X.F.8198
10 DEC 1926

E. AFRICA

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From
COVR GRIGG Conf.155.

Date
30th October 1926.

E.A.M.S.REGULATIONS. Treatment of Private Patients in Govt. Hospitals

Previous paper

(Minutes within)

M1801/26

Subsequent paper

14/Oct/27

Room 3 14/1

Room 1

E.A.M.S.REGULATIONS. 3

1) Govr Grigg. Conf:155 ---------- 30th October 1926.
PRIVATE PRACTICE
Trs copies memorandum by the Acting D.M.S.& S. and suggests that it should be discussed with Dr Gilks. Concurs generally with views expressed therein.

S1

Mr Jewell has prepared the attached summary & I have had a preliminary talk with Dr Stanton.

First send copy of / to Dr Gilks in dft herewith

J Jeffries 11.1.27

A.M.C.T

2841

2 To Gilks (w) memo on 31/5/26. & copy (vol) cons. 14 JAN 1927

EAST AFRICAN MEDICAL SERVICE.

Treatment of private patients in Government Hospitals.

Memorandum of professional members of the C.A.M.S.

(i) Medical Officers in charge of cases should receive fees from persons not entitled to free medical treatment for professional attendance whether medical, surgical, obstetric or special.

(ii) Possibility of private practice always an inducement to medical men to enter the Colonial Services.

(iii) Nursing homes should be established for patients not entitled to free medical treatment; alternatively, or in addition, a ward for private patients should be set aside; failing this, beds in general wards should be available for private cases.

(iv) Every nursing home should be available for patients of private practitioners equally with those of Government officers; priority to depend on the urgency of the case.

(v) No private practitioner should be debarred from the use of the nursing home without the Governor's approval.

(vi) Payment to be a matter of arrangement between the patient and his medical attendant except where only a Government Medical Officer is available; in such circumstances, the scale of charges approved by the Governor should be adopted and financial position of the patient should be considered in applying this scale.

(vii) No good ground for differentiation between surgical and medical treatment.

(viii) The attractions of the medical services should be enhanced in every possible way.

Observations

Observations of the East African Governments.

X.F.8198. KENYA. Views of acting D.M.S.S. (Wilson).

Agrees as to private practice being an inducement to medical men to enter Colonial Service, but this is unfortunate.

Medical Department exists principally for the natives and must so exist for a long time to come; before many years Europeans and Asiatics may be able to do without Government assistance.

There is no prospect of an ~~increment~~ *ovne* from practice among natives, but substantial emoluments may be derived from practice among Europeans and Asiatics, especially in towns in settled areas; thus a Medical Officer stationed in a town may receive double the income of one stationed in a native reserve yet it is the more capable officer who should be stationed in the reserve; this is a sure method of exciting discontent yet the interests of the Department may compel it.

Position still worse when a Medical Officer is in charg of a Government European hospital. He can earn a grea addition to his income by carrying out major surgical operations and if, in addition, he were allowed to receive fees for daily attendance on all unofficial patients in hospital, including medical cases, profits of the post would be out of all proportion with officia salaries; the remuneration of such an officer in Nairobi would be approximately £4,000 a year.

Agrees that there is no ground for differentiating between surgical and medical services.

Another point in connection with ~~the~~ private operations in the Government hospital is that the hospital is

equipped

equipped and maintained at Government expense, and that the Medical Officer in charge can make use of the skilled staff, the operating theatre with its equipment in instruments and all other facilities. Further, the Hospitals are run at a loss by the Government and if the Medical Officer is to charge private fees, then the hospital fees must be reduced and the loss to the Government becomes greater. This question, however, will probably answer itself in Nairobi when the scheme for public control of the European hospital has materialized; this scheme agrees with the ideas of hospital organization outlined in the Memorandum of the C.A.M.S.
Finally agrees that attractions to the medical service should be enhanced in every possible way, but suggest that this enhancement should be by way of adequate salaries for all officers rather than increased additional emoluments of certain posts.
These are his own views and it is suggested that they should be submitted to the Director before action is taken. The Governor (Grigg) expresses general concurrence.

UGANDA. Views of acting Governor (Jarvis).

X 7472

The only satisfactory solution in Uganda is the setting aside of certain beds in the Government hospital where private patients not entitled to free medical attendance can be attended by the ~~free~~ Medical Officer in charge of the case. An approved scale of charges should be drawn up and payment to be made should be arranged between the patient and his medical attendant, and such fees retained by the latter. This recommendation does not apply in the case of persons mentioned in paragraphs 3, 4 and 5 of Section

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of African No.1103, in which circumstances fees are only chargeable in the case of surgical operations.

