

CONFIDENTIAL UNTIL CONFIRMED

NATIONAL HEALTH COUNCIL

Minutes of meeting held on 24th June, 1960, in the Conference
Room, Custom House, Dublin.

The members present were -

E. S. Ó Bracáin Uas.,
Dr. H. Anghney,
Dr. D. Connolly,
M. Costello Esq. M.P.S.I.,
Leslie, Bean T. de Barra,
Miss A. W. Doherty
J. Doherty Esq.,
Sir Anthony Esmonde, Bt., T.D.,
J. P. Flynn Esq.,
Mrs. L. Hunt,
M. Macken, Esq.,
Dr. George Maguire,
E. F. O'Donoghue Esq., L.D.S.,
C. A. O'Sullivan Esq., B.D.S.,
L. P. Pelly Esq., M.P.S.I., Dip.Opt.,
Dr. H. Quinlan,
Miss K. F. Russell,
Dr. J. P. Shanley,
Dr. F. C. Ward.

Apologies for their inability to attend were received from Professor Cunningham and Ald. McGuinness.

Mr. Seán MacEntee, Tánaiste and Minister for Health, who was accompanied by Mr. P. S. Ó Muireadhaigh, Secretary, Department of Health, attended at the commencement of the proceedings and welcomed the members to the first meeting of the new National Health Council. He addressed the members as follows:-

"It is again my special duty and my great pleasure to welcome the members of the new National Health Council at its first meeting. This is the second occasion on which the responsibility has fallen to me of reconstituting the Council and the fulfilling of that responsibility in an adequate manner and with due regard to the functions which the Council must carry out in the broad complex of National Health Administration is a task which I do not and may not lightly execute.

The Council assembled here to-day holds office for a period of two years and during that time the responsibility will rest upon it of advising the Minister for Health on such general matters affecting or incidental to the health of the people as he may refer to it. It will also during that time be charged with the function of advising the Minister on general matters arising on the operation of our existing health services. The manner in which the Council executes these functions and the extent to which in doing so it will have regard to the good of the community as a whole will determine its capacity for exerting a useful influence in the field of the Nation's health.

The work of the Council is not new to many of its members here to-day. A number of you have served on one or even more previous Councils

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and it is only right that I should express to those my special appreciation of their willingness to undertake again, without recompense, or material reward, this unselfish task. On all members, new and old, the work of the Council makes its own burdensome demands of time and energy given in the service of others. I would like, therefore, to thank you for the public spirit which has prompted you to accept office.

When addressing the previous National Health Council, I referred to the heavy cost of the public health services on the productive members of our community. The cost of these services in the present year is expected to be £750,000 more than in 1958 and now requires an expenditure of over £17,000,000 a year from public moneys. For a country of our size this is a very great expenditure indeed and the concern which I expressed to the previous Council in this matter is one, therefore, which I feel I must repeat with at least equal emphasis to-day. As Minister for Health it is my duty to see, so far as it is reasonably possible to do so, that the return received for this relatively vast expenditure is the maximum possible in terms of services and satisfaction to the public. I feel sure that the members of the Council will share with me the view that, in the exercise of their advisory duties they too should have regard to the need for the economic administration of the services and that they will devote themselves to their duties with this consideration in mind. Indeed I should like the Council to examine the operation of the services from this point of view with an open and objective mind. I would like in this respect to make special mention of the changes in health administration which will shortly be effected by the Health Authorities Act, 1960. When the provisions of this Act are implemented we can reasonably hope to have in operation a more efficient and a more economical service than has been possible at any time heretofore. The unification of services in the large centres of population and the removal of legal barriers which have long ceased to serve any useful purpose should now open the way to easier access to the services by eligible persons and to much needed improvements in their administration; and, if they do not actually lead to reduction in cost, they should at least help to ensure that the best value for money expended is being obtained.

The present Council is made up of men and women from many walks of life and it includes persons who are or have been closely concerned in all the many sided facets of health services administration. Your qualifications and abilities are such that your advice will always be worthy of the most serious consideration. However, it will inevitably happen that a Minister must at times decline advice offered to him, viewing his responsibility, as he must, in a wider context having regard to Government policy as a whole. You will well understand, therefore, that I say not always find it possible to act upon advice which you may give; but I trust that you will accept the inevitable necessity for occasional differences and will not feel reproved or discouraged as a consequence of this. Even when I must act otherwise than as you may suggest, it is nevertheless of great help to me to have considered your recommendations and to have acquainted myself with the viewpoints which you will express.

I wish to express again my appreciation of your self sacrifice in devoting your time to the work of the Council. The Council is still a young body whose administrative relationship with the Department is still in the formative stage, but I am confident that its work will be attended with success".

The Tanaiste, accompanied by the Secretary of the Department, then left the meeting.

/The Secretary

The Secretary explained the procedure to be followed in the election of a Chairman under the Standing Orders.

Dr. Ward said that it gave him great pleasure to propose Mr. Ó Braoin for the Chair. Mr. Ó Braoin had been Chairman of the Council since its inception and he (Dr. Ward) had been associated with it also in that time. There had been one or two stormy interludes in their meetings but largely due to Mr. Ó Braoin's sense of fairplay, conflicting interests were brought to unanimity without the necessity for a division. Dr. Ward added that at an early stage in their affairs it had been agreed that insofar as possible political considerations would be left outside the doors of the National Health Council. He hoped that the new Council would agree to do likewise. That was not to say that they were without political opinion. No responsible adult should be without political views and the fact that the members had different viewpoints contributed in his opinion to the work of the Council. He added that Mr. Ó Braoin had been expert in his chairmanship and if he had a fault it was that he allowed the members a little too much latitude. His ability did not need further emphasis and Dr. Ward concluded by expressing the hope that Mr. Ó Braoin would be elected unanimously.

Sir Anthony Esmonde said that it gave him much pleasure to second the proposal. This was the third National Health Council with which he had been associated and his clearest recollection of Mr. Ó Braoin's chairmanship was the extraordinary facility he had for reconciling differences of opinion and for presenting, at the conclusion of discussion, a balanced summary which practically always obviated the necessity for a division. He could not claim to be without political views and he knew that other members held different views, in spite of which fact their divergent views had been tactfully coalesced by the Chairman. He, therefore, urged that Mr. Ó Braoin be accepted as Chairman.

Mrs. Barry supported the nomination of Mr. Ó Braoin and added that his tolerance as Chairman had ensured the success of the Council's deliberations. He allowed all who wished to speak the widest possible latitude and by his courtesy gave each member the feeling that what they were saying was of importance. In any instances in which there had been differences, his coolness had restored harmony.

Mr. Ó Braoin was unanimously elected Chairman with acclamation.

The Chairman said that it was a great pleasure for him to be elected Chairman of the Council once again. He could not say that he was deserving of the tributes which had been paid to him but, knowing the persons concerned so well, he had no doubt about the sincerity of their remarks. He enjoyed being chairman of a body like the National Health Council and he always endeavoured to avoid being absent. He was glad to be re-united with the members of previous Councils who were re-appointed to the new body. He felt sure from the reputation of those members who were being appointed for the first time, that the new Council would be another happy family.

Since the last meeting of the Council Dr. J. C. McFeely, who had been a member of the Council from 1956 - 1960, had passed away. Dr. McFeely held strong views on matters which were of vital concern to his profession but his sincerity and unselfish devotion to that profession would earn him the reward he deserved. To his bereaved widow and family he proposed that the Council should extend its deepest sympathy.

