The present position in Great Britain is set out in the following extracts from the Third Annual Report of the Minister of Pensions, issued in 1921 :—

MEDICAL APPEAL BOARDS.

Two separate and distinct rights of appeal were considered by the select Committee—viz., an appeal on the question of entitlement, and an appeal against the amount of pension awarded.

As regards the latter, the Select Committee recommended the constitution of what they termed Appeal Tribunals on Amount. For a number of reasons this recommendation was not considered to be practicable, but the principle of appeal was conceded for both officers and men, and was duly put into force in the form of Medical Appeal Boards. These Boards are quasi-judicial in character, and are composed of the Deputy Commissioner of Medical Services of the Region as Chairman, one specialist in the particular disease or disability, and one medical assessor. The duty of a Medical Appeal Board is to deal with applications based on dissatisfaction with the assessment of a previous Board, and their decision is binding for the currency of the award on both the Ministry and the pensioner unless the man's condition should become substantially worse, in which case there is suitable provision for review. The Board has power to confirm, raise, or lower an assessment in accordance with their opinion.

PENSIONS APPEAL TRIBUNAL.

The right of appeal on entitlement had already existed, a man whose application for pension had been refused on the ground that his disability was neither attributable to nor aggravated by service in the Great War having a right of appeal to a tribunal appointed by the Minister. Although the Minister accepted the decisions of that authority, there remained a suspicion that the tribunal was, after all, merely a branch of the Ministry, and as such was perhaps unwilling to reverse decisions arrived at by another branch of the same Department. Such a suspicion was, of course, groundless, but in the view of the Select Committee it was thought preferable that the independence of the tribunal should be established beyond question. The right of appeal was accordingly made statutory, and independent tribunals were set up under the Lord Chancellor (in Scotland under the Lord President of the Court of Session), their constitution, jurisdiction, and procedure being determined under the War Pensions (Administrative Provisions) Act, 1919. The members are appointed by the Lord Chancellor, or Lord President, and consist of one legal representative (who acts as chairman), a disabled officer or man (dependant upon whether an officer's or a man's case is under consideration), and a duly qualified medical practitioner. Decisions of the tribunal are final.

The right of appeal now exists in all cases where the Minister is unable to accept the death or disability as attributable to or aggravated by service in the late war (or, in the case of a claim by the widow of a man, that the fatal disease was contracted or commenced while on active service); or where it is held that the death or disability is due to serious negligence or misconduct; or where the disability, although admitted to be aggravated by service, is not certified as attributable thereto. The right extends to officers, nurses, men, and the widows and motherless children of officers and men. (Later it was extended to a parent or dependant).

It will be seen that the Appeal Board in Great Britain exactly corresponds in its constitution with our own War Pensions Board. We do not know what is the constitution of the Boards which deal with pensions in the first instance, but we understand they are local committees, and presumably of inferior composition and standing to the Appeal Board. Our War Pensions Board deals with thousands of cases, and in most cases without seeing the applicant, as is inevitable and obvious considering the magnitude of its work, and from its constitution the Board is well qualified to discharge judicial duties. Any appeal tribunal from such a body would necessarily require to be one of superior qualifications and authority, which could hardly be supplied short of the authority of a Supreme Court Judge. It is manifestly impracticable to give the right of appeal in cases where the Board exercises its discretion, and we think is uncalled for. This, however, is not the burning question. The crux of the matter is the right of appeal on the question of attributability, which question it is claimed should be a matter for judicial decision and not left to the final arbitrament of medical opinion in cases in which medical opinion differs. This shortly, though not comprehensively, sums up the position. The matter is of the greatest importance to the individual, to whom it may mean a matter of hundreds of pounds.

After full consideration of the matter, we are of opinion that the right of appeal to a tribunal of the highest authority should be given in certain cases. But to reduce the number to genuine appeals, and to prevent an avalanche of unmeritorious and frivolous appeals, it would be necessary to provide safeguards.