

IN THE RED CROSS WORLD

HEALTH IN THE 1980's

Some months ago the Henry Dunant Institute, in co-operation with Messrs Sandoz S.A., undertook an enquiry into *Health and Medicine in the 1980's* in the developed countries. Following the Delphi method,¹ it has so far given some interesting results.

From the replies of sixty-three experts in eighteen countries to two successive questionnaires, it is apparent, in the first place, that the concept of health will extend over the next two decades to cover social and mental conditions which are not at present considered health problems.

Such an extension will be qualitative, as well as quantitative. The concept of "individual" health will be supplemented by that of "social" health which must be made secure against such pernicious effects of sprawling towns and industry as pollution, crime, drink, drugs and so forth.

There will inevitably be a revolution in the traditional practice of medicine. It will tend more and more to be group-oriented in "health centres", in view of the mainly "social" character of the ailments with which it will be confronted. The general practitioner will still be with us, but most of the time he will be a member of a multi-discipline team in which his function will mainly be to co-ordinate the work of the group.

Sickness detection and prevention, in this system of medical team-work, will increase to a greater extent than therapy; the same will apply to "patient rehabilitation". Consequently, considerable changes in the allocation of resources to various medical functions will be inevitable.

¹ This method consists in obtaining expert opinions in successive questionnaires, from which a synopsis is made.

Group medicine, in association with the development of computers, will make treatment more effective, while at the same time maintaining a human patient-doctor relationship. In any case, that contact will be maintained through nursing personnel which will have an important part to play, even to the extent of taking over some of the doctor's routine, such as diagnosis or basic therapy. The pharmacist too will be associated in this development. From a dispenser of medicaments, he will become the medical team's adviser in pharmacology.

The Red Cross will also have a place in the new scheme of things, but in most cases it will no longer be able to meet the expense of building and operating its own hospitals; more often than not these will be taken over by the State or local authorities. It will, however, continue carrying out certain functions (blood transfusion, for example), possibly with the aid of State subsidies. In particular, it will be well placed, thanks to its status and scope, to carry out all kinds of experiments in public information and hygiene education.

So far as the organization of medical facilities is concerned, and more particularly the defraying of costs, it seems that State intervention is an irreversible phenomenon which will gather momentum; this does not, incidentally, exclude a more "responsible" participation by the individual in the payment of those costs. Although the nationalization of the medical profession seems hardly likely, a degree of "socialization" of medicine is to be expected, the more so as the considerable growth in consumption of "over-the-counter" drugs—products affecting behaviour—will bring increased State control in its wake.

These conclusions, of course, do not complete the picture and for that reason it appeared necessary for some of the experts participating in the enquiry to get together. For that purpose, the Henry Dunant Institute and Messrs. Sandoz have agreed to organize a working session which will shortly take place in Basle. A score of experts and representatives from the ICRC, the League and the Swiss Red Cross will take part, and it is hoped that the meeting will be able to carry the initial conclusions a stage further.

J. V.