

Letter from . . . Dublin

Politicians and medicine: a changing role?

EOIN T O'BRIEN

British Medical Journal, 1977, 1, 1019-1020

Last year, 1976, was a dull and somewhat disappointing year for Irish medicine. Drastic financial restrictions caused near panic in the hospital services, while the Minister for Health, Mr Brendan Corish, confidently reassured a not unduly anxious public that the standard of health care would not be affected. In this he was correct—at least for 1976—but what of 1977 and 1978, when the unserved and poorly manned health machine splutters slowly to a standstill? But perhaps by then both the medical profession and the politicians will have learnt a few lessons, and things will be different. Certainly the financial hardship of the past year has forced doctors to think carefully about the cost of the health services they distribute, and they have realised—a little belatedly perhaps—that the age of plenty has passed and that the financial splurge of the 'sixties is well and truly over.

Paradoxically these restrictions may have brought politicians and doctors closer together by focusing their attention on the priorities of health care. Both sides have probably come to realise that the one cannot do without the other in deciding what is best for the health of the community. There has been much talk about taking medicine out of politics, but this would be even more difficult than taking politics out of medicine—and what is really being sought is co-operation between the government and the profession in health-care planning. It would now appear that Mr Corish is aware of the importance of broadening the base of future planning and by so doing he may well be taking medicine out of party politics, which is, of course, quite different from taking medicine out of politics. Two examples serve to illustrate Mr Corish's genuine desire to co-operate: firstly, he established a working party consisting of

The Charitable Infirmary, Dublin

EOIN T O'BRIEN, FRCPI, MRCP, consulting physician

members of his department and the medical and pharmaceutical professions to advise him on drug prescribing; and more recently he has called for all-party discussions on the health services and the emotive contraceptive issue.

Drug prescribing

The Minister can thank his working party for confirming his fears that doctors overprescribe, often prescribe badly, and really have little regard for the cost of what they prescribe. It would have been interesting to compare prescribing habits in private practice with those in the public sector but unfortunately figures were not available for contrast. Mr Corish will have been disappointed if he had hoped that his working party would solve the problem of our soaring drug bill, which is now £15.2 million a year and has doubled in two years. The working party recommended tighter control of the premarket pricing of new drugs, and had misgivings about the pharmaceutical industry's methods of advertising and selling drugs to the profession. Both the imposition of prescription charges and the restriction of the number of drugs available were rejected as effective remedies for reducing drug costs (although it was suggested that hospitals might consider stocking only one specific type of each drug), and the working party concluded that the Minister should concentrate on educating both the public and the profession about the cost of drugs and the need for restrained prescribing.

These recommendations are sound but none will, as the report admits, have any immediate effect on the drug bill. Education of both the profession and the public as to the cost of treatment is long overdue and should be beneficial, but it will be many years before this is evident. Why, one wonders, did the working party suggest a limited drug list for hospitals while rejecting this option for general prescribing? Would there not, in fact, be a stronger case for limited prescribing in general practice rather than in the hospitals? Few doctors could argue against the feasibility of listing a limited number of drugs of approved effectiveness to deal with most illnesses, though many might regard this as infringement of professional freedom. The working party claimed that a limited list "would discriminate against those eligible for the service and make available to them a less comprehensive range of therapeutic treatment than is currently available in the community as a whole" but did private practice ever do otherwise? And finally a limited drug list is declared unacceptable because of the possible adverse effects on the pharmaceutical industry in Ireland. But surely it is not fizzes of this nature that should influence the argument but rather the success of limited prescribing in other European countries. Perhaps the Minister will decide that more definite action is necessary, but the important point must be that he has established an effective means of discussion for the future,

and he now has the expert opinion and collective evidence of his working party to guide him on this complex subject.

CONTRACEPTIVE CAUSE CELEBRE

Neither Church nor State in Ireland deny the individual's right to plan a family but the Roman Catholic Church, many members of the government, and any number of self-righteous citizens see fit to pass judgement as to how exactly this should be achieved. The contraceptive saga has a long and tiresome history,¹ which has led to several unsatisfactory compromises. It has been established in the courts that it is the individual's constitutional right to use contraceptives, and that these may be imported but cannot be sold in the country. Family planning services are flourishing throughout the land, and the legal difficulties inherent in the sale of contraceptives are overcome by the semantic evasion of a subscription. The family planning services have never had it easy but even the most hardened campaigners were surprised recently when the Censorship of Publications Board suddenly banned the Irish Family Planning Association's booklet *Family Planning* for being "indecent or obscene." This booklet, several thousand copies of which have been distributed during its four years in circulation, is an informative but technical document that could not, by any stretch of the imagination, be described as "indecent or obscene." This ridiculous decision is now being challenged in the courts, and I hope that not only will the ban be quashed but that the future role of the Censorship Board in our society will be reassessed.

In an attempt to correct an anomalous and wholly unsatisfactory legal set-up, Senator Mary Robinson's Bill on contraception is now being debated by the Senate (upper house), her previous Bill having been withdrawn in 1974 in the mistaken assurance that the then Minister for Justice's Bill on contraception would pass through the Dail and become law. Nevertheless, as students of Irishism will recall, this was defeated when the Taoiseach voted against his own government's Bill.

Against this background of acrimony and high farce Mr Corish recently intervened with the suggestion that an all-party agreement on contraceptive legislation was necessary and that all members of both Houses should be permitted to vote in accordance with their conscience. This intervention was noteworthy for several reasons. Firstly, it is unusual for a minister to intervene in a debate on a private member's Bill other than to state the Government's view but, as is apparent from past performances, the Coalition Government (while abounding in individual opinions) has no united policy, and Mr Corish therefore chose to speak not for the Government (of which he is deputy leader)—nor indeed in his capacity as Minister for Health—but rather as leader of the Labour Party. He has been criticised on the manner and timing of his intervention; it has been pointed out that we are entering an election year and that,

even in the extremely unlikely event of agreement being reached, the present Dail would be unlikely to enact legislation before dissolution. Such criticism, however, pales in the face of Mr Corish's sincerity in attempting to end an intolerable state that has gone on far too long. It is only to be hoped that his political colleagues will see the wisdom in joining him in discussion,* and it is also time for the Irish medical profession to lift its head out of the sands and face the reality of the contraceptive issue, which will definitely not go away.

All-party committee for health

Following hot on Mr Corish's call for inter-party discussions on contraception, he has now tabled a motion in the Dail to establish a 19-member select committee from the three political parties to review the cost, efficiency, and organisation of the health services; to make recommendations to the Minister for Health on the priorities in health expenditure in the context of economic and social development; and to evaluate the adequacy of the services with due regard to demographic and other changes that may affect the demand for health services from time to time. In fact, there would seem to be little in relation to health care that this committee will not be empowered to examine, and perhaps we may hope with time that this body may be expanded to accommodate representatives from the medical profession.

Mr Corish is approaching the end of a term of office as Minister for Health. During this time he has been called many things, but perhaps the most hurtful (and printable) appellation is that he was unimaginative. Conversely, however, it may well be that by breaking down the barriers of party politics and broadening the planning concepts for health care and social welfare he will come to be judged as one of our more enlightened ministers.

Reference

¹ O'Brien, E T, *British Medical Journal*, 1976, 1, 145.

*Mr Corish's proposal has now been rejected.