

1939 the amount spent on old age pensions in this State was £3,300,000 as compared with £49 millions in Great Britain and Northern Ireland. Irish pensions are 2·0 per cent. of national income and 12·2 per cent. of taxable income as compared with the British percentage of 1·1 per cent. and 3·3 per cent. respectively. This State spends nearly twice as much on persons who are past their work as on persons "able and willing to work but unable to find suitable employment".

5. NATIONAL HEALTH INSURANCE.

By R. Ó BROLCHAIN, B.A.

The Irish National Health Insurance is a statutory compulsory insurance scheme covering all clerical workers whose rate of remuneration does not exceed £250 per annum, and all manual labourers, irrespective of remuneration.

The scheme is financed by a weekly contribution from the insured persons and from their employers, by a State grant of two-ninths of the expenditure on benefits and administration, and by interest income from reserves. The weekly contribution is 8d. (men) and 7d. (women), payable for each week or part of a week of employment. Of this amount the employer pays 4d. per week and the employee pays the balance—4d. (men) and 3d. (women).

The cash benefits payable consist of

Sickness benefit—15s. per week (men) and 12s. per week (women), payable during incapacity for work due to bodily or mental disablement. This rate is payable, subject to certain qualifying conditions, for the first 26 weeks of linked incapacity. Thereafter the benefit payable is

Disablement benefit, consisting of weekly payments of 7s. 6d. for both men and women alike. This benefit is payable as long as incapacity continues.

Maternity benefit is payable to any insured women or to the wife of any insured man on confinement. The amount of the benefit is £2.

Marriage benefit is payable to an insured woman on marriage, the amount of the benefit varying between 30s. and £3.

In addition to these cash benefits, the Society last year introduced, under special legislative sanction, without any increase in cost to employers or workers, a scheme of Additional Treatment Benefits, consisting of provision for the payment of the following treatments:

Dental Benefit. The full cost of all treatment dentistry and half the cost of dentures.

Hospital and Convalescent Home Benefit. Consisting of payments to Hospitals and Convalescent Homes so as to secure full benefits therein for members for a period not exceeding eight weeks (hospital) and two weeks (convalescent home).

Medical and Surgical Appliances. A contribution of approximately two-thirds of the cost of recognised appliances.

Optical Benefit. The provision of examination of the eyes by ophthalmic surgeons and a contribution of 10s. 6d. towards the cost of glasses.

Specialist, Medical and Surgical Treatment. The payment of the cost of certain electrical and therapeutic treatments, e.g., x-ray, ultra-violet radiation, diathermy, etc.

It is necessary, in any consideration of the National Health Insurance scheme, to bear in mind a number of important factors.

- (a) It was established initially to relieve the excessive demands on the Poor Law, following the report of the famous Poor Law Commission of 1909.
- (b) The basic Act which governs health insurance is an English Act, passed for both England and Ireland in 1911.
- (c) In its application to Ireland, the Act was robbed of an essential feature—the provision of free medical treatment for insured persons.
- (d) The scheme is based on the principle that every insured person (with a slight difference as between men and women) pays the same weekly contribution and receives the same weekly benefit, irrespective of earnings.
- (e) No benefit is payable during incapacity coming under the provisions of the Workmen's Compensation Act, the Employer's Liability Acts, or the Common Law.
- (f) No allowance was made for the predominance of agricultural employment in Ireland as compared with industrial employment in England.

It is interesting to note the differences between the development of the National Health Insurance in this country and in England.

- (a) A radical departure from the British system was made here in 1933, when provision was made for the unification of the 65 different societies transacting health insurance. This unification put health insurance under the control of one society—the National Health Insurance Society.
- (b) A further radical departure from the British practice was the natural sequel of unification—and was introduced last year. It consists of the abandonment of the capital accumulation financial system which involved the accumulation of very large reserves. This system was replaced by an assessment basis. On the new basis existing reserves are kept intact, but the annual allocation of surplus income to reserve is reduced, and the money released for extra benefits.
- (c) The third radical departure followed on the releasing of these reserves, and resulted in the introduction of the additional treatment benefits described at the beginning of the paper and making these available to about 75 per cent. of the insured persons.

