Because of a long-planned holiday, I missed not just one, but two elections in April—so this is a tale of two elections, viewed from a distance, but not without interest.

For the national election, it would be more accurate to say that what I missed was the last frantic week and polling day itself—for the confrontational atmosphere had already been with us for months, rekindling my long-held doubts about the value to the country of our adversarial system, in politics as in law. We are amused, in the company of Samuel Pickwick and Sam Weller, by last century’s Eatanswill election, with its washed babies for kissing, and its drums for impairing the speeches of opponents. But are we so much better? The bribery in those days was overt, and limited in amount by local resources. Since then, two discoveries have been made. The first was that people could be bribed with their own money; the second—reserved till these last days—that they could be bribed with borrowed money.

Of the actual result of the election, one need only say that it produced a clear but modest Conservative majority, recalling perhaps the opinion attributed to Francis Pym in 1983 that a large majority was a dangerous thing—a view which, expressed just before an election, seems to have won him a place in the ‘Wets’ Corner’ of the House of Lords. I am more concerned with the interpretation which has been placed on this result, that it constitutes a national mandate for the ‘reforms’ in the NHS. Unlike referenda, general elections—as indeed their name implies—are concerned with many issues. The NHS was certainly prominent in the early stages of the campaign, but was later supplanted by concern about personal taxation—there seems to be some electoral variant of Gresham’s law, by which self-interest drives out altruism. So I believe it is still reasonable to consider the reforms not as a fait accompli, but on what may be generously termed their merits.

I have perhaps written enough (or even too much) on the lack of appropriateness of a contract-based ‘internal market’ to the provision of health care [1]. By separating ‘purchasers’ and ‘providers’, it obscures their common interest and emphasises their (less important) differences. But the effects on those employed in the NHS, whether managers or health professionals, are in the end less important than the effects on patients. So let me ask the pragmatic question, ‘Who benefits, and who loses?’

My imagination does not stretch to discovering any group of patients who will actually benefit from the reforms; but I think I can identify two groups, at opposite ends of the social scale, who will not be greatly disadvantaged by them. If I may personify them by way of illustration, they are represented on the one hand by Sir Jasper Moneybags, Captain of Industry, who will continue to enjoy what he sees as the benefits of private medicine; and at the other extreme by Eliza’s father, Mr Doolittle, who retains his access to family doctor and to hospital, agencies which can palliate, even if they cannot prevent, the health disadvantages intrinsic to his station. The losers, just as before 1948, will be the middle classes, including the decent poor, who will be disadvantaged by the diversion of scarce resources to inappropriate software, to the aficionados of that arcane pseudo-science known as health informatics, and to the making and supervision of contracts. No doubt extra resources will be provided, and credit claimed on that account; but they will not filter through the morass of administration to actual prevention or cure.

There is of course no point in being either bitter or pessimistic on these matters. Medicine advances, our basic dedication to patients remains; and it may even be that as our health expenditure per head comes closer to that with which the citizens of the USA are saddled, there could be some political rethinking on the merits of such a model.

Meanwhile, there has been another election, for which I also had an alibi, that of our President. I will not comment on the particular result, other than to recall my own experience of the immense loyalty which the College very rapidly shows to its President these days, in contrast to the annual tussles between Moran and Horder; and to mention that some years ago Leslie Turnberg and I were colleagues on the unit of the first Mancunian PRCP, Robert Platt.

On general issues of the election procedure, I would like to make partial confession. I was not in favour of a nomination procedure when it was discussed ten years ago; but I now recognise it as advantageous in clarifying ‘the field’. And it has not greatly altered the electoral procedure itself, which remains a test of character for candidates, and a source of interest for others. What would of course alter the election procedure radically would be the introduction of a postal vote, with or without one of the variants of ‘proportional representation’. I am sufficient of a conservative to

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remain opposed to a postal vote in any form. On the other hand, I supported in Comitia the delay of three months before a new President actually takes office—that too may owe something to my experience of attending, for the first time, a meeting of the Joint Consultants Committee, the day after my election, when I still held the post of Chief Scientist in the DHSS. My first lesson in flexibility?

Reference
1 Black D. Paying for health. J Med Ethics 1991;17:117–23.