

## PART I.—HEALTH PROPOSALS.

9. The Committee will report first on the proposals of the Government concerning health services. These are :—

- (1) To provide at the inception of the scheme—
  - (a) A universal general practitioner service free to all members of the community requiring medical attention.
  - (b) Free hospital or sanatorium treatment for all.
  - (c) Free mental hospital care and treatment for the mentally afflicted.
  - (d) Free medicines.
  - (e) Free maternity treatment, including the cost of maintenance in a maternity home.
- (2) To provide later, “when the organization and finances are available,” the following additional services—
  - (a) Anaesthetic.
  - (b) Laboratory and radiology.
  - (c) Specialist and consultant.
  - (d) Massage and physio-therapy.
  - (e) Transport service to and from hospital.
  - (f) Dental benefit.
  - (g) Optical benefit.
- (3) To institute a free home nursing and domestic help service “when the necessary staff has been trained to make such a proposal practicable.”
- (4) To embark upon an extended education campaign for the promotion of health and the prevention of disease.

10. For the purposes of convenience, we shall report upon each of these suggestions in turn. Before doing so, we desire to acknowledge our indebtedness to the Preliminary Investigation Committee on Health appointed by the Minister of Health (the Hon. P. Fraser) in July, 1936. We have had full access to the evidence tendered to that Committee and have carefully examined its report and recommendations. We see no reason for departing radically from its conclusions, although in certain respects we vary its recommendations. We have had the additional advantage of having available from some organizations fuller evidence than was submitted to the Preliminary Committee.

## GENERAL PRACTITIONER SERVICE.

(a) “A UNIVERSAL GENERAL PRACTITIONER SERVICE FREE TO ALL MEMBERS OF THE COMMUNITY REQUIRING MEDICAL ATTENTION.”

11. This proposal met with opposition from the representatives of the New Zealand Branch of the British Medical Association. The objections of the association were mainly based on the following grounds :—

“(i) That there is no need for a universal service while many people are able to pay for their own doctor and will prefer to do so.”

We consider, however, that few people can with certainty claim that they will always be able to pay for their own medical services. Even if they could establish their claim, this is no more an argument against a universal service than is the suggestion that because a man can afford to pay for his child's schooling, education should not be freely available to all. This, indeed, is not a purely medical question. Sir Henry Brackenbury, LL.D., M.R.C.S., in an address on “State Insurance in Relation to Health” (reported in the Supplement to the *British Medical Journal*, 23rd May, 1931), states :—

“I do claim, however, that the securing of early and adequate medical attendance and ancillary services for all classes of the population is an extremely desirable and valuable thing for any nation, and that the most satisfactory method of securing this is by a compulsory insurance scheme.”

Further, Sir Henry Brackenbury in “The Essentials of a National Medical Service,” says :—

“Should the service be provided for everybody in the country, regardless of social status and need, or should it be confined to those persons who are unable to obtain the particular attention that they require in any other way? That, if you ask me to analyse it fundamentally, is not purely, perhaps not predominantly, a medical question. *It is a question for the social reformer.* It is obviously not a matter merely for medical decision or opinion as to whether a certain class of person shall be provided for, or whether, in establishing a national medical service, given the essentials already named, everybody shall be included.”