Such is the existing scheme of health insurance. What of its future—its development, its aims and objects.

The main points of criticism concern the flat rate of contribution and of benefit, the absence of a scheme of direct medical treatment, the lack of a national compulsory scheme of Workmen's Compensation Insurance, the lack of co-ordination of the social insurance services, the omission of provision for dependants, and the investment of reserves solely in gilt-edged securities, to the exclusion of public social welfare works, e.g., hospitals, etc.

These points may be taken in turn as being the basis that would be proposed for a properly planned health insurance for this country.

Rate of Contribution and Benefits.

The payment of a weekly cash benefit during incapacity for work owing to illness can have only one object—that is, to replace the earnings which the insured person has lost through incapacity. To the unskilled worker, earning 25s. or 30s. a week, a weekly cash benefit of 15s. may be of some assistance: it is of little or no use to the highly skilled operative earning £5 or more per week. To offer such a rate of benefit to so highly skilled a worker is to offer social assistance, not social insurance.

Until both the weekly rate of contribution and the weekly rate of benefit are made proportionate to wages, our scheme is not an insurance scheme in the proper sense. This principle is applied in practically every country in Europe and has been advocated by all leading social insurance experts, particularly those in the International Labour Office.

Medical Treatment.

It is almost incredible that a system of health insurance providing payment during illness should be established which made no provision for curing or preventing illness. It would be difficult to find an example so apt where both prevention and cure would repay not only the effort but the expenditure. Yet the health insurance scheme, established in Ireland in 1911 and still operating to-day, made, up to last year, no provision whatever for normal medical attendance or treatment. This most unusual procedure was mainly due to the existence in Ireland of the Dispensary Medical Service, created under the Medical Charities Acts and the Poor Law and Public Assistance Acts. The dispensary system is based entirely on the principle of supplying medical service to the poor and recourse to it involves a means test, either actually or implicitly.

So as to operate a system of insurance for working people against the hazards of ill-health, no matter what the cause—it is obvious that not only must wages lost be made good but the health must also, in so far as is possible, be made good. The sick person must be cured as rapidly as possible, both for the social good of himself, his family and the community, and for the material good of his employer and the insurance funds on which he is a financial burden. In addition to this, it is in the interest of all, but especially so of the insurance organisation, to ensure that all measures possible are taken to prevent illness. This implies the treatment of persons disabled by illness, the prevention of accidents and epidemic diseases, the maintenance of a high standard of hygiene and sanitation in industry and in private life and the active organisation of public health propaganda. But it also implies an organisation of medical attention far beyond that reached in this country to-day. It implies an active link between the general practitioner and specialist and hospital, between insurance, public health and general medical services. It would take more than the short limits of this paper to describe such a scheme in detail—but as a basis for discussion it is suggested that there does not appear to be any reason why medical services should not be zoned, so that all persons attending general practitioners in any given area would all be referred, where specialist consultation is considered necessary, to one clinic for the area, in which would be centred specialists for each of the various categories of illness. A number of these clinics would then feed in turn to one general hospital. A number of these general

hospitals would, in turn, where necessary, pass on their patients to specialist hospitals and sanatoria.

The Society has made the first step towards providing treatment in the additional benefit scheme introduced last year, but a vast field has yet to be covered before adequate facilities will be available for a full scheme of treatment.

Workmen's Compensation.