He also wished that the Council should extend sincerest sympathy to Máire Bean Mhac an tSaci and the Tínaiste on their recent bereavement.

The members stood in silence.

/The Chairman

The Chairman said that it would be necessary to elect a Vice-Chairman for the year.

Mr. Flynn said that he felt that it was desirable that in a body such as the National Health Council the medical profession should be represented in the officers. To this end he could think of no one who would be more suited by qualification and administrative experience than Dr. Ward. He accordingly had the greatest pleasure in proposing Dr. Ward as Vice-Chairman.

Dr. Shanley seconded his proposal and added that it would be unnecessary for him to go into detail as to the part which, apart from his medical service, Dr. Ward had played in the national life of this country. He could not visualise anyone more suited to be Vice-Chairman of the Council and it was an honour to second Mr. Flynn's proposal.

Mr. Costello said he wished to be associated with this proposal. If the Chairman should be absent there was no one more qualified to take his place than Dr. Ward. His experience of Dr. Ward went back to 1948 when he had as Parliamentary Secretary received a deputation from the Pharmaceutical Society and had received them with patience and courtesy. He was sure he would be ideally suited to take the chairman's place in the unlikely event of his absence.

Dr. Ward was elected Vice-Chairman with acclamation.

The Chairman said that he wished to indicate his pleasure at the election as Vice-Chairman of a person with the wide administrative experience and ability which Dr. Ward possessed. If his true worth were to be fully recognised he would in fact be more suited as Chairman rather than Vice-Chairman.

He wished to refer also to Dr. Ward's reference to the absence of politics in the discussions of previous Councils and said that as an illustration of the success of this attitude on the part of members there had been necessity for only two divisions in the six years in which the Council was in existence.

Dr. Ward said that he appreciated very much his election as Vice-Chairman of the Council and also the very nice remarks which had been made about him. He wished that he were worthy of at least one-quarter of them.

In his recollection the Chairman had hardly missed two meetings in the six years he had been associated with the Council and, therefore, he could see little prospect of a demand being made on his services in the future. Nevertheless he appreciated very much the honour the Council had done him.

The Chairman drew the members' attention to the fact that copies of the Standing Orders of the Council and of the relevant statutory provisions relating to the activities of the Council had been placed before each member. He pointed out that the Minister for Health was by courtesy given a copy of the record of each meeting. The procedure was that about ten days after the meeting the Secretary sent each member a copy of the draft record and they were given seven to ~~ten~~ days in which to suggest amendments to anything they were recorded as saying. Any amendments suggested were carried out by the Secretary before the record was forwarded to the Minister. X

He added that there was no official business before the Council for the current meeting and asked whether any member wished to raise any point.

/Sir Anthony Esmonde

Sir Anthony Esmonde said that he wished to raise again the question of the minutes. He fully appreciated the difficulties facing the note takers. They produced a synopsis of the proceedings and while it was always very good it was only a synopsis. He had suggested before and again wondered whether a short-hand writer could be made available to the Council. At present only a synopsis of the views expressed by the various members was sent to the Minister and he felt that where a discussion took place on a vital matter it was important that all the views put forward should be put before the Minister.

Dr. Ward said that he had also found that the minutes did not record the full discussion at meetings. If the Minister were presented with decisions only, without an indication of the considerations which led to them, he might not be impressed by them. While the minutes were excellent in their way it seemed to him that they did not quite measure up to what he thought the Council needed.

Mrs. Barry said that her recollection of the previous discussion on this matter was that there was a general feeling that the minutes simply needed a little more amplification. While she realised that normally minutes of meetings are only meant to record the decisions reached, she felt that a cross section of the discussion would help the Minister in his consideration of the matters put before him.

The Chairman said that when this matter was raised originally the Secretary undertook to amplify the minutes and the matter was left at that. The minutes at present were more than a mere record of decisions reached. He would suggest that the matter be left over for discussion at the next meeting. In the meantime the Secretary could make inquiries regarding the possibility of obtaining the services of a shorthand writer.

Mr. Macken said that it should be borne in mind that the use of a shorthand writer would result in very copious notes which, in his view, would be too long. He suggested that a special report could be prepared incorporating all the points raised at the meeting. This report could be circulated to members before being sent to the Minister. There was often a certain amount of uninformed discussion at meetings before a particular subject was fully thrashed out. It would be pointless to record such discussion for submission to the Minister. If the Council wished to make a specific recommendation to the Minister a formal report could be prepared for his information. Any member who felt that his point of view was not fully reflected in the report could suggest suitable amendments before the report went to the Minister.

It was agreed that the matter should be placed on the agenda for the next meeting.

DATE OF NEXT MEETING

The next meeting of the Council was fixed for Friday, 16th September, 1960, at 3.30 p.m. in Áras Mhic Dhiarmada, Store Street,

The meeting concluded at 5.10 p.m.

E.S.O. *blawm*
16/9/60

Confidential Until Confirmed

NATIONAL HEALTH COUNCIL

Minutes of meeting held on Friday 16th September, 1960 in the Conference Room, Aras Mhic Dhiarmada, Dublin.

The members present were:-

E.S. Ó Braoin, Uas., Chairman,
Dr. H. Aughney,
Leslie, Bean T. de Barra,
Dr. D. Connolly,
M. Costello, Esq., M.P.S.I.
Professor J.F. Cunningham,
J. Doherty, Esq.,
Sir Anthony C. Esmonde, Bt., T.D.
J.P. Flynn, Esq.,
Mrs. L. Hunt,
M. Macken, Esq.,
Dr. George Maguire,
Alderman M.J. McGuinness,
E.F. O'Donoghue, Esq., L.D.S.
C.A. O'Sullivan, Esq., B.D.S.
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.
Miss K.F. Russell,
Patrick J. Teehan, Esq., T.D.
Dr. F.C. Ward.

Apologies for their inability to attend were received from Miss A.W. Doherty and Professor W.J.E. Jessop.

On the motion of the Chairman, the sympathy of the Council was extended to the relatives of the late Miss Ashe, a former member of the Council.

The members stood in silence.

Minutes:

The minutes of the meeting held on the 24th June, 1960 were approved and signed.

Correspondence:

The Chairman said that a letter had been received from the Irish Medical Association. The letter related to the constitution of the National Health Council and as this matter was outside the functions of the Council he considered that the letter must be ruled out of order.

Sir Anthony Esmonde enquired whether there would be any objection to having the letter read without necessarily having a discussion on it.

Mrs. Barry and Ald McGuinness both considered that as the Council had no function in the matter it was not necessary to read the letter.

The Chairman, in reply to Mr. Pelly, said that the constitution of the National Health Council was primarily a matter for the Minister for Health.

It was agreed that the letter should not be read and that the matter should not be further pursued.

The Secretary read an acknowledgement from An Tánaiste and Mrs. MacEntee

of the vote of sympathy extended to them by the Council on their recent bereavement.