X6797

ZANZIBAR. Views of D.M.S.S. (Taylor).

Agrees that Medical Officers should be allowed to receive fees from private patients in hospital. If this were not allowed, the position would be unsatisfactory for the following reasons in addition to those mentioned in the Memorandum:

(i) Private practitioners would still be able to receive fees from their patients in the Government hospital.

(ii) The permission given in the present regulations to charge fees for attendance on the wife and children of officials whose salaries exceed a certain amount was against the wishes of the Zanzibar Medical Service. It is not clear whether fees for such patients who visit the hospital will go to the Medical Officer or to the general revenue; if the former, the Government Medical Officer may receive fees from an official for his family but not from a private patient; if the latter, it is presumed that the fee must be paid (but no medical officer would accept it) and the unfortunate result would be that the hospital would be less used.

Acting British Resident expresses general agreement with the views of D.M.S.S. He is, however, against the right of general private practice being extended to officers appointed since July 1925.

X7251

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Expresses strong views against permitting Medical Officers fees for ordinary attention to a patien in a Government hospital. It would be difficult to prevent the system being extended to Asst. Surgeons and sub-

sub-Assistant Surgeons.

The adoption of the Committee's suggestion as to medical and specialists' fees would be vigorously resented by the public. The question of fees for specialist work is of no importance locally at present, and the public are only too glad to pay according to their means.

Medical Officers are well paid, have plenty of scope for private practice, which affects adversely the efficiency of the service. Advises strongly against Committee's proposition until there are nursing homes, sufficient private practitioners, and specialists to permit of a free choice by the public.

Views of Governor (Cameron).

Sees no reason for Government to surrender to the Medical Officers in charge of hospitals any portion of the fees that now go into general revenue. All Medical Officers in charge of hospitals have outside duties as well and outside private practice. If the charges advocated by the Committee are allowed, private practitioners will rightly argue that hospitals maintained at public expense are being treated as the preserves of Government Medical Officers.

In present stage of development, it is not possible to provide beds for private cases in general wards. Moreover, it is not advisable that the Medical Officer in charge of the hospital should be in the position to ascertain which of the patients could afford to pay him the fee.

If in future a Medical Officer in charge of a hospital has no other duties, the loss of private practice

practice should be met by granting him an allowance. For these reasons is as strongly opposed to the Committee's scheme as the D.M.S.S.

NYASALAND. Views of D.M.S.S. (Whitehead).

X7470

Until question of fees for private patients in hospital in definitely settled, ~~they~~ medical officers should not be allowed to receive them.

In Nyasaland, hospital duties are part of the Medical Officer's ordinary work, and if he were attending a private person at home he would still atend the ~~course~~ case if it were at a hospital.

A nursing home would not be practicable from a financial point of view. Thus, Medical Officers should receive a fee for attending private patients in hospital. The custom has been for Medical Officers to receive 2/6d. a day and fees by arrangement for surgical operations. The acting Governor (Rankine) concurs in Dr. Whitehead's views and requests authority for permitting all Medical Officers to charge a fee of 2/6d. a day for treatment of private patients in Government hospitals with special fees by arrangement for surgical operations + confinement.

X 7097/26.

SOMALILAND. Views of P.M.O. (Taylor).

The only restriction on the right to private practice should be the faithful and efficient performance by Medical Officers of their official duties first. Agrees with Committees view that Medical Officers in charge of cases should receive fees from persons not entitled to free medical treatment. Liability of patient to pay a fee should depend upon his status and not upon whether he is an in-or out-patient. The acting Governor (Lawrance) concurs in Dr.Taylor's views and he is not in favour of the establishment of a nursing home.

Mitchell
20.12.26

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Position still worse when a Medical Officer is in charge of a Government European hospital. He can earn a great addition to his income by carrying out major surgical operations and if, in addition, he were allowed to receive fees for daily attendance on all unofficial patients in hospital, including medical cases, profits of the post would be out of all proportion with official salaries; the remuneration of such an officer in Nairobi would be approximately £4,000 a year.

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14 January 1927

X.F.8198/26.

Sir,

I am directed by Mr.Secretary Amery to transmit to you, for perusal and return, copies of a memorandum by the professional members of the Colonial Advisory Medical and Sanitary Committee on the subject of the charging of fees by Medical Officers for attendi patients in Government Hospitals, together with a copy of a despatch from the Governor of Kenya containing the observations of the Acting Director of Medical and Sanitary Services on the memorandum.

