

that among our 20,000 general practitioners, for example, there need not be such a wide range of variation as your words may have suggested.

**Hill:** I want the number of persons who choose a particular doctor to determine his remuneration.

**Murray:** The patient is not really the person to judge this particular matter. I think that we can devise many better methods than that.

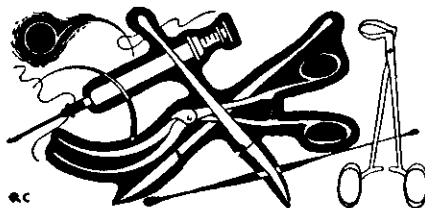
**Hill:** You think very little of the patient, don't you? I think patients are not always capable of judging what the letters mean, but they know the value of that human being to them. I would rather have their judgment, however imperfect, than the judgment of any committee or official at the town hall. I want them to decide.

**Murray:** I am not suggesting that the town hall should do this. I think that most of this assessment should be done by the doctor's own colleagues; that within the health centre we have all sorts of ways in which we can judge capacity and capabilities.

**Hill:** I want the patient to command the situation.

**Murray:** I want the patient and the doctor to agree together and to run this service in the best possible way. The doctor has to look after two or three thousand in some areas, and even a higher number of patients. What does the patient get? He gets a three-minute consultation after a two hours' wait in a waiting-room, and the doctor, of course, no matter how altruistic he may be, has got other allegiances. He is very often tied by the debts that he had to accrue to set up in practice.

**Hill:** As I understand it, your argument is that he is not my doctor because he is responsible for, say, three thousand and other persons. But that is nonsense. While he is treating me, he is my doctor, and I want the relationship to exist. And of course I expect him to be in a similar relationship with three thousand



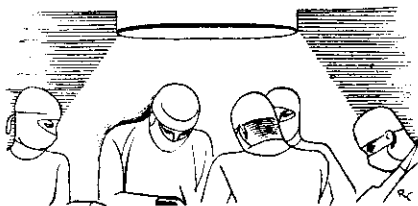
other persons. But I don't want him to be under the control of some employing body, whether it is the Government or the local authority.

**Murray:** So do I. I don't want his responsibility to be diluted by debt, diluted by allegiances to all sorts of people, to all sorts of things that have nothing to do with medicine. But speaking of loyalties, what is going to be the position if we still have private practice inside the new service?

**Hill:** There will be people who don't want to use this service; whatever their reasons are, there are some people who think that something they arrange for themselves and pay for themselves is better for them; who want, for one reason or another, to do things privately. Now if there are such people, I want them to have as good a service available to them as the people who use the service. I want them to be able to obtain the services of the people they want, the people they need, whether they are inside the service or not.

**Murray:** Yes. But every citizen is going to pay for the service, and I think it is too dangerous altogether to allow the possibility of the doctor carrying on two kinds of practice at one and the same time. You will get back to two standards of medical care.

**Hill:** In effect, you deny the private patient the right to the range of ser-



vice which you are seeking for those who decide to use the service. That is not fair.

**Murray:** No. I am not suggesting that at all, because this person can get the whole of the service free. He can get the very best and everything he requires without paying for it and without muddling up the doctor's relationship by paying for a part of the service or for paying one doctor and not another.

**Hill:** No one would deny that the State has enormous functions to-day in relation to housing and nutrition and the aiding of medical research and the organisation of medical services. The resources of the State should be made available; organisation should be made available, but whatever you do, don't attempt to build up your new health services by destroying an independent group, an independent profession, and bringing it into the Civil Service. That would be wrong. Let medicine be free to develop.

**Murray:** I think that we are going to be able to let the State do its proper job of providing the service and still give the individual doctor all the freedom, all the initiative, that he requires.

**Hill:** That is where we must agree to disagree. I don't believe that the State has yet learned how to conduct services of this kind wisely and sensibly and humanly. I would rather leave it with the individual group. Heaven forbid that the individual and his responsibilities and his capacities should be lost in all this business.

#### His English was Basic

ON the qui vive at their radios in distant Norway and Sweden several members of amateur listening clubs in those countries have picked up New Zealand short-wave broadcasts, and they have written to the NBS about it. The procedure with these long-distance listeners is to copy out part of a broadcast and send it back to the source for verification — no easy task when the broadcast is in another language. A Swedish listener who has written to the NBS, after faithfully recording a couple of sentences abruptly, winds up with, "Sorry, my English is break." No wonder it is "break" because it was a winter morning in his country when he had to wrestle with the language problem. He had caught the short-wave transmission given by ZLT 7 to the broadcast of New Zealand news over 2YC every evening.

—A.H.K.

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