

# Chapter 15

## UNIVERSAL HEALTH CARE

Today, the appalling lack of health care throughout most of the Third World, and the poorer parts of the First World, continues to cause the decimation of shamefully high proportions of humanity. In particular, it results in the extinguishing of young lives, even before their potentials have had the faintest chance of developing. Average First World expenditures on health amount to 100 times that in the Third World. The US figure approaches 500 times greater. Most Third World citizens never so much as see any medically qualified person throughout their entire lifetimes; by contrast, some First World individuals benefit from the undivided attention of whole teams of surgeons, anaesthetists, and nurses during lengthy transplant operations. 15 million helpless infants suffer agonising deaths yearly, or 40,000 every single day, from almost totally preventable diseases. These, with their approximate annual numbers of resulting fatalities, include diarrhoea - 5m, tuberculosis - 3m, measles - 2m, malaria - 1m, tetanus - 1m, whooping cough - 600,000, polio - 50,000. The World Health Organisation has estimated that mass immunisation campaigns would virtually eliminate all the killer diseases - at the trivial cost of around \$2 per child. The failure to quench the greed of the multinationals, selling powdered milk baby foods to the Third World, continues to cause 25 times more infants dying than those that are breast-fed.

### Alternative World health

Health has been defined as being not merely an absence of illness, infirmity, anxiety and helplessness, but rather a state of complete physical, mental and societal well-being.

Alternative World would make a reality of that definition, by making every required resource available - just as for education. The saying 'Money no object' would take on a real new meaning, since there would be no money - and therefore no shortage of it - to be an objection. The world would be freed from today's gargantuan wastes of manpower, steel, cement, aluminium and innumerable other valuable resources currently squandered on armaments, and other examples of profligate wastefulness of the money system. Thus, the whole of mankind could build schools, universities, health centres and hospitals, with all their ancillary laboratories, operating theatres, dispensaries and so on, and still leave resources to spare.

Within those laboratories, Alternative World would promote the fullest programmes of research to develop both ameliorative treatments and total cures for all the various diseases which currently plague mankind.

In keeping with the vast deployment of all the necessary physical resources in the health field, Alternative World would take immediate steps to make commensurate global increases in the numbers of medical personnel. The eventual grand total of health workers of all kinds would, as with teachers, simply reflect the uninhibited demand for their services.

Since training human minds absorbs trivial amounts of resources besides other human minds to instruct them, it would be absurd to compromise successful health care because of any shortages of doctors, nurses, surgeons, laboratory technicians or others.

Further, as again with teaching, successful treatments often demand more individual attention than is commonly available today, even in the First World. Also, medical work is often very demanding, and the resulting desirability of reasonably short duty periods would further increase the needs for personnel. Medical training schools

would be established urgently, but, even with tremendous efforts, a decade or more would inevitably pass before anything approaching adequate numbers became available globally. During this period, all possible steps would be taken to assist already qualified and willing medical personnel to help in establishing health services in what had been the Third World.

Universal health care in Alternative World would be built on two equally important foundations. First, the physical. This would include good housing, served by pure water supplies and efficient drainage systems; adequate food and clothing; air and soil free of pollution. Second, the psychological. *This would include self-confidence, based on an awareness of the equal value of every individual; a real sense of involvement with society; control of one's destiny without frustrations and uncertainties; freedom from worries about money and unemployment; enjoyment of pleasant environments, which would promote relaxation through cultural activities and leisure generally.* Both these vital foundations would be profoundly important for creating favourable conditions for healthy minds and bodies; they would immediately result in dramatic reductions in the present catastrophic global toll of deaths, and of both mental and physical illnesses.

Organisation of health care would be undertaken at two distinct levels: local health centres and regional or district hospitals. Health centres would be sited for ease of accessibility by population groups ranging from around 2,000 to perhaps 5,000, according to circumstances. They would contain facilities for doctors' consultations, and clinics of all kinds, an operating theatre, X-ray room, a dispensary, and living accommodation for at least one doctor and one nurse. The first function of these health centres would be preventive medicine. This would be exercised by obligatory physical examinations at regular intervals, involving scans and other checks known to be rewarding in terms of early diagnosis. Preventive advice in various forms would also be given on many aspects of health maintenance including, for example, first aid, exercise, child care and the like. The second health centre function would be to provide as many medical, dental and minor surgical treatment services as possible to save citizens having to go into hospital.

In keeping with Alternative World's aims of equality and fair sharing of resources, hospitals would be kept to reasonable sizes and dispersed as evenly as possible, both to facilitate access by relatives and to minimise emergency ambulance journeys.

The aim would be to achieve broadly equal standards of excellence, rather than some, often remote, hospitals becoming outstanding in particular fields. The role of hospitals would be limited to those tasks beyond the capacities of the health centres, involving more sophisticated equipment and in-patient care. All hospitals would be built and equipped to the highest standards, and would always have more than enough beds and staff for the needs of their catchment areas, so admissions would never be a problem. Doctors and nurses could be interchanged at times between hospitals and health centres, both to meet changing demands and to broaden experience. Since there would be no financial constraints, but only prudent resource-use considerations, hospital management could take the common-sense form of committees elected from those most concerned, namely doctors, surgeons and nurses. These management committees would be responsive both to current patients' suggestions, and to the local council of representatives in broader contexts.

In the interests of stabilising and eventually lowering world population, particular attention would be paid to family planning clinics at the health centres, where the responsibilities of men, too, for contraceptive measures would be emphasised. All sectors of populations would be catered for at health centres, but if priorities ever had to be allotted, they would go to women for pre- and post-natal care, and to young chil-

dren. Many problems dealt with by social services departments or citizens' advice bureaux today, would fade away with the abandonment of money. However, a need for counselling on a variety of subjects would always be likely to exist. Since unresolved worries often result in health problems, it would be logical for there to be an 'advice clinic' at each health centre where psychologists or other appropriate professionals would be available.

Alternative World would pay particular attention to the needs of disabled people of all ages; every opportunity would be taken to assist them to lead as normal lives as possible. In cases of disablement, or frailty due simply to old age involving people being confined to their homes, ample numbers of social workers would make frequent visits and would make arrangements for home help and provision of meals for as long as necessary.