Form of Minutes:

Sir Anthony Esmonde said that this matter had been brought up on previous occasions. He was still of the opinion that in order to get a clear picture of proceedings of meetings the Minister would require a more extended statement. He thought that it was unreasonable to expect anything more than a bare synopsis when the minutes were recorded in longhand. In their present form the minutes merely state that a certain matter was discussed and that certain opinions were expressed for and against. He thought that in order to get a clear picture of the inner mind of the Council, so to speak, a much more detailed statement of the discussion was required. For this purpose he proposed that the Council should obtain the services of shorthand writers. While it might be said that this would involve a lot of extra trouble for the members, he felt that the minutes were mainly intended for the Minister and his advisers in the Department.

The Dáil debates were a very extensive record of proceedings but Governmental officials found them very useful when they wished to obtain a clear picture of the discussion on any particular subject. The purpose of the minutes should be to give a clear picture to the Minister and he did not think that they could do this without shorthand writers. He could not see why the Council could not be provided with shorthand writers. Such officials were at present employed as wholtime officers and no extra expense would be involved. The employment of shorthand writers would in no way influence the decisions reached by the Council.

In reply to Mr. Pelly, Sir Anthony Esmonde explained that what he had in mind was that the shorthand writers should make a full report of the discussion and the Secretary would then compile the minutes from that report. Mr. Pelly seconded the resolution, on this understanding.

Mrs. Barry said that adoption of this resolution would mean that the minutes would be very lengthy. At one time, only decisions were recorded in the minutes but, after the matter had been discussed at previous meetings, it had been decided that the minutes should be lengthened to include the substance of everything said. She thought that the minutes, as at present compiled, were adequate.

The Chairman said that the fact that the minutes were prepared in their present detailed form was due to the co-operation of the Secretary, who had a difficult job. He said that both the present Secretary and his predecessor supplied good reports of the proceedings and they had amplified these reports at the request of the Council. Provision of a verbatim report would make the Secretary's job more onerous and compilation of the minutes from such a report would be more difficult for him. He thought therefore that if the present minutes were to be changed the only way to do it was to provide a verbatim report of the entire proceedings.

Minutes are supposed to record decisions but the Council had departed from this procedure by deciding to record the arguments for and against. The Chairman thought that, in this respect, the present note-takers succeed reasonably well and that, as any departure from the present position would place added responsibility on the Secretary, the Council would have to be very careful before deciding on such a departure. It seemed to him that the Secretary would be required to provide a more amplified report from shorthand notes and even this would not satisfy everyone. It was for these reasons he thought that it would be better to have either a verbatim report of the discussion or to maintain the present system. While he agreed, up to a point, with Sir Anthony's views he felt it would place both the Council and the Secretary in difficulties.

Mr. Costello said he was not clear whether Sir Anthony Esmonde intended that the members would get the minutes in the form of a complete shorthand account or a summary based on the shorthand notes. He felt that if the minutes were circulated in the form of shorthand notes members would be given a very bulky document which he thought would take too much time to read. Moreover he did not consider that the Minister would require such a lengthy account.

Sir Anthony Esmonde said that his intention was that the Minister would get a verbatim report of the meeting. He thought that the notetakers were at present working under impossible conditions. He felt that shorthand notes should be prepared and that the report of the meeting should be based on these notes. He did not agree with the Chairman that this would involve considerable work.

Mrs. Barry enquired whether Sir Anthony Esmonde had noticed that any salient facts had been omitted from the minutes up to the present.

Sir Anthony Esmonde said that he wished to make it quite clear that he intended no criticism of the notetakers. He had, in fact, considerable sympathy with them as he felt that their task was a very difficult one.

Professor Cunningham said he thought that the minutes had been very well kept over the years. He had observed, however, on one or two occasions that the minutes did convey a slightly wrong impression of what a particular speaker intended to convey. He felt accordingly that it would be a help to the Secretary in preparing his minutes if he had shorthand notes at his disposal. He thought that these notes would be more explanatory of the trend of the discussion and would make for more accurate recording.

Mr. Flynn said that when he first became a member of the Council only decisions were recorded. The Council thought that the Minister should get some impression of what was in the minds of the speakers and so the minutes were amplified. He thought that a full account of the discussion was not relevant to the decisions conveyed to the Minister and that it would create a difficulty for the Secretary in selecting what to record. The initial views of a speaker were often modified after hearing others so that his first statements might not represent his final view. With regard to the reports of discussions in the Dail, he did not think that these reports were very useful as the final decisions could be found in the Acts of the Oireachtas. He thought that the Council had already gone too far in reporting the proceedings at its meetings and that the present resolution would cause extra expense and an extra burden on the Secretary without any benefit to the Minister or to the Council.

Mr. Macken said that he failed to see what purpose would be served by having a shorthand statement of proceedings of meetings. He did not think it would be fair to the Minister to get such a lengthy account containing everything that was said at meetings, including the sometimes uninformed or irrelevant views which are a feature of the beginning of a discussion on a particular topic.

As he saw it, the main purpose of the minutes was to keep the Minister informed of the decisions and views of the Council. He felt that they should act as a Council and not as individuals and that, therefore, the decisions recorded at meetings were all that the Minister was interested really in knowing about. It should not be necessary for the Minister to probe through bulky papers to ascertain what the members were talking about at meetings. The members had an opportunity after every meeting to correct the report of proceedings which was sent to them in draft form. He did not think that the Council should concern itself with any further expansion of the records of meetings. All they had to do was to arrive, as a Council, at clear recommendations and to put these before the Minister in a brief form.

The Secretary said that it seemed to him that if the Council wanted to have a verbatim report it would be better to have a complete transcript of what took place or to continue as at present. The preparation of a summary based on shorthand notes would necessarily involve a process of selection on his part. This process of selection was at present being carried out by the notetakers as they went along so that perhaps 30% of what people actually say is omitted. This omission was a reasonable procedure since discussions inevitably include some repetition. As far as his duties as Secretary were concerned the Council could take it that a verbatim report would not be of any greater assistance to him in the preparation of the minutes than the present system.

Miss Russell said that it would be a pity if the system were changed. Not every member would wish to have a verbatim account of what took place.

The Chairman said that the volume of opinion seemed to favour retention of the present procedure and he would suggest that the Council should reach no decision on the present proposal but should carry on as at present. If any member of the Council were dissatisfied about a particular report the matter could be raised again at that time.

This was agreed.

Other Business.

Sir Anthony Esmonde said that the Minister, in his speech at the inaugural meeting of the present Council, had drawn attention to the fact that expenditure on the health services was increasing. Sir Anthony said that a number of people get health benefits although they do not need them as much as other people who do not get such benefits. Certain people seem to be forced to the end of the queue and it was his experience that it was the weakest person who came out worst. He had recently become aware of the case of a man who had waited 11 months to have his appendix out. Some months ago he had had a discussion with a representative of the Voluntary Health Insurance Board and he was now of opinion that a useful purpose would be served if representatives of the Voluntary Health Insurance Board met the members of the National Health Council to discuss ways of co-relating the existing State services and those of the Voluntary Health Insurance. He thought that there were people in the middle income group who would take voluntary health insurance if they did not have to pay the full premium. It should be possible to hammer out a system whereby the people in the middle income group would pay part of the contributions and the State pay the balance. Such a system is in operation in other countries. The voluntary health insurance scheme is progressing but this applies mainly to Dublin and it is not doing so well throughout the country. A scheme, as suggested, would, he thought, meet the wishes of the Minister who had stated that the cost of the health services in the present year was expected to be £750,000 more than in 1958.

Mr. Costello enquired if there was any information on what was being done in other countries and whether there were any examples of the State contributing to the premium for sickness insurance.