Memorandum

Fr.Gov.Conf: 30 Oct:

2. Mr.Amery would be glad to receive any comments which you may wish to offer on these papers.

I am, Sir,

Your obedient servant,

Sir [illegible] T. ALLEN.

XF 8198/26

E. Africa.

2

Mr. Jeffries 11/1/27

Mr.

Mr.

Mr. E. J. Harding.

Mr. Strachey.

Sir J. Shuckburgh.

Sir G. Grindle.

Sir C. Davis.

Sir S. Wilson.

Mr. Ormsby-Gore.

Earl of Clarendon.

Mr. Amery.

Anod
17041/27

14 Jan. 1927.

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DRAFT.

J.L. Gilks Esq. FRCS.

27 Lancaster Gate

Memo (in X 3165/26)
Gov. Conf. 30 Oct.
(Suppl. within)

of Kenya containing the
observations of the Ag. Director
of Med. & San. Services
on the memos.

2. He (Emery) would
be glad to receive any
comments which you may
wish to offer on these
papers.

for Under Secretary

KENYA.

No. 155

CONFIDENTIAL.

GOVERNMENT HOUSE,
NAIROBI,
KENYA.

30th October 1926.

X.F.8198
10 DEC 1926

Sir,

With reference to your Confidential despatch of the 25th June last forwarding copies of a new edition of the Regulations of the East African Medical Service, I have the honour to transmit copies of a memorandum of the Acting Director of Medical and Sanitary Services, which it is suggested might be discussed with Dr. Gilks prior to his return to this Colony.

Memorandum.

14 JAN 1927

2. I am in general concurrence with the views expressed therein on certain points in the Regulations.

I have the honour to be,

Sir,

Your most obedient, humble servant,

Edward Grigg

GOVERNOR.

THE RIGHT HONOURABLE
LIEUTENANT COLONEL L.C.M.S.AMERY, P.C., M.P.,
SECRETARY OF STATE FOR THE COLONIES,
DOWNING STREET,
LONDON, S.W.

P. O. Box No.641.
Telephone No.295.

19

No.16/593/110.

MEDICAL DEPARTMENT,
HEAD OFFICES,
NAIROBI, 1st October, 1926.

The Hon. Ag. Colonial Secretary,

N A I R O B I.

Re. E.A.M.S. - Regulations.

Ref. your No.A.17859/2 Vol.III of 26/7/26, and in continuation of my No.16/593/105 of 9/8/26.

The Memorandum of the professional Members of the Colonial Advisory Medical and Sanitary Committee on the E.A.M.S. Regulations governing the charging of fees by Medical Officers employed in the Government Hospitals, which was attached to the Secretary of State's Confidential Despatch of 25/6/26, and forwarded for comment under cover of your letter quoted above, raises questions of great importance, the solution of which is a difficult and delicate matter.

2. It is doubtless the case, as mentioned in para 2 of the Memorandum, that the possibility of undertaking private practice has always been an inducement to medical men to enter the Colonial Services: but in the best interests of the medical service of a Colony such as Kenya it is unfortunate that this should be so.

3. The Medical Department of the Government of Kenya must be organised for the purpose of devoting the greater part of its energies to that section of the population which by its preponderance in numbers, the urgency of its needs, and its inability to help itself, most requires medical and sanitary assistance - that is to say the native population.

4. The/

4. The efforts of the Medical Department during recent years have been more and more concentrated on the natives; and this not only on account of a greater realisation of their needs, but also because of the increase of private medical enterprise in the European and Asiatic Communities.

5. It might almost be said that the withdrawal of Government medical assistance from the Europeans and Asiatics would leave those classes able to provide for themselves: it is at any rate likely to be the case before the lapse of many years. The native population on the other hand must for a long time to come remain dependent on Government.

6. The practice of medicine amongst natives presents to the Government Medical Officer no prospect of private fees: his income is derived solely from his salary.

7. Private practice amongst Europeans, as also to a less extent amongst Asiatics, offers substantial emoluments, especially in the towns and settled areas. A Medical Officer who has the opportunity of such practice may double his income.

8. The anomaly then results that a Medical Officer stationed in a native reserve receives merely his official salary, while another, stationed in a town, may be receiving double that amount. Yet it is the more capable and more experienced Officer who, from the point of view of the department, should be posted to the more responsible work of the reserve.

9. To allow a junior Medical Officer to enjoy the privilege of a lucrative private practice, while a senior officer is restricted to his official salary, is a sure method of exciting discontent. Yet the interests of the Department may compel it.