If an employed person is incapable of work, due to bodily or mental disablement, it is of little use to argue as to the origin of that disablement—whether it was due to employment or not. The two main objects should be to rehabilitate the employee as soon as possible and to indemnify him for his loss of wages. If the incapacity is due to an accident “ arising out of, and in the course of, his employment ” there is a distinct possibility that neither of these objects will be achieved. This is especially so in regard to employers who are not insured. But even if the employer is insured, then the object of the insurance company will be to terminate the claim as soon as possible and this it will endeavour to do by the offer of tempting lump-sum settlements to a man who is in a weak bargaining position. A compulsory national scheme of workmen's compensation is an urgent necessity if proper social justice is to be maintained. Such a scheme should be similar in every aspect, both as to cash and treatment benefits, with the normal health insurance scheme.

Co-ordination.

It is regrettable that even with the modified social insurances which are available in this country, greater attention was not given to an effort for their co-ordination. One measure of co-ordination has been attained—in the unification of health insurance societies. But at that stage the co-ordination stopped.

Health insurance is mainly administered by the Unified Society. Unemployment insurance and assistance is administered by the Department of Industry and Commerce. The widows' and orphans' scheme is administered by the Department of Local Government and Public Health. The Revenue Commissioners control the special investigators used for the purposes of the means test under the unemployment assistance and non-contributory widows' and orphans' pensions. The county managers control the home assistance officials. The Post Office sells stamps under the unemployment, national health and widows' and orphans' schemes. Workmen's compensation is operated, if at all, by private insurance companies. Health benefits are paid by cheque; widows', orphans' and old age pensions through the Post Office, and unemployment benefit and assistance through the labour exchanges. Inspection of factories is partly under the supervision of the Department of Industry and Commerce and partly under the county medical officers of health.

There does not appear to be any adequate reason why each town should not have all of the national and county services grouped in one building or block of buildings, so that each service could pool their overhead charges and their resources of personnel and information. This is a minor co-ordination which is required immediately, but a more extensive co-ordination is required which would link all of these services to one another and to ancillary services such as the schools,

medical services, the tuberculosis prevention services, the maternal and child welfare services, and the many other duties and services which are the obligation and the care of so many and such varied local and national bodies.

Dependants.

In the development of health insurance full cognisance must be taken of the fact that however grievous it may be for the insured to fall ill, it may be an even greater distress and expense to them to have to deal with illness of a dependant. The insured should be insured, not only for the risk he himself undergoes, but for "third-party risk". The only expense to which an insured employee would be put in such cases is the expense of medicine, nursing, and medical attendance—apart from the question of funeral expenses. It should be part of any scheme which aims at giving him indemnity against the loss due to bodily or mental disablement, to provide full cover both for the insured and dependants.

Investment of Reserves.

Just as it appears amazing that a health insurance scheme should be established without any medical service, so also does it seem amazing that a health insurance scheme should not invest a large part of its reserves in better housing, in welfare clinics, in the establishment of hospitals, and in other long-term capital investments.

The proposals which have been outlined above could, in the main, be put into force with little or no delay. They are, in reality, a short-term plan, not dealing with a number of aspects which would develop with the change of modern methods and ideas. I trust that we may soon see them or similar proposals reach fruition.

6. IRISH MEDICAL SERVICES.

By CATHERINE O'BRIEN, M.B.

The Draft Interim Report of the Medical Planning Commission of the British Medical Association defines the objects of medical service as—firstly to provide a system of medical service directed towards the achievement of positive health, of the prevention of disease and the relief of sickness; secondly to render available to every individual all necessary medical services, both general and specialist, and both domiciliary and institutional. This is the definition adopted in the Beveridge Plan.

The Journal of the Medical Association of Éire in a recent issue which contains quotations from the Official Abstract, "The Beveridge Report in Brief", says:—

"Some enthusiastic persons are already asking that a scheme drawn up on the lines of Sir William Beveridge's should be applied to this country regardless of the difference of social customs, of public services and of finances which characterises the two countries. We have suffered much in the past from following too closely social systems which existed elsewhere. Our Poor Law system was taken lock, stock and barrel from the already obsolescent English system and planted in a soil which was alien to it and in which it has only recently, when much modified, been of real service. We would like to see the spirit which inspires it alive and active here."