Sir Anthony Esmonde mentioned Canada and Australia but said he was not very familiar with the schemes.

Mrs. Barry said that she, in common with some other members of the Council, had acted on the Advisory Body on voluntary health insurance which was set up by the Minister. Her recollection was that the advisory body had considered the full details of health insurance schemes in operation in most countries and she could not recall that there was any case where the insurance premium was subsidised by the Government.

The Chairman said that, as one of the members who acted on the advisory body, he recalled that that body had expressed the hope that if voluntary health insurance became a reality it would not be confined to the higher income group but that other groups would come in if the conditions were favourable. It was up to the Board to make the conditions favourable. If these people could be induced to take out voluntary health insurance the local rates would be greatly relieved. He saw no objection to the proposal that the Council should meet officials of the Voluntary Health Insurance Board to discuss the matter. The scheme had been a greater success than most people had expected, particularly in Dublin. This of course was largely due to the fact that people in the City were more easily organised. Many organisations also had their headquarters in Dublin and even though their members might be in the country they would be registered as Dublin members.

Miss Russell said that the staff in her hospital were generally members of the middle income group. They were also members of the Voluntary Health Insurance and this helped them with their hospital bills.

Mrs. Hunt said that in the country districts very few people were members of the Voluntary Health Insurance Scheme as they did not seem to know much about it.

Miss Russell said that the trouble was that people in the country were not in any organised groups.

Mrs. Barry said that it was the responsibility of the Voluntary Health Insurance Board to put up a scheme which would induce people in the middle income classes to participate.

Dr. Ward said that it would be better if an approach in this matter was made to the Minister rather than to the National Health Council. The scheme suggested would involve a merger between the existing health services and the Voluntary Health Insurance and he did not think that the Council was well enough informed to give advice on such a complicated matter. It seemed to him to be primarily a matter for the Minister and his Department to examine proposals from the Voluntary Health Insurance Board. The Minister could then submit the scheme to the National Health Council which could usefully consider the question at that stage.

Professor Cunningham said that he agreed with Doctor Ward. He said that the Voluntary Health Insurance Board would take on any person if he paid the required contribution. Many persons in the middle income group are paying voluntary health insurance. The idea of the patient and the State sharing the contribution is not new as it had been put forward by the I.M.A. eleven years ago. The I.M.A.'s proposal had been that the amount to be paid by persons in the middle income group should be decided by reference to their circumstances. No action in the matter had however been taken by the Government. He agreed with Dr. Ward that the Voluntary Health Insurance Board should approach the Government and that the National Health Council should not come into the matter at the moment. On the details of schemes he thought that in Australia the State paid part of the premium for persons and that this was also true of France.

Mr. Flynn said that when this question of health insurance was considered by the advisory body the first question they asked themselves was "would there be enough people here to justify the scheme?". The advisory body saw straight away that they could not expect support for the

scheme from the people in the country. The scheme was confined mainly to white collar workers and factory groups. As he saw it the significance of Sir Anthony's proposal was merely the shifting of the incidence of cost from one group to another. He could not agree that there would be any saving in money to the nation as distinct from the State. Neither did he think that people who had not joined already would do so if the premium were 50% less. The Voluntary Health Insurance Board would of course welcome the suggestion as it would mean more members. It would, however, mean that either the State or the local authority would have to foot the bill to make up the difference. The proposal would also involve additional expenditure on administration. At present the holders of medical cards were checked once a year to ensure that they were still in the lower income group. A similar procedure would be involved in relation to the middle income group if they were subsidised towards voluntary health insurance. He wondered if there would be any advantage at all to the State in these circumstances.

Referring to the statement made by Sir Anthony Esmonde regarding an appendix case which had to wait for eleven months for treatment, Mr. Flynn said that he had no reason to believe that the weakest members of the community or persons in the lower income group were victimised. His experience was that the medical profession always placed the interests of the patient before any other consideration. He felt that the Council was now discussing the incidence of cost rather than the saving of expenditure to the State. He had observed that persons in the Voluntary Health Insurance Scheme were going from the country to Dublin for treatment. This was all to the good but the fact was that the country had hospitals and services available. In addition to paying for the hospitals, health authorities would also be paying 50% to the Voluntary Health Insurance Board. The estimates of local authorities would go up but the cost of running institutions would remain stable. He felt that before the Council met representatives of the Voluntary Health Insurance Board they should ask themselves what advantages would be gained from the proposed assistance to the middle income group. He considered that the Minister should first decide whether the State or the local authority would be prepared to meet the expenditure involved.

(Alderman McGuinness and Deputy Teehan left the meeting at this stage).

Sir Anthony Esmonde said that Mr. Flynn had raised the question of administrative difficulty but he would point out that there was nothing new in this since, even now, it must be decided who is in the middle income group. With regard to the cost falling to be borne by the State, he said that at present the State pays 100% of the charges for the middle income group and that under the scheme suggested the patient would pay 50%, 25% would come from the Central Fund and 25% from local funds.

Professor Cunningham said that he did not entirely agree with Mr. Flynn. He thought that the Voluntary Health Insurance was not sufficiently publicised. 85% of farmers already have free medical attention and the remaining 15% are well off. If the Voluntary Health Insurance Scheme could be popularised among farmers and shopkeepers he thought that it would spread generally.

He suggested that paying patients might be allowed into local authority hospitals. Some beds could be allocated as paying beds as is done in most countries now and is done even in Russia. If specialists had more private patients they would be more satisfied and it would be easier to get them in the country hospitals. If the cost was being paid from Voluntary Health Insurance more people would join because they would then be private patients and not patients of the State. The State would be saved money.

Mrs. Barry said that if people in the middle income group were getting a full service at the moment she did not think that they would be willing to pay the full premium for health insurance.

Dr. Maguire said that the middle income group did not get a full free service as they were obliged to contribute a certain amount.

Mr. Macken said that the health act services were provided in public wards. Under Section 25 of the Health Act, 1953, people in the middle income group get a contribution of 8s. a day from the local authority if they choose to go into private or semi-private accommodation in a particular hospital. They are also liable for any fees and other charges over and above this amount. Local authorities are often presented with bills for such persons and they amount to much more than what it would cost the health authority to treat them in a public ward. He thought that many of these persons would be prepared to participate in the Voluntary Health Insurance Scheme. In fact, he felt sure that many of them do so at present. The Voluntary Health Insurance Board would no doubt welcome them. If, however, there was to be a contribution from the State and the local authority towards the premium for these classes it would add considerably to the administrative problems of the local authorities since their circumstances would have to be investigated whether or not they were sick. He felt that the Council should be obliged to Sir Anthony Esmonde for having introduced this subject as it opened up many possibilities. One of the things which he hoped might emanate from a discussion would be that the Board could provide a scheme to include payment for out-patient specialist services. People often prefer to go to hospital at present rather than travel long distances and pay heavy fees. The Voluntary Health Insurance Scheme was losing money because of the lack of such a scheme.

The Chairman thought that it would be useful to have a discussion with representatives of the Voluntary Health Insurance Board. He did not think that the implementation of any scheme on the lines proposed would require government sanction. It might well be possible that financial assistance from the State would not be required.

Mrs. Barry said that the Voluntary Health Insurance Scheme could be extended at any time to cover additional benefits. It would be a matter for the Board to initiate any scheme for such extension and not for the Council. The more support the Board get, the better benefits they can give.

