

The Health Cuts: an appraisal

1987 has been a turbulent year in the medical profession. So much has happened so quickly that none of us quite know where we are, and what is even worse is that few of us seem to know where we are going. During the year I discussed with some colleagues the possibility of holding a meeting or symposium to assess the drastic effects of the health cuts but after consideration, I decided instead to effect debate in the pages of the *Journal*. These essays, which were to form the Christmas issue, must, for reasons already stated (p. 335-6) now form Part 1 of this final issue of the *Irish Medical Journal*.

I owe a word of editorial gratitude to my contributors who loyally kept to the deadline, and the profession, I believe, is also indebted to these authors for what is collectively a reasoned and constructive appraisal of the state of the health services as viewed from the front-line, where let it be said, the members of the Department of Health never tread. Indeed, one of the reasons for initiating this exercise was to permit at least one sector of the health-care providers to voice an opinion as to the effect of the Minister for Health's hasty assault on a system which, for all its faults, has served the nation well. It is to be hoped that Dr. O'Hanlon, and members of his Department will take the trouble not alone to read what has been written on these pages, but that they will have the sagacity to temper future decisions in the light of the many well-reasoned criticisms that have been made.

Dr. O'Hanlon will not be surprised to find that none of the nineteen contributors dispute the need for financial rationalisation in health services, but he should also be left in no doubt that it is very clear, in spite of his protestations to the contrary, that the monies saved from his drastic pruning of the hospital services, instead of being diverted to improvement of primary care facilities, are benefiting only the exchequer.

The medical profession is prepared to take its share of the blame for the profligate spending of the last decade, but it should not be penalised indiscriminately for the consequences of inept central management. Or, as Dale Tussing puts it: "It should be noted that . . . the errors were those of the centre, i.e. the government, the Department of Finance, and the Department of Health, and not those now being asked to pay the price".

Dr. O'Hanlon will find that his medical colleagues are in agreement that primary care facilities should be improved, but they await action and are not consoled by platitudes. They see no evidence of any serious intent by the Department of Health to allocate the very large sums of money that are needed for community-based services. In fact, the cut-backs have been applied to the community

services as well as elsewhere. Moreover, it is fatuous to argue that there is an excess of hospital beds in this country compared to other countries for the very simple reason that hospital beds in Ireland are being used for the aged and chronically ill who are catered for by sophisticated community services in other countries.

Perhaps the most profound criticism to be voiced is that the health cuts have been indiscriminate and opportune, the motivating stimulus being the need to save money rather than to rationalise and, ultimately, improve the health services which, though created without much planning, had at least the virtue of some stability, but are now foundering for lack of coherent policy. Dr. O'Hanlon claims to have a plan, but we have yet to see it. He talks of committees, units, commissions, and councils which seasoned sceptics will see as little more than ploys to give the appearance of action when, in fact, nothing is being done. After all, if he was able so effectively to dismantle the hospital services in one year, he should be able to implement an overall strategy for the health services if such exists.

Politics cannot and should not be taken out of health, but politics must be distanced from health care planning so that politicians may no longer trade votes for a hospital here or a new wing there. The implementation of policy by one government followed by its reversal and dismantling by the next has bedevilled the development of health services in this country. Health care needs long-term planning — at least fifteen years without interference. Why not turn the health services into a semi-state body and run this multi-million pound business as a business should be run, with state involvement but at a remove? This would permit the recruitment of properly trained senior administrators who must be paid an adequate stipend for their skill and expertise, and the considerable responsibility which would be vested in them.

Prevention is on everyone's lips, not least the Minister's. The argument goes: most diseases are preventable, so all that we need to do is educate the public, pass the responsibility from the doctors to the members of the community for their health and the services we have could then be given over to the care of the aged and chronically ill. All of which is fine in theory and might even work. But let us not forget that if prevention is successful there are going to be a lot of chronically ill and aged people in need of such services.

Then, there is the question of management. Who is managing the health services? Is it the Department of Health or the Department of Finance? There are calls from the Minister, among others, for doctors to become conversant with managing and budgeting strategies and to participate in the

running of the health services, but is he aware of the cold hand of bureaucracy in the state-run hospitals which distances the doctor from management rather than involving him in it? One contributor questions the wisdom of dismantling the voluntary hospital form of administration, and another calls for the use of volunteers in the hospital services to maintain the standard of those services, and yet we are witnessing the disappearance of the voluntary hospital system. Surely, profitable discussion could take place on this topic.

Private medicine is part of the Irish health system, whether one likes it or not, and any conflict with socialist ideology is irrelevant. The reality is that over a million people prefer to insure privately than rely on the public health services. Up until now, there has been a delicate, but equitable balance between private and public care and more than one contributor calls for more effective symbiosis between the two. What worries many doctors, and Dr. O'Hanlon should be among them, is that as the public sector is down-graded, patients who would not have chosen to insure privately, or who can scarcely afford to do so, are driven into the private sector. There are now good reasons to fear that Dr. O'Hanlon has not just upset the balance between the two sectors but that he has jumped on the

scales with all his might and established a two-tier system of health care which neither the profession nor the public wants. Does government see this as one way of reducing expenditure in the public sector? It is to be hoped not.

Both the Minister for Health and the profession should find ample stimulus for thought in these pages of the *Irish Medical Journal*, and it is to be hoped also that many of the recommendations will merit careful consideration in planning the health services. It is now time for Dr. O'Hanlon to involve the profession in discussion for the long-term planning of the health service. He would do well to note the reiterative call for *long-term planning*. If he does not, he will be judged as the Minister who destroyed an effective, albeit imperfect health system. These essays, though critical of much that he has done should nonetheless, leave him in no doubt that the medical profession which has, after all, to work the system, is ready to give its considerable expertise and energies in assisting him in the difficult yet challenging task of providing care for the often forgotten patient who, when all is said and done, is the reason why he, his Department, all the health service personnel, and we the doctors exist.

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Dr. Steevens' Hospital. Founded 1733. Closed 1987.

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