General Practice, Health, and Health Care 1952, 2002,

1952

LOOKING back over the previous 50 years from a mid-20th century vantage point, the Chief Medical Statistician, Percy Stocks, saw a period of tremendous progress, with infant and child mortality rates having fallen to around a one-fifth of the level in 1900. Recent progress had been less encouraging death rates in middle age, especially among men, with the male excess in risk of dying between the ages of 55 64 years increasing from less than a quarter, to more than three-quarters from 1900 to 1950. The rising problems were lung cancer, coronary heart disease (CHD) and peptic ulcer, which were threatening to counterbalance continuing falls in deaths from infectious diseases. Epidemiology was rapidly changing from a communicable disease discipline to one almost exclusively concerned with non-communicable diseases.

Socioeconomic inequalities in health were little discussed, and the 1951 Decennial Supplement which provided the first social class data since 1931 suggested that inequalities in premature mortality rates were at an all-time low, and in any case the National Health Service was thought to be the solution to any inequalities that remained.

The NHS, only a few years old, remained a contentious political issue. GPs had voted 2 to 1 against participation in the NHS in December 1946, and applauded when Nye Bevan the architect of the NHS was compared to Adolf Hitler by the BMA, whose leadership had strong Conservative Party links. But with pay guarantees, and the promise that salaried general practice service would not be introduced, a large majority of GPs finally agreed to work within the NHS. The first successful attack on the principles of Bevan s NHS came, instead, from within the Labour party, when the Chancellor, Hugh Gaitskell, introduced charges for dental and optical services; Bevan resigned as a cabinet minister. The Prime Minister, Clement Attlee, claimed that there was no retreat from the principles of the NHS, that charges would increase efficiency and reduce waste in the system, and would be temporary. By 1952, the newly elected Conservative government appeared to have policies little different from their Labour predecessor.

A host of (now embarrassing) projections about health and health care in the year 2000 were published by those safe in the knowledge that they wouldn t be alive to find them wrong.

2002

AT the beginning of the 21st century life expectancy is over 75 for men and over 80 for women increases of around 12 years for men and 10 years for women from mid-century. Improvements are now being driven by falling mortality rates in middle-aged and older adults, rather than among infants and children. Treatments for some of the major killers breast cancer and CHD are now available, and fewer older adults smoke. The declines in death rates from chronic diseases are spectacular; for example, a 17% decline in male CHD and 18% decline in female CHD deaths in just six years from 1994 to 1999. Trends for less common causes accidents and violence (and suicide in younger adults in particular) are less favourable, and morbidity measures suggest that the increasing proportion of people staying alive do not feel healthier. Infectious diseases have failed to disappear (TB, HIV/AIDS, chlamydia, other STDs, hepatitis C), and diseases long thought to be non-communicable (peptic ulcer, cervical and stomach cancers) may have an infectious origin.

Inequalities in health have been a political football since the Black Report of 1980, and under the Thatcher and Major regimes discussion of inequalities was virtually banned. Disparities between social groups are larger at the end of the century than at any time since comparable records began. The New Labour health minister, Alan Milburn, declared an ambition not only to improve the health of the nation but to improve the health of the worst off at a faster rate . Early indications are not good. The poorest constituencies in Britain show a worsening in mortality rates since Labour returned to office. Milburn s constituency of Darlington has seen a 6% relative increase in premature mortality rates since 1997.

The NHS also appears to be in perpetual crisis. Far from being temporary, user charges introduced in 1951 have expanded greatly. Privatisation of health care has been rebranded as Private Finance Initiative (PFI), or Perfidious Financial Idiocy according to the editor of the *BMJ*. Mortgaging the future for temporary gain, but a *shibboleth* for New Labour. No dissent is tolerated. The Prime Minister, Tony Blair, claims that there is no retreat from the principles of the NHS and that charges merely increase efficiency and reduce waste in the system.

Projections about health and health care in 2050 are published by those safe in the knowledge that they won t be alive to find them wrong.

2052

Scenario one

LIFE expectancies continue to grow, and in 2052 men live to 80 and women to 85. There is less focus on mortality rates and more on reliable sources of morbidity data which show that people live longer with chronic conditions and limitations to activities of daily life; furthermore, increasing levels of obesity constrain the range of such activities. Asthma, eczema, and diabetes are common, as are ageing-related problems dementia, macular degeneration, and deafness. Major contributors to adult mortality are non-smoking related cancers (colorectal, prostate, breast, lymphomas, etc), diabetes, suicide, and deaths at such advanced ages that the discredited term of senility makes a comeback. Screening for genetic susceptibility is widely used for detecting those who could benefit from (mainly) pharmacological interventions.

Health inequalities continued to grow. Differential health care access feeds inequalities in health outcomes. The NHS is slowly privatised as PFI lease-back charges and defaulting private sector concerns destabilise coherent public sector funding. In 2024, the last remaining university department of Public Health becomes a department of Health Care Financing. The *BJGP* ceases publication in 2028, superseded by web versions of *Medeconomics* and *Investors Chronicle*.

Projections about health in 2100 are published by those already planning the most fashionable place for a nonagenarian to see in the next century.

Scenario two

THE first case of smallpox occurs in early 2003, from suicide smallpox-carriers operating in major British cities. Efforts to select virulent strains for dissemination are successful. Outbreaks in other parts of the world lead to the most serious recession since the 1930s. Health in Britain resembles that of Eastern Europe in the 1990s, with declines in male life expectancies (owing to increasing mortality in young and middle-aged men) and smaller falls in female life expectancy. STDs, HIV/AIDS and drug-resistant TB rates increase rapidly, and the Government of National Unity Labour, Conservative, and the British National Party abandons welfare medical care. The *BJGP* ceases publication in 2014, superseded by web versions of *Medeconomics* and *Soldier of Fortune*.

Nobody bothers to make any projections regarding health and health care in the year 2100.

George Davey Smith