Mr. Flynn said that he did not favour the idea that the State should contribute towards the insurance premiums.

Sir Anthony Esmonde said that state expenditure is going up. The Voluntary Health Insurance has taken on in Dublin only but if its scope is extended to cover the middle income group some of the load could be taken off the State. If the State and the Voluntary Health Insurance Board co-operate in the matter, the scheme should be administered by the Board. It would be useful if the Council could discuss the matter with the Voluntary Health Insurance Board.

Mr. Flynn said that the only way the premium could be reduced for any group of people would be by a contribution from the State or the local authority. The report of the Voluntary Health Insurance Board showed that they could not at present provide more benefits. If the Scheme was to take on any additional burdens a subvention from the State or elsewhere would be required.

Sir Anthony Esmonde said that if the money was to come from the State there would be no advantage in bringing in the middle income group since the whole idea of the proposal was to save the State the money which would otherwise be spent in providing health services for this group.

Professor Cunningham said that it was he who had suggested that the State should contribute towards the premium. If the State was to pay half the premium it would still be relieved of a considerable burden. The State had already imposed charges on eligible patients for certain out-patient specialist services because of the high cost of these services. If the people concerned could be induced to join the Voluntary Health Insurance Scheme they would get a better service and it would be a saving on public funds.

Mrs. Barry said that it was up to the Voluntary Health Insurance Board to tell the people that by taking out an insurance policy to pay for health services they could save money. This was not a function of the State but could be done by the Board through propaganda and advertising.

Mr. Flynn queried the use of the word "State" in the discussion. People who take out voluntary health insurance pay a little more than those who do not but the ultimate cost to the nation is the same.

(Miss Russell left the meeting at this stage).

Mr. Macken did not agree that a State contribution was inevitable. He thought that it was a matter for the Voluntary Health Insurance Board to put up a scheme but he could see no harm in the Council discussing it with representatives of the Board.

Mr. Flynn said he would support a discussion with the Voluntary Health Insurance Board but he thought the Council should clear their minds in the matter before it was discussed further.

Dr. Maguire suggested that it might be more practical for the Voluntary Health Insurance Board to discuss the matter with the County Managers' Association.

It was finally agreed that the Secretary should communicate with the Board and ask them to send representatives to discuss with the Council the extension of their schemes to the middle income group.

Mr. Costello said that in view of recent adverse press publicity in regard to the cost of drugs and medicines he felt obliged to make a statement to the Council as the matter was vitally connected with the administration of the health services. He had made enquiries into the allegations made in a recent letter from a doctor in Northern Ireland who had purchased some drugs in County Donegal. The fact of the matter was that manufacturers' prices in Britain and Northern Ireland were lower than those obtaining in Ireland for the same products. These prices related to items which would be used in doctors' prescriptions. Mr. Costello gave the following examples of the differences in these prices:

prices
used by
Irish

British
prices
Q58

Article	Prices in Northern Ireland and Britain	Prices in Republic
Achromycin Capsules 250 mg.	43/6	54/-
Achromycin Syrup	16/3	27/-
Achromycin Pediatric Drops	11/-	16/9.

...../Contd

Article	Prices in Northern Ireland and Britain	Prices in Republic
Ledermycin Capsules	43/6	55/6
Nembutal Capsules 100	16/-	28/6.
Erythrocin Syrup	18/-	22/6.
Terramycin Capsules 16	43/6	54/-
Terramycin Capsules 100	270/-	324/-
Vidaylin Vitamin Syrup	5/-	8/-
Beplete Elixir 4 oz	5/-	8/6d.
Beplete Elixir 40 oz.	20/6	46/8d.
Beplete Tablets 50	5/-	8/6.
Beplex Elixir 4oz	4/8	9/9 (5 oz)
Beplex Capsules 50	4/8	10/-
Chloromycetin Capsules 250 mg. (100 in bottles).	169/3	198/3
Chloromycetin Palmitate 60 c.c.	16/-	19/-
Achromycin Oral Suspension	16/3	27/-

Mr. Costello said that in the examples he had given questions of duty and tax did not arise. He considered that it was unfair to this country that there should be such wide differences in these prices and he felt it only right to state the facts for the Minister's information. This was a matter which concerned everyone, not merely certain income groups.

Mr. Macken suggested that a recommendation should be made to the Minister in the matter as it was of vital importance.

The Chairman said that the matter should be put before the Minister.

/11.....

Mr. Costello felt that it was only right that the matter should be brought to the Minister's attention as there appeared to be an element of exploitation involved. He had spent a considerable time endeavouring to find out the reason for the difference in price levels but had failed.

Professor Cunningham enquired whether there were any taxes or levies included in the figures quoted by Mr. Costello.

Mr. Costello said that there were not, apart possibly from 1d. or 2d. package tax. He had tried for two years to find the reason for the extra charges but had failed.

Mrs. Barry suggested that the Council might ask the Minister to examine these figures and to enquire into the reason for the difference in prices.

In reply to a query from Dr. Maguire, Mr. Costello explained that in England the National Health Service pays for drugs but has no control over prices.

Mr. Pelly asked if most preparations were not imported in bulk and packed in this country in order to avoid import duty.

Mr. Costello said that the wholesalers in this country have to pay 25% more than their counterparts in England.

Mr. Flynn said that this was a matter which required examination. The Council had been given the facts and they should now be put to the Minister.

It was agreed that the Minister should be informed of the facts reported to the Council, which would appear to justify further investigation by him.

Mr. O'Sullivan said that there were one or two matters on which he would like the guidance of the Council in connection with his membership of it. He enquired whether, as a member of the National Health Council, he was entitled to ask for any official report such as the report of the Dental Council. He also wished to know if he would be entitled in his capacity as a member of the Council to inspect any hospital or institution.

The Chairman said that any information sought by a member of the Council was normally made available. In regard to the other point, a member of the National Health Council had no specific rights as such in the matter of inspecting institutions.

Mr. Macken said that health authorities were always accommodating in giving facilities to people who genuinely wished to learn. If it were a question of a complaint, he would not consider it should be investigated by a member of the Council. If any member of the National Health Council wished to visit a particular institution he felt that this could probably be done by prior arrangement with the authorities of the hospital.

Mr. O'Sullivan then referred to the question of enquiring into the working conditions of members of his profession.*

The Chairman said that the functions of the National Health Council were concerned only with general questions affecting the operation of the health services. The Council did not investigate petty or localised personal complaints. They had recently discussed the absence of a service in a particular area but the circumstances were exceptional. In general

He explained that he wished to know if he would be permitted to see for himself the facilities available to a Dental Surgeon in which to carry out his professional duties. It was not terms of employment which interested him. *Edo*

it would be highly undesirable for the Council to attempt to enquire into particular cases.

Mrs. Hunt enquired whether the question of the problem of providing for very ill incurable patients could be raised at some future meeting of the Council.

The Chairman said that there would be no objection to raising this matter.

Date of next meeting:

The next meeting of the Council was fixed for Friday the 25th November, 1960 at 3.30 p.m.

The meeting terminated at 5.30 p.m.

*E.S.B. Brown.
25/11/60.*

Confidential Until Confirmed.

NATIONAL HEALTH COUNCIL

Minutes of meeting held on Friday 25th November, 1960 in the Conference Room, Áras Mhic Dhiarmada, Dublin.

