



**HEALTH IN DANGER:  
THE CRISIS IN THE NATIONAL  
HEALTH SERVICE**

**D Widgery**

Macmillan 1979 £2.95

**THE POLITICAL ECONOMY OF  
HEALTH**

**L Doyal with I Pennell**

Pluto 1979 £4.95

David Widgery's *Health in Danger: The Crisis in the National Health Service* is a book well worth reading by any militant. Lesley Doyal and Imogen Pennell's *The Political Economy of Health* is a book (like Leeson and Gray's recent *Women and Medicine* Tavistock £3.95) to be studied. David Widgery gives an insider's account of what a left wing militant

doctor feels is wrong with the NHS. It is to be respected, taken note of, and even in a wry way enjoyed. He is a livery writer most of the time. Doyal and Pennell present a well written Marxist analysis. It marks the turning point in the study of health, illness and health care which brings together for the first time much collective thinking by the health workers, feminists, sociologists and economists on both sides of the Atlantic and in the third world. It does this in such a way as to provide, not ready answers but the kind of questions which have to be posed by the movement in democratic practice. In the same way as feminists have forced upon progressive men and less conscious women on the left the realisation that the struggle against oppressive personal relations is an essential part of the struggle for socialism, so Doyal and Pennell put Marxist theoretical teeth into Widgery's assertion that 'medicine is much too important to be left to doctors alone'. Even parties of the left tend to fall into the trap of leaving health policy to their medics to decide.

Widgery sets his analysis of and reaction to the cuts imposed by the Labour government on the way out in an historical context. This is unavoidably brief but also in its compression sometimes misleading, as in its ready acceptance of nineteenth century professional descriptions of quacks and its oversimplified dismissal of Beatrice Webb and admiration for Aneurin Be van. These are not mere academic quibbles; running through the book is a theme of somewhat demagogic populism which leads to a failure to analyse in class terms, and later on to the assumption that trade union leadership is always wrong and rank and file movements, or at least Rank and File movements always right. The amiable characteristics of Nye's refusal to use a leather armchair and to wear formal dress may be less significant than his unmentioned failure to follow the workers' control principles of his father's Tredegar Working Men's Medical Aid Society.

Even this, of course, was not a personal quirk but reflects both the class consciousness and the balance of class forces at the time. To avoid future similar mistakes requires analysis, not just posthumous praise or blame. Widgery's worm's eye view of the NHS as it is today is, however, more convincing and well presented. 'The Welfare State abutted with the Nuclear Family: anyone outside its comfortable prison was, by definition, a problem'. He is aware of masculine bias and criticises it, without somehow building it into his total understanding. Similarly his discussion of the hospital hierarchy, vivid as it is, fails to get to grips with the underlying reality of an



imperialist world. Like Thomas More criticising greedy landlords in his sixteenth century *Utopia*, Widgery seems to suggest that 'the intricate snobberies and subtle racial and sexual wars' are somehow accidental rather than an integral part of the system of capitalist control. Chapters on primary care, mental health, and drug industry and private practice are informative and lively but again at the level of radical criticism rather than revolutionary understanding. Exhortation to doctors to read *Spare Rib* has to be set against what seems to me a sexist description of 'well-off girls with petal pink complexions' as the top caste nurses, whereas male consultants are merely 'wealthy and white'. The least satisfactory chapter, however, is on health and trade unionism, where abuse of full time officials takes the place of analysis and understanding. I believe the answer to corruption, indifference and incompetence where it does exist in trade union officials, is in informed membership, re-education of officials and (if that proves impossible) replacement. Lenin on the limitations of trade unionism and how to overcome them still has relevance. Militant tactics have to be directed at once to the issues at hand, to the strengthening of permanent organisation, and to longer term political implications.

Clearly Widgery has a point, in contrasting the uniform social characteristics of union leaders in NHS (male, white, respectable) with their members (female, mixed, poor) but the political conclusions he draws seem to me to have dangers as well as merits, which his argument fails to perceive. Praising Bevan's choice of tailoring and criticising Clive Jenkin's makes for interesting reading but it is at best marginal to the terrible threat to health workers livelihoods and everyone's health posed by successive governments that put profits before people. In sum, David Widgery has written a splendid radical pamphlet which will raise the consciousness of those that read it; to get a deeper understanding, the aroused reader will need to turn to Doyal and Pennell.

