BRITISH MEDICAL JOURNAL

SATURDAY 10 APRIL 1982

LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NO 6322 BRITISH MEDICAL JOURNAL 1982 VOLUME 284 1063-1136
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

WEEKLY. ISSN 0007-1447
ASTM CODEN: BMJOAE 284 (6322) 1063-1136 (1982)

CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Unemployment and health in the United States

SIR,—The series "Unemployment in my practice" was most useful in that it presented insights into the pervasive negative effects of unemployment on the spirits of patients in a wide range of communities and on the spirits of those communities themselves. The personal nature of the reporting contrasted with government statistics which speak of millions unemployed. In my practice, I see individual suffering; millions are numbing but invisible.

I was struck by the piece by Dr John Wilson (19 September, p 770) in which he wrote of the additional burden unemployment places on the work load of the GP. A recent article from the *American Medical Association News* (5 March 1982) sheds light on the effect of unemployment on the physicians and patients in the US.

Michigan, particularly the Detroit area, has suffered the most during the severe recession in the US with unemployment figures of over 11% for the State and over 14% in Detroit. Unemployed workers no longer have health insurance coverage from union and factory plans. To purchase family coverage without benefit of group packages, it is more than twice as expensive. It is estimated that two-thirds of unemployed workers have no insurance. The AMA article also related reports of a 40% decrease in patient volume and 60% decrease in personal incomes of physicians engaged in primary care in areas most affected by redundancies. While surgeons are less heavily affected, presumably since people continue to have surgical emergencies regardless of their work status, one wonders what the long-term effects will be of forcing millions of people to put off or avoid visits to primary care physicians in order to pay mortgages, utility, and food bills.

The forces of unemployment and poverty directly affect the functioning of patient and physician in the medical marketplace of American private practice. In the Detroit area, physicians are setting up referral networks to provide free or low-cost care for patients. That may assist the one million unemployed workers and their families in Michigan, but similar smaller scale dilemmas exist throughout the US. In addition, public clinics and Medicaid payments are being singled out for cuts by the Reagan Administration, thus decreasing availability of care for those who already use the public sector. One can imagine the effect of present unemployment levels in Britain if there were no NHS and patients were forced to purchase medical care in a fee-for-service system.

The inadequacies of the US system of medical care are most glaring when health care suddenly becomes a luxury. Physicians who care for the largest number of working class unemployed patients are forced either to provide free care or to find some way of collecting what money is available from patients, or must consider moving to more affluent areas with lower unemployment rates. Prolonged unemployment, therefore, breeds a sort of economic "inverse care law" with the accessibility, quality, and available funds to purchase medical care being inversely proportional to the needs of the population. In Britain hard times produce additional work for physicians caring for patients suffering from the physical and emotional consequences of poverty; in the US hard times produce doctors with nearly empty waiting rooms.

While the high unemployment levels in Britain have taxed the NHS, particularly