The members present were:-

E.S. Ó Braoin, Uas., Chairman,
Dr. H. Aughney,
Leslie, Bean T. de Barra,
Dr. D. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
Miss A.W. Doherty,
J. Doherty, Esq.,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Mrs. L. Hunt,
M. Macken, Esq.,
Dr. George Maguire,
Alderman M.J. McGuinness,
M. Moynihan, Esq.,
C.A. O'Sullivan, Esq., B.D.S.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
Dr. H. Quinlan,
Dr. J.F. Shanley,
Patrick J. Teehan, Esq., T.D.,

Apologies for their inability to attend were received from Miss K.F. Russell, Dr. F.C. Ward and Mr. E.F. O'Donoghue.

Minutes of Previous Meeting.

The Chairman said that the following amendments to the minutes, as circulated, had been suggested:-

On page 9, line 35, insert after "that": "the prices charged by certain manufacturers - American and British -".

On page 11, line 44, insert after "profession": "He explained that he wished to know if he would be permitted to see for himself the facilities available to a dental surgeon in which to carry out his professional duties. It was not terms of employment which interested him."

The minutes, as so amended, were approved and signed.

Correspondence:

The Chairman read the following letter from the Department of Health (copies of which had been circulated with the agenda):-

"A Chara,

I am directed by the Minister for Health to inform you that he has appointed Mr. M. Moynihan, "St. Anthony's", Woodlawn, Killarney, Co. Kerry to be a member of the National Health Council for the period

ending on the 31st March, 1962.

Mr. Moynihan has been informed that you will let him know the date of the next meeting of the Council.

Mise, le meas,

(Signed): P.S. O'MUIREADHAIGH *.

The Chairman extended a cordial welcome to Mr. Moynihan on his re-appointment. He said that his presence had been missed and that he was sure that Mr. Moynihan would be as great an asset to the Council as he had been in the past.

Mr. Moynihan thanked the Chairman for his welcome and good wishes. He was glad to be back on the Council and hoped that his contribution would be worthy of the interests he represented.

The Chairman read the following letter from the Department of Health (copies of which had been circulated at the beginning of the meeting):-

"A Chara,

I am directed by the Minister for Health to state that, having noted from the minutes of the Council's meeting on 16th September last that the Council had decided to ask the Voluntary Health Insurance Board to send representatives to the next meeting of the Council to discuss with the Council the extension of their schemes to the middle income group, he considered it desirable to seek the Attorney-General's advice on whether such discussion would come within the scope of the Council's functions defined in Section 98 of the Health Act, 1947, as amended by Section 41 of the Health Act, 1953. The following advice has now been received from the Attorney-General:-

"In so far as the discussion may be directed towards securing an extension of the Voluntary Health Insurance Scheme, the matter seems to be clearly outside the competence of the Council acting on its own initiative. In so far as the discussion may be directed towards replacing the provisions of the Health Acts in relation to the middle income group it appears to me to be also outside the competence of the Council".

In the light of this advice the Minister presumes that the Council will not now wish to proceed with their proposal.

Mise, le meas,

(Signed): P.S. O'MUIREADHAIGH *.

The Chairman said that the second part of the Attorney-General's advice went without saying. This matter did not in fact arise as the Council would not presume to dictate to the Minister. He also accepted the first part of the Attorney-General's advice but said that the matter was open for discussion.

Dr. Shanley said that, in view of the legal advice, he thought that the matter should not now be pursued. He said that, in any event, the Voluntary Health Insurance Board is only now getting on its feet and that it might be premature to ask the Board to consider extending the scope of its activities at this stage even if it were legally possible for them to do so.

Mr. Macken said that the extension of the Voluntary Health Insurance Services to the middle income group had not been the only matter which the Council wished to discuss. He had suggested that a scheme might be devised which would include payment for out-patient specialist services and which would relieve the present demand for beds.

The Chairman said that they were debarred from considering anything which did not relate to the operation of the health services. Had this matter been referred to them by the Minister they would have been able to consider it. As the Council had raised the matter on its own initiative, it now appeared to be outside its functions.

Sir Anthony Esmonde said that he was not surprised at the letter which had been received. His object in introducing this matter had been to endeavour to reduce overall expenditure on the health services. He thought that a useful purpose would have been served by a meeting with representatives of the Voluntary Health Insurance Board. The Council was not trying to impose anything on the Minister or on the Department but, from his experience as a politician, he was not surprised that the bureaucrats did not like suggestions such as this. He said that a discussion had been held previously with the Brothers of St. John of God and that this discussion had been very useful. On the whole, he felt that the matter had now got into the usual bureaucratic tangle and he had not expected anything else.

The Chairman said that the interview with the Brothers of St. John of God had been different as the object had been to get information concerning the position of a section of the people not catered for by the Health Act. He himself had believed that they could arrange a discussion with representatives of the Voluntary Health Insurance Board because no obligations would have been involved on either side but, in view of the Attorney-General's advice, they were now debarred from considering the matter. The letter received from the Department might depend on the case put to the Attorney-General by the Department and the Council did not know what this case was. The fact was, however, that the subject had been ruled to be outside the Council's functions.

In reply to a question from Mr. Macken, the Chairman said that, in deciding on the discussion with the Board, what the Council was really concerned with was to try to reduce expenditure. The Minister had asked them to do this at their inaugural meeting and, at the first meeting of the Council in 1948, a similar plea had been made.

Mr. Macken said that the Council should have made clear what they intended to discuss with the representatives of the Voluntary Health Insurance Board. They had not decided precisely what they wanted to discuss and he felt that they should, in all cases, do this. If they did, they would be in a better position to decide themselves whether a matter was within their functions. The type of discussion which he himself had in mind, viz. saving generally in expenditure from public funds, was not referred to in the letter of 15 Samhain, 1960 from the Department of Health.

Mrs. Barry stated that what she had in mind was a general discussion only. It was a matter for the Voluntary Health Insurance Board and not the National Health Council to initiate proposals for the extension of the Voluntary Health Insurance Scheme. The suggestion put forward at the last meeting of the National Health Council had not been on such definite lines as this.

Mr. Costello said he agreed with Mr. Macken that the Council had not made clear what type of discussion they had in mind with the Voluntary Health Insurance Board. He himself intended a general discussion with a view to seeing in what circumstances the Board could co-operate in providing services for border-line cases at a reduced fee with a view eventually to relieving the burden on the State services. He considered it a most desirable thing that people should be encouraged to depend on themselves even in instances where they could pay only a small proportion of their medical expenses. The Council's ideas as expressed at the last meeting had, however, been very vague and the Minister and the Attorney-General had obtained a wrong impression as to what they had in mind.

Sir Anthony Esmonde said that their purpose had been to reduce expenditure. He felt that the Department had taken the wrong angle although he could not see how this could be done from the complete report of the discussion.

Dr. Shanley said that irrespective of the legal opinion he felt that consideration of the matter was premature. Although the last report on its accounts showed that the funds of the Voluntary Health Insurance Board were in a favourable condition, the Board was still in the experimental stage. The Board had already turned down proposals for extending its services but it may extend these services later when the position regarding its finances is clearer. He thought it would be better to postpone further consideration of the matter for six or nine months until the Voluntary Health Insurance Board would be in a better position to extend its services.