10. The position becomes still worse when a Medical Officer is placed in charge of a Government European Hospital, for there/

for there is now added to his opportunities of private practice the facility for carrying out major surgical operations. In the case of Nairobi European Hospital this is responsible for a very great addition to his income.

11. If in addition the Medical Officer in charge of the Hospital were allowed to receive fees for daily attendance on all unofficial patients in Hospital including medical cases, the profits of the post would be out of all proportion with official salaries. When the point was first raised, in a discussion on proposed regulations for the Service, it was estimated that the total remuneration of the Medical Officer in charge of the European Hospital would be approximately £4,000 a year (vide this Office letter No.16/593/13 of 24/6/24).

12. The contention put forward in para 7 of the Memorandum, that there is no good ground for differentiating between the services rendered to their patients by Surgeons and Physicians, is essentially sound. It is to be hoped that in time the profession generally will realise that the trained intelligence of the skilled physician deserves as high remuneration as the manual dexterity of the surgeon. But in the present state of professional and public opinion the surgeon is always able to demand a fee inordinately in excess of that which would be considered sufficient for the physician.

13. It is the peculiarly individualistic attitude which the Surgeon adopts, and the conventional value attached to this work, which constitute the outstanding difficulty in the question now under discussion. The straight-forward remedy for an unsatisfactory disproportion between the emoluments of different posts in the Medical Department would be to insist that the Medical Officer in charge of a Government hospital is intended to be a full-time fully-paid servant of Government/

of Government, and disallow all private fees. But immediately one would be faced with strong opposition, and it is probable that the profession generally would support the contention that a surgeon cannot be compelled to carry out a dangerous surgical operation as part of his salaried duty without extra remuneration.

14. In this connexion, however, it should be noted that the salary of the Surgical Specialist in Kenya has recently been fixed at £1,200 per annum. The corresponding post, in the old scale of salaries, was Resident Surgical Officer, at a salary of £900 rising to £1,000. To offer for a Surgeon a salary equal to that of a Deputy Director or Director of Laboratory (which Officers are expressly debarred from all private practice) seems to suggest that it is a full-time salary. Otherwise the higher salary now introduced merely increases the emoluments of an appointment already worth, from the financial point of view, anything from two to three times the directorship of the Department.

15. Further, it is to be remembered that the new Regulations for the E.A.M.S. make provision for the prohibition of private practice altogether in those districts or stations where reasonable facilities exist for treatment by private practitioners. What then would be the position of a Medical Officer in charge of a Government Hospital in such a district or at such a station? Nairobi is a case in point.

16. There is another point for consideration in connexion with private operations in a Government Hospital. The hospital is equipped and maintained at Government expense: the Medical Officer in charge is able to make use of the skilled assistance of the Nursing Staff, of the operating theatre and its expensive equipment and instruments, and of all the other facilities/

facilities for a surgeon's work which a hospital affords, for the purpose of performing an operation on a private patient: for that operation the Medical Officer pockets the normal fee, and Government gets no return on its capital outlay on the hospital or its recurrent expenditure on salaries, including the Surgeon's.

17. One other point has to be borne in mind. Hospital fees in Kenya are based on the total cost of keeping a patient in hospital including a proportionate amount of the Medical Officer's salaries. The hospitals are run at a loss by Government. If the Medical Officer is to charge private fees, then hospital fees must be reduced, and the loss to Government becomes greater.

18. As a practical matter it may be expected that the question will answer itself in the case of Nairobi, by the materialisation of a scheme for public control of the European Hospital, whereby private patients would be treated by their own medical attendants and the Government Medical Officer would only have charge of officials. The scheme proposed agrees with the ideas on hospital organisation outlined in the Memorandum.

19. The Department generally would cordially assent to the expression of opinion in the last paragraph of the Memorandum - that the attractions of the Medical Services should be enhanced in every possible way. I would however respectfully suggest that such enhancement should take the form of adequate salaries for all Officers, rather than increased additional emoluments for certain posts, which are not necessarily held by the most senior or valuable officers.

20. It must be mentioned that the ideas and opinions/

24 END

opinions expressed in this letter are being submitted without the possibility of reference to the Director of Medical and Sanitary Services, now on leave in England. I dare not say that the Director would concur in all that is here set down, and I would ask that if these comments are to be forwarded to the Secretary of State they may be accompanied by a request that they may be submitted to the Director for his opinion before any action is taken.

C. Wilson

AG. DIRECTOR OF MEDICAL & SANITARY SERVICES.

HSW/C