Faced with any problem, Marxists ask the

question 'how was it produced, by whom and what production relations were involved'. This is Doyal and Pennell's approach and as always when well applied it is extremely fruitful. Amongst other things it enables them to demonstrate that it is impossible to study the British National Health Service in isolation from the world imperialist system and the production of health and ill health on a world scale. A simple example is that the export of drugs and medical technology — whether useful or dangerous — is part of a complex which includes control of NHS prescribing by drug companies (through naming, labelling, and advertising), the imposition of drug taking ideology on patients, and the state's intervention on behalf of the monopolies in the third world. It is backed up by medical professional theory — that doctor knows best, but that individuals have responsibility for their own ill-health, and by a racialism which at once disregards the life and health of inhabitants of third world countries, and exploits them as producers of health care for the sick.

In the first part of the book the authors describe orthodox western views on the relation of medicine and society. They show how the development of medicine and ideas about illness are related to and spring from the development of capitalism. On the one hand, at least in the past, capitalism needed a continuous supply of relatively healthy workers; on the other the creation of a working class made it politically possible for workers to fight for and win advances in their living standards, including health. This struggle is carried out at an ideological and political as well as at an economic level. Medical systems may cure and comfort, they also control. Their male, ruling-class, bureaucratic, individualistic approach is not accidental but integral, as in the ideology of the body-mind division, and cure or individual rather than social prevention. The balance between their contradictory aspects reflects the state of political and ideological class struggle at the time and place.

With this theoretical background (obviously here greatly condensed) they move onto the analysis of the social production of health and illness first in Britain, and then in the third world. They show how capitalism and its industrial development eventually made possible improved living standards and life expectation, and declining child mortality even for the workers, but how especially in the twentieth century, capitalism produces the ill health it provides the means to cure. Conditions in the factory and in the community lead to class differences in death and disease. To take just one example, the

chronic sickness rate per 1000 is almost exactly double for unskilled than for professional workers' households. Men and women workers are directly poisoned and injured at work and at home, but their conditions of life are also such as to make them more likely to become unfit in a whole complex of ways including the foisting upon them of unsuitable and contaminated food. They suggest that the concept of 'stress' is a helpful one in order to understand the mechanisms which make certain kinds of workers including assembly line and house workers more vulnerable. I agree that we need to develop a materialist epidemiology (study of environmental and social factors predisposing to or causing disease) but I am less convinced than they are that 'stress' will turn out to be the most useful concept for the purpose, but that is another argument.

They then turn to the specific problems of the third world and its active underdevelopment by colonialism and neo-colonialism. They show how a pattern of ill health was developed in colonial times and how it has been profitably perpetuated since by policies which at once create disease, provide (at a cost) the apparent means to cure it and at the same time impose capitalist individualist ideology upon the victims. They put liberal campaigns like that against tinned dried milk for third world babies in their revolutionary context and most importantly

show the interconnections between ill-health and monopoly capitalism at home and imperialism, starvation and sickness abroad.

The major section of the book is called the social production of medical care. Here they cover in more detail and in a more principled analytic way some of the same ground as David Widgery. As we have seen, however, they have the advantage of coming to it after first showing that disease is a social product rather than an act of God or malign nature. They first show how the development of industrial capital and later the military requirements of imperialism lead both to active working class agitation for better health, and capitalist need for public health measures. What resulted, from the first public health acts in the nineteenth century to the 1911 insurance legislation was a product in the first place of class struggle. Within this, however, other forces were operating (although not, of course, entirely independently). Most importantly these included changes in medical knowledge and the social organisation of doctors. Finally, they show how these developments took place within the context of the exploitation by capital of the position of women in society for the purpose of dividing the working class and establishing ideological, legal and economic control. A process which, until recently, was neither perceived nor countered by organised labour.

Three final chapters describe the National Health Service as it now is, the role of medicine in maintaining and reproducing the oppression and exploitation of women, and the interrelationships of medicine and imperialism. A postscript summaries the political conclusions — perhaps it should be read first. Communists may find it shocking, even alarming. Then we can read the book and see if our minds are changed by the argument that leads to them.

My own reaction as a communist long interested in the field was I wish I could have written it and that the Communist Party could have published it. Since neither of us did, we should now read and build upon it in practice. We need to learn the lesson that while fighting to maintain the health service and the working standards of health workers is a major immediate task, in itself it is not enough to achieve effective health care. The struggle (like others) has to be put in political context which in this case includes an understanding of the class forces which create disease as a social product, the exploitation of women, racism, and a hierarchical division of health workers. Doctors, nurses, auxiliaries and mothers all work within a framework created by drug companies, manufacturers of high technology, and a predatory neo-colonialist state. No single category on its own can smash that framework.

**Ronald Frankenberg**