Mr. Macken said that he had not been aware that at the last meeting a formal resolution had been passed asking representatives of the Voluntary Health Insurance Board to discuss with the Council the extension of their scheme to the middle income group. It had not been his intention that this would be the object of the representatives of the Board in coming to a meeting of the Council. He thought that, for the future, it would be better for the Council to agree on a formal resolution at the end of a discussion.

Mrs. Barry said that she did not agree with the resolution as reported on page 9 of the minutes of the previous meeting. She had agreed, however, with the Chairman's suggestion that a general discussion with representatives of the Board would be useful.

Mr. Macken said that he had thought that what the Chairman suggested, as reported on page 8 of the minutes of the previous meeting, had represented the opinion of the meeting. His recollection was that the Council had in mind a fact - finding discussion and that they did not intend that the Board would be asked specifically to extend its services to the middle income group.

Sir Anthony Esmonde stated that he considered that Mr. Macken's observations were based on the particular paragraph summarising the discussion of the previous meeting and not on the entire minutes of the discussion. He felt that they could assume that the opinion of the Attorney-General was based on the entire minutes; if it were based only on the final part this could be misleading.

The Chairman said that the terms of the paragraph summarising the discussion were, perhaps, somewhat unfortunate. He considered that the Council had not agreed to ask the representatives of the Voluntary Health Insurance Board to come to discuss any particular measure which might be taken by the Voluntary Health Insurance Board to take in the middle income group; in undertaking such a discussion, they would be assuming the functions of the

Minister. What they had in mind, he felt, was a general discussion with the representatives of the Board on ways and means of extending its benefits to afford relief to more members of the community.

Mr. Macken said that in the discussion it was what was finally agreed upon that really counted and that the final paragraph in the minutes of this discussion gives the impression that general agreement had been reached. His recollection was that this was not so but that different views were held by the members.

Mrs. Barwy said that they had accepted the minutes, which were now signed, and that it would be better to let the matter rest.

The Chairman said that, in his opinion, the second portion of the Attorney-General's advice was based on the summary of the discussion. He thought that the Council must accept the decision that it had no functions in this matter. He thought that the first part of the legal advice debarred further consideration of the matter.

Mr. Macken said that, as the activities of the Voluntary Health Insurance Board appeared to be outside the functions of the National Health Council, there was no point in pursuing the matter further.

Mr. Moynihan said that the Council had the duty of advising the Minister on all aspects of the health services and he thought that a fact-finding discussion with representatives of the Voluntary Health Insurance Board would be useful. Voluntary Health Insurance covers a wide section of the community and the National Health Council is also concerned with the health services for this section of the community. He felt that a greater expansion of the Voluntary Health Insurance would lead to better health standards and that, as it affected the health of the community as a whole, the question came within the scope of the Council. A discussion, without necessarily advising the Board, would be most useful.

Mr. Flynn said that he considered that the paragraph referred to by Mr. Macken did not convey the import of the Board's discussion. The Voluntary Health Insurance Board would extend its scheme to anybody who applied and, in fact, many of the middle income group had already applied and availed themselves of the benefits of the scheme. He put it (and Sir Anthony agreed, subject to qualification) that what was intended was that local authorities would contribute 50% of the cost for those who wished to insure themselves. If this were so, the paragraph was defective in that such a proposal would cover persons other than those in the middle income group. The intent of the proposal was that it would ultimately lead to a reduction in State and local authority expenditure. He did not agree with the proposal itself but whether the Council should discuss it was another matter entirely.

Sir Anthony Esmonde said that his point of view had not been unanimously accepted at the last meeting but that, in spite of disagreement, it had been decided that a useful discussion could be held with the Voluntary Health Insurance Board. This had been conveyed in the minutes and he could not therefore understand the substance of the letter from the Department unless only the last paragraph had been sent to the Attorney. It had not been intended to dictate to the Minister but to have a general discussion with the Board.

The Chairman said that he had not agreed with an extension of part-payment by the health authorities but that he had thought that it might be possible to get the Voluntary Health Insurance Board to cater better

for the middle income group and to reduce the expenditure of local authorities. This question is, however, remote from the operation of the health services throughout the country. It was the Council's function to discuss and make recommendations to the Minister on matters relating to the operation of the health services but he personally doubted if the Council could discuss the financing of these services. In the present instance he considered that the Council was debarred from discussing this particular matter further in view of the Attorney-General's decision.

Dr. Shanley stated that there is no question but that the Voluntary Health Insurance Board would insure all who contribute. If the proposal in mind was that a contribution of a certain amount, say 50%, be made by the health authorities, then that proposal was outside the ambit of the Council. On the other hand, if the idea was simply to discuss generally the possibility of making it cheaper for the middle income group to join the Voluntary Health Insurance Board that might be within their competence. At the moment it was impractical to discuss such an idea as the Board, which was only beginning its operations, would probably try to reduce existing premiums rather than extend the scheme.

The Chairman stated that all members of the Council seemed to agree to let the matter rest for some time and, if it were considered advisable, to re-open it again at a later date. In view of the opinion of the Attorney-General, he did not think that the Council could discuss the matter now.

The Council concurred.

Consideration of the following motion proposed by Mrs. L. Hunt.

"That the problem of providing accommodation in general hospitals for geriatric cases (not mental) needing hospital treatment be discussed by the National Health Council as a matter of urgency, and recommendation made to the Minister for the provision of additional wards for the hospitalisation of such cases."

Mrs. Hunt said that this section of the community is not properly catered for as no provision is made for the really chronic sick. In the new hospital which had been opened in Dundalk on the previous day no place had been put aside for these cases although there must be some hundreds of them requiring attention. Some have no homes to go to and when they are convalescing they must sit in the wards which is bad for the medical and surgical cases who see them. St. Mary's Hospital is always full and the County Homes have no provision for people who are chronically sick and require some attention. This attention cannot be given in their own homes. Mrs. Hunt enquired whether some provision could be made for these people in their own towns.

Mr. Macken said that these people can get attention in the Infirmary in the County Home.

* Mrs. Barry said that the Council should consider the overall position and that they should have recommendations from all the local authorities, including Louth. In St. Finbarr's Hospital, Cork, the patients mentioned by Mrs. Hunt are well catered for and two wards are set aside for women and two for men. If the matter was to be considered by the Council she thought that it would be better first to get particulars of the position throughout the country.

Mrs. Hunt said that the position in other counties was also bad.

* Mrs. Barry said should the Council deal with this motion, it would be necessary to secure from all local authorities, including Louth, a statement on the overall position in each.

Mr. Flynn said that the County Homes, rather than the County Hospitals, were intended to cater for geriatric cases. In his experience geriatric cases were not kept in the general hospitals in England and comparable hospitals in Ireland were better than those in England. He said that probably up to 50% of the population of the County Homes are old chronic sick and the questions to be considered are rather (1) are the County Homes good enough and (2) is the standard of medical practice in the Homes high enough?

Mrs. Hunt said that both the Homes in County Louth were full and the problem remained of how to accommodate the rest of the chronic sick in the county.

The Chairman said that he knew that in two County Homes, in Laois and Offaly, all these cases were catered for.

Mr. Flynn, in reply to a question from Mr. Costello, explained that the County Home was originally the Poor House. About 50% of the occupants of the County Homes are chronic sick. In the last few years there has been a great improvement in the standard of accommodation and also in the spirit of these Homes.

