundamental issue of what is an appropriate level of funding for the NHS. In essence, can we continue to have a tax-funded service that remains free at the point of need and use?

It is probable that part of the Thatcher agenda of privatisation is both inevitable and acceptable. This is where we all need to ask ourselves about our expectations around health and how much we are prepared to pay for it through our taxes. How should we go about resolving the tensions between our ever-expanding expectations, fuelled by flourishing medical developments, and the instinctive tendency of government and apparently voters towards fiscal restraint? The result is that much of the debate around health fails to address whether all our health needs can be met in the brave new world of the market.

This gets more difficult when we look at the language of the health-care managers. In what way do they plan for our needs? Or are they too busily engaged in the almost impossible task of spreading the fixed and finite resources in a way that is tolerably fair, and productive of good (and "effective") results?

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The language of needs-assessment often fails to ring true, because it shirks the difficult question of which services should be provided through the NHS and which should not. Go and ask your local health commission these questions! It is a pretence that the NHS, funded as it is, can provide for everything from cosmetic surgery to life-extending treatments. The language of the new NHS, with its promise and offers, is an illusion, an unreality.

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The NHS cannot deliver all forms of health care at an acceptable standard to all who can benefit from them. Choices are inescapable, about what is to be provided, to whom, and at what standard. The Labour Party would do well to go back to its manifesto and address this reality with a greater degree of honesty.

During my six years as an acute unit chaplain, one of the abiding impressions I had was that of the way in which the reforms were introduced. Too much change, too quickly introduced by a proliferating of management bureaucracy, has sown the seeds of hostility, confusion, and bitterness. This finds expression in a widespread alienation of the staff against the managers; and, indeed, mistrust of politicians by the electorate. The result is badly informed debate and dialogue.

There remain questions about how far the market is managed in a way that enables real choice and efficiency. Does competition necessarily result in the triumph of the best solution in health care, or are there other, more powerful factors at work here? Such practical questions demand that we ask more fundamental theological questions about the nature and operation of competition and the market with our public services

I hope that Christians will think about what role they might play in developing a reasoned dialogue. In particular, we can play a part in affirming that there are ethical principles that we need to live by in order to maintain our community as a place where people can live in dignity and where humane treatment may abound.

The following questions could operate as a useful framework within which to start to consider the rationing of care. What should guide us in the process of decision-making? How reliable is public opinion? How informed are we; and should we always get what we want? What principles should be used in the consideration of rights of individuals to treatment?

If the reforms allow us to understand how this process of rationing and decision-making works, then it is to be supported. What we cannot do is ignore the democratic restraints imposed on our desire and that of the doctors to do everything.

The Christian's role is to ask what values and attitudes undergird the delivery of health care. We have a vision that health is a good that should be shared, sustained and cherished for the purpose of human society and community. We must recognise that it is shaped, limited and resourced by that same society and community.

The Revd James Woodward is the Bishop of Birmingham's adviser for health and social care, and an associate director of Birmingham Health Authority. His book Encountering Illness, was published by SCM in November 1995.