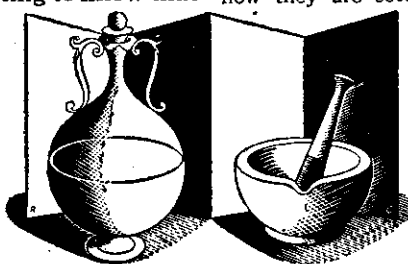


What Do You Think of Social Security?

THE wide scholarship, liberal philosophy, and administrative experience of Lord Beveridge in the field of social welfare, and the Report which was the fruit of that knowledge and experience, have made him one of the significant figures of our time. But in the practical operation of any system of social security, the opinions and attitudes of the rank-and-file who enjoy its benefits are themselves not without significance. Most New Zealanders have by now heard Lord Beveridge discuss his subject in the national broadcast which we reprinted in the last issue of "The Listener." This week we present the answers of a group of New Zealanders to the question, "What do you think of Social Security?" Beyond the fact that an attempt was made to include members of groups whose work brings them into close touch with the operation of the Act, it is not claimed that the cross-section is any more representative than cross-sections usually are.

MOTHER OF THREE

MY attitude, speaking as a mother of three children—four-and-a-half years, two-and-a-half years, and three-months-old—is one of modified rapture. It's a nice, safe feeling to know that the doctor's bill at the end of a confinement case will not hit very hard. But it seems to me that the old family general practitioner has ceased to exist; the G.P. becomes a specialist almost overnight and therefore sends in a specialist's bill. But for three guineas paid to a specialist you get three seven-and-sixpences back, so I am really very grateful. And then the psychological effect of delayed payment is good. I think, though, that a system less clumsy and more comprehensive could be evolved. There doesn't seem to be any standard rate of charges among the G.P.'s. Fees rise like the cost of living while Social Security payments stay put. I am one of the lucky ones, of course. I paid no maternity bills before Social Security and I can't help thinking how tough it must have been in our parents' day. But I've never known what it is to be without Social Security and perhaps I'm apt to carp where I shouldn't.

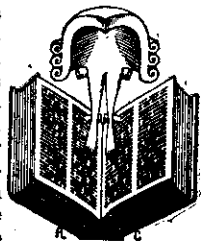


like. Some doctors who in the past attended to only 15 or 16 patients a day now deal with from 50 to 60. But there are not many New Zealand doctors over-prescribing; they tend to be more conservative. At first Social Security was a novelty. People rushed the doctors and chemists and over-dosed themselves; now they are settling down to a more reasonable attitude—not taking medicine simply as a hobby or a habit. The Government has been helpful in emphasising that prescribers should be careful in the amounts they order, allowing only one repeat instead of two. Chronic illness is catered for by an extended period, and special authority.

There are still the old die-hards who will have nothing to do with the scheme. They prefer to pay their way and be damned to Social Security. There are others who can well afford to pay but who demand free medicine because they contribute to the fund, or because they think taxation too high. But if the scheme is extended too far it will remove the spirit of independence. Generally we find the Government reasonably co-operative, but some chemists think the contract is all on the Government's side—that the Government will do just what it wants to do. I, personally, would never allow the Social Security side of my business to become the most important, because I would fear Government dictation. And if the Government cut down too far on the prices of medicine under the Social Security heading, I would carry on without them.

LAWYER

SOCIAL Security in New Zealand has gone far beyond its legitimate boundaries. It should be a crutch and not a staff. In its proper sphere it is not a fund on which healthy workers should rely or lean. It is not intended as a stimulus for the purpose of increasing the birth rate. It should be the State's aid to the needy and helpless.



CHEMIST

THIS is now part of New Zealand's social system and no Government would have the courage to take it away. It fills a long-felt want among the people in lower income groups. Before it came into operation many doctors ordered their patients proprietary medicines; but now that official medicines are free, these are being prescribed to a far greater extent. There are some doctors who feel that they are not always able to give the larger number of patients the time and consideration they would

SOCIAL WORKER

ONE thing Social Security has done is to remove the stigma of the old charitable aid. I remember a family in which the husband was laid low with illness. The wife, a competent woman who kept her house well, looked after him till he recovered, which took a long time. They spent all their savings. The wife then had to go on to charitable aid. She hated doing it partly because it offended her self-respect, and partly because it was so very inconvenient. It was a long way to the Charitable Aid Board's office from her home, and she had to carry her groceries back. Besides, the groceries were not sufficient according to modern ideas of diet. For example, there was no fruit for the children.

