

14. We believe that the medical scheme should develop along the lines of our education system—be freely available to all whatever their rank, station, or income. If there are people in the community who prefer to make other arrangements for themselves—as there are in the educational world—they are entirely free to do so.

15. We recommend that every person in the Dominion who is not a tourist or other temporary visitor to the Dominion shall be entitled to the medical services that will be from time to time instituted by the State.

16. The range of service we contemplate is a proper and necessary medical service other than that involving the application of special skill and experience of a degree or kind which general practitioners as a class cannot reasonably be expected to possess.

17. We suggest that regulations should be made to cover such items as the following :—

- (1) The preparation and publication of lists of names of medical practitioners who have agreed to attend and treat persons under the Act.
- (2) The right on the part of any medical practitioner who is desirous of being included in any such list to be so included.
- (3) Except as regards children under sixteen (whose doctor should be chosen by the parents), inmates of institutions and other prescribed classes where it is impracticable to give a free choice of doctor, the right of any person resident in the Dominion to select at such times as may be prescribed by regulations one from the list of medical practitioners by whom he wishes to be attended and treated, and, subject to the consent of the practitioners so selected, of being attended and treated by him.
- (4) Provision for attachment to practitioner's list of persons who have not signified the doctor of their choice.

18. In regard to certain areas or in regard to particular classes of persons resident in certain areas, the foregoing general arrangements may not be suitable. We suggest that where the Minister is, after inquiry, satisfied that this is the case, he should be empowered to make such other arrangements as he considers desirable and practical having regard to the funds appropriated for that purpose.

HOSPITAL AND SANATORIUM TREATMENT.

(b) FREE HOSPITAL OR SANATORIUM TREATMENT FOR ALL.

19. This benefit is intended to comprise full relief from personal liability in respect of hospital care received in or at public hospitals and sanatoria in addition to partial relief from personal liability for care received in private hospitals.

20. Hospital care for the purpose of the benefit should be defined as such care requiring nursing and medical or surgical attendance, treatment, or oversight of a character that cannot efficiently and economically or in the public interests be provided elsewhere than in a hospital. It should include maintenance in hospital.

21. Those eligible for the benefit should include persons admitted to hospital or similar institutions for treatment, isolation, examination, observation, or medical restraint.

22. A uniform rate of payment from the Social Security Fund of 6s. per day per occupied bed is proposed, and, in respect of treatment in public hospitals, Hospital Boards would be required to accept this in full satisfaction of the cost of care given.

23. This proposal met with very general approval. The amount suggested will mean an aggregate saving to the contributory local authorities of Hospital Boards of £200,000 and a similar amount to the Consolidated Fund annually. The estimated average amount of in-patient fees collected from individuals at the present time for an occupied bed in a public hospital or a sanatorium is £48 2s. annually, or 2s. 8d. per day. The proposal of the Government will mean a payment of £109 10s. annually. While it is appreciated that some hospitals have been more fortunate than others in the collection of fees and have succeeded, in some cases, in obtaining an amount almost as great as that offered by the Government, the vast majority of hospitals will receive a substantial benefit from this proposal. The Boards will also receive about £40,000 additional in respect of maternity services.

24. The suggestion has been made that the increased payments on account of occupied beds will be largely cancelled out through the need for an increased building programme.

25. We would, however, emphasize that on present evidence this programme of building would have to be gone on with apart altogether from any health scheme of the Government. During the depression years hospital building was almost at a standstill, and the result is that to-day there is a desperate need in some institutions for additional accommodation. It is only confusing the issue to suggest that this increased capital cost will cancel out the benefits received through the extra payment per occupied bed. The real position is that those hospitals which are embarking upon any extensive building programme would be infinitely worse off were they to receive on the average 2s. 8d. per day than they are if they receive 6s.

26. It is not proposed that hospital benefit shall be available to relieve liability for hospital expenses in any case where a third party is liable for reimbursement of cost of treatment—for example, certain accident cases.

27. The question that may involve some Hospital Boards after the general practitioner service has been established is that medical men who gave their services in an honorary capacity in the past may now expect to receive payment for those services. It is interesting to note that some of our public hospitals have already, with advantage, adopted the system of paying for medical services rendered, but in most cases this is done by making no provision for a visiting staff. Assuming, however, that it is deemed wise to continue the practice of permitting selected medical men to visit a hospital, the amount that they receive should bear some relation to the time spent in and the work done in the institution.