

## MENTAL HOSPITALS.

### (c) FREE MENTAL HOSPITAL CARE AND TREATMENT FOR THE MENTALLY AFFLICTED.

**28.** While no direct evidence was offered to the Committee on this matter, the report of the Mental Hospitals Department for the year ended 31st March, 1938, shows that during that year the estates of inmates of hospitals and the relatives of inmates were called upon to pay the sum of £155,700. The Committee feels that the proposal of the Government to make the cost of mental-hospital patients a charge on the whole community is one that will meet with general approval.

**29.** We therefore recommend that in future no charge for the care and treatment ordinarily given in a public mental hospital should be made against a patient's relatives or his estate.

## MEDICINE.

### (d) FREE MEDICINE.

**30.** The practice of providing free medicines and certain appliances has prevailed for many years in connection with the friendly-society movement. The proposal of the Government is to provide free medicines on the prescription of a doctor and such other appliances or materials as may be defined by regulation.

**31.** The Committee feels that there is no great difficulty in auguring a proposal of this kind, and evidence was given that the pharmaceutical association will co-operate with the Government along this line.

**32.** The Bureau of Industry has already been formulating a plan for the better co-ordination of the work of chemists in the Dominion, and the Committee feels that the proposals that have already been tentatively adopted by the chemists themselves will provide a ready means for evolving a plan for providing the necessary drugs, sera, and appliances to ensure the adequate treatment of patients and the prevention of disease.

**33.** The Minister should be empowered to make arrangements for the supply of proper and sufficient drugs and medicines and prescribed appliances to persons resident in the Dominion. These articles will be provided free through chemists and persons who have signified their desire to participate in the scheme and on the prescription of a medical practitioner.

**34.** Provision similar to those in respect of medical practitioners as regards the preparation and publication of lists of persons who have agreed to supply drugs, &c., will be necessary, and any person entitled by law to supply drugs and medicines will have the right to be included in such lists except in cases where the Minister decides that the inclusion or continuance of a person would be prejudicial to the service.

**35.** In cases where adequate arrangements along the lines indicated above cannot be made the Minister should be empowered to make such arrangements as he thinks fit.

## MATERNITY SERVICES.

### (e) FREE MATERNITY TREATMENT, INCLUDING THE COST OF MAINTENANCE IN MATERNITY HOME.

**36.** The proposal of the Government to provide a free maternity service either in a private home or a maternity hospital would appear to meet the desires of the majority of those interested in this question. The representatives of the B.M.A., while not finally committing themselves on this matter, appear to recognize that the proposals are, in this respect, reasonable and fair.

**37.** We recommend that legislation be drafted along the following lines:—

The Minister should be empowered to make, subject to regulations, arrangements with medical practitioners, private hospitals, registered midwives, registered maternity nurses, or Hospital Boards by which payments will be made out of moneys appropriated for the purpose in respect of—

- (1) Ante-natal supervision, attendance at confinement and post-natal care by a medical practitioner.
- (2) Nursing care and maintenance in a maternity hospital.
- (3) Attendance of a midwife or maternity nurse where the patient is confined elsewhere than in a maternity hospital.

Regulations may provide that payments for attendance and other services shall be made directly to the person or institution rendering the service.

## SUPPLEMENTARY SERVICES.

**38.** We make the following recommendations concerning the services which the Government indicated it did not propose to make available at the inception of the scheme, but to add from time to time "when the organization and finances are available."

### (a) ANÆSTHETIC.

**39.** Inasmuch as it is more than probable that a medical practitioner who is called upon to administer an anæsthetic will be doing so to other than his insured patients, it appears equitable that an additional sum should be provided for this service. The amount of the payment to be fixed by the Minister should take into account the recommendations of the British Medical Association and the officers of his Department.