Social Security's a fine thing for young mothers. I have young relatives with babies, and they are very appreciative of what the system gives them.

They get not only free confinements, but regular skilled attention during pregnancy. And then there is the family allowance to help the household exchequer along. Of course the allowance should be wisely spent. It wasn't intended to be spent on buying cars or giving to the children for pocket money. But one difficulty remains. Social Security encourages couples to have children, but it doesn't provide for help when the mother falls ill. Many husbands are frantic when this happens, and they have small children thrown on their hands. Orphanages are being begged to take in children who are in this position, and they have to do it.

BUSINESSMAN IN HOSPITAL

I CONSIDER I have paid—and paid extravagantly—for every attention, medical and otherwise, I get here. I suppose, during the last eight or nine years I have contributed about £50 a year to the Social Security fund, and the little bit of free medicine and so on my wife and family have received would not amount in value to more than 30/-.

But it is problematical if a man on a smaller salary than mine would have put away as much as I have to meet an emergency such as these 10 weeks in hospital, and so to him it would be a great boon. Yet I must say that there is something in having paid all your medical bills in advance, as it were, for that's an aid in convalescence.

G.P.

MOST doctors would agree that some form of social security is necessary. In the old days many people were unable—or felt they were unable—to get the necessary doctor's advice. Even when a bill was heavily scaled down, as it often was, from the 10/6 basis, it would be a stiff hurdle. Some of the best types of people didn't like to go back to a doctor when they owed him money.

Now the doctor can't go below 7/6 a visit under the system, though he may charge the patient more outside the system. I charge a little more myself. I think, and a lot of doctors agree with me, that there should be a financial barrier, however slight, between doctor and patient. It helps to prevent the doctor from being exploited. But "barrier" isn't the most suitable word, for payment can also form a sympathetic link between the two. It makes the patient feel that the doctor is his particular doctor. This is one reason why many doctors, including myself, oppose a State medical service. But 7/6 a time works

out at more than the doctor would have got in the old days in the type of case I have mentioned.

Sickness benefits are very beneficial. Take this case of an invalided wage-earner. He gets an allowance and so does his wife. They have some savings. They can live without anxiety. They would have been completely "outed" under the old system, except for charitable aid. Then take a daughter going to work who is called on to stay at home to look after a sick parent. Formerly she would have brought nothing into the home, but now she can get an allowance to take the place of wages. Also a girl who is not mentally fit for a job but isn't bad enough to be sent to a mental hospital, is provided for.

Take confinements—for an inclusive charge, which is paid out of the fund, the mother is looked after by the doctor during pregnancy and confinement, and after confinement. She has to go to the doctor a certain number of times before the baby is born, or she doesn't qualify for the assistance. This method catches trouble in the early stages. When I started practice in the country, I might not see a prospective mother from the time she booked me till she went into hospital for her confinement.

Of course there are abuses; there must always be, in any system which depends in some degree on the integrity of the individual. I have known people falsify their symptoms or their financial position in order to obtain the benefits allowable under the scheme. Then there is the type that goes to the doctor because it can get something for nothing.

On the very day Social Security came in, a woman called on me with several children who looked the picture of health. She asked me to overhaul them, not because she thought anything was the matter with them, but because she wanted to take advantage of the new order.

Another, and perhaps more justifiable type, wishes to give her children cod-liver oil and malt and iron during the winter months; in the old days she bought these things, but now finds it cheaper to get a doctor's prescription for them; and the doctor's time is taken up in writing the necessary order. This is a difficult question, but it might be possible to make supplies of certain approved substances available to families without the necessity of having a medical prescription.

On the other side, it is known that there are doctors who take too many patients and think too much about fees; this may be called "farming" the system. But taking things by and large, I feel that the system is a blessing to the people of this Dominion, and I feel too that, with goodwill and patience the

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