Dr. Shanley said that the persons referred to by Mrs. Hunt were in a special category. There is a large number of old people who do not require active treatment and who have no place to go to.

Mrs. Hunt said that the problem is becoming more general as people are now living longer.

Mrs. Barry said that in some places smaller sanatoria are being turned into homes for the aged. She thought that the matter should be taken up in the first instance with the County Council concerned rather than with the Minister.

Dr. Anghy stated that in her general experience all patients requiring accommodation in County Homes can get such accommodation and in Wexford the provision for such people was particularly good. She felt, however, that attention should be directed to the other side of the problem which was that the necessity for the sending of such people to the County Homes should be removed. This particular problem has already been discussed at the Geriatric Committee of the Irish Red Cross while other voluntary committees of the Red Cross have made efforts to keep these people out of the County Homes. It has already been suggested at meetings of these committees that a pilot survey be undertaken to ascertain the type of patient that would prefer to stay at home if possible; many such cases merely need a visitor calling regularly, viz. the Public Health Nurse or a voluntary social worker. Others of course need special medical attention but generally she felt that the object should be to prevent these people drifting into the institutions, thus lessening the pressure on bed accommodation.

Sir Anthony Esmonde said that he thought that Mrs. Hunt's problem concerned mainly those people who had no homes at present.

Mrs. Barry said that there are voluntary groups who visit the aged and attend to their wants. A member adopts two or three old people, visits them regularly and gets the doctor or nurse, when required. Her

experience was that these people prefer not to go into a hospital or home. She thought that there should be sufficient accommodation in the County Homes for people who have no homes of their own.

Mr. Flynn said that they had made a survey of a large number of people in Cashel County Home with the object of discharging or keeping out of the County Home those people who could be maintained at home. They had found, however, that practically all had nobody to maintain them at home. He said that some old people preferred to stay at home even though they may live on their own but that others prefer to live in a group and are quite happy in institutions.

(Mrs. Barry left the meeting at this stage).

Dr. Quinlan said that he had been astounded to see the number of geriatric patients in St. Kevin's Hospital; these were very well looked after. He said that most local authorities provided good accommodation for geriatric patients but he would agree with Dr. Aughney that the problem of trying to prevent the influx of chronic sick into public institutions should be tackled. He suggested that Mrs. Hunt should exert pressure on her health authority for the solution of the problem of chronic sick in Drogheda at present.

Mrs. Hunt stated that the discussion had been most helpful and, in the light of it, she was prepared to withdraw the motion.

Other Business:

Sir Anthony Esmonde said that the ambulance services had been discussed by a previous Council and recommendations made to the Minister. During the past three weeks he had come across two accidents in two different counties where there was delay in procuring an ambulance. He wished to make it quite clear that he was making no charges against the Councils concerned or the administration of the service. His contention was that the cases illustrated that the present system was faulty.

In the first accident a man was seriously injured. The night was cold and the man was lying on the side of the road, unconscious, with his clothing saturated with blood. This man was $1\frac{1}{2}$ hours on the roadside before the ambulance came. The reason for this delay was that the ambulance driver lived $1\frac{1}{2}$ miles from the hospital and had to cycle to the hospital to get the ambulance. On this night - Sunday night - the ambulance driver was at the pictures. When the patient was eventually put into the ambulance he was in a low condition. He had not died but was still in hospital.

In the second accident a man and a woman were injured. The woman was not seriously hurt but was hysterical. The man's leg was broken and he was in considerable pain. A messenger was sent for the ambulance, which was quite close, but he came back after half an hour to say that the ambulance would not start. Another ambulance was contacted but it was only after $1\frac{1}{2}$ hours that the two cases could be removed.

Sir Anthony said that no blame attached to anybody concerned with these two cases. The system, however, was at fault as, in the case of an accident, the local ambulance must be contacted and, as it may at that time be on another call, considerable delay may occur. He said that the position in Dublin was a different matter where the fire brigade ambulance usually arrives in a matter of ten minutes. He wished to reiterate what he had said already that there are always difficulties in getting an ambulance in rural places. He discussed

the position with the district medical officers in the areas where the accidents had occurred and one of the district medical officers stated that it was lucky the accident occurred after dark, as otherwise the ambulance would never have been obtained, since it would probably have been transporting people to or from Dublin. He said that he wished this matter to be included specially in the minutes of the meeting of the National Health Council and brought specially before the Minister. He wished to repeat again the suggestion made at previous meetings that a national ambulance service be established on a zonal basis; he felt sure that under that system an ambulance would always be available in a much shorter time.

Mr. Flynn said that Sir Anthony had put his finger on two shortcomings in the ambulance services:

1. the ambulance driver may not be living near enough to the hospital and
2. ambulances are not being kept up to date as they should.

He thought that the present system of making ambulances available is quite good as, if the ambulance is not available, the Matron contacts the ambulance of another county. He thought that a house should be provided for the driver near the ambulance and that older ambulances should be replaced.

Mr. Macken said that a point which was being overlooked was that a large number of accident cases could be brought to hospital by car. He understood from his medical advisers that an ambulance is not essential in a large percentage of accident cases. A number of county councils have made arrangements to hire cars and he thought that by doing so a lot of difficulties could be avoided.

As an illustration of the difficulties which can arise when an ambulance is urgently required, Mr. Macken instanced the case of an accident which occurred on the Naas Road. When he went to 'phone for an ambulance the directory could not be found; when found, the relevant page was missing; he contacted an AA patrol man but his communication system was not working; somebody offered to go for the doctor but his car would not start. He said that the tendency was to have the ambulances spread out so that they may be more accessible but that, as there is always the danger that something will go wrong, he thought that it might be better to have all the ambulances in one location.

Dr. Shanley said that certain accident cases, such as fracture of the spine or of the thigh, are common and that it is dangerous to put such cases into a car. It is difficult to know at times whether an accident is of this type or not.

Professor Cunningham stated that two years ago a sub-committee of the National Health Council examined the whole question of ambulance services in the country and outlined the shortcomings of the existing arrangements in a lengthy report for the Minister; the report was acknowledged but, beyond that, he understood that nothing was done about it. While certain accident cases could be transported to hospital by private car, it is often difficult, even for a doctor, to decide whether a patient is fit to be removed by car or not. Motorists are usually reluctant to transport patients in their private cars to hospital because they are in danger of being held responsible for further injuries to the patient in their cars and because damage can easily be done to the interior of the car for which no compensation would be payable.

Professor Cunningham stated that ambulances should be kept at the hospitals at all times for cases for whom ambulance transport was essential and should not be used for transferring patients home who can well go by public transport.

Sir Anthony Esmonde, referring to the two accident cases previously mentioned by him, said that, in the first case, a doctor had been there before him and had decided not to move the patient. He, Sir Anthony, had agreed with this decision. In the second case he was the first doctor on the scene and he had taken the decision not to move the man with the broken leg. Another doctor, who subsequently arrived, agreed with him. He added that he did not think that private car owners would take the responsibility for moving accident cases such as these. His point was that ambulances should be readily available for these cases.

Professor Cunningham stated that he was aware of cases where patients were kept over three days in hospital waiting for the local authority ambulance to take them home and where they were well able and quite willing to go home themselves.

Mr. Macken said that local authorities never prevent patients from going home from hospital at any time or in any manner. In the voluntary hospitals the Matron usually notifies the local authority that patients are ready for discharge. In some cases the Matron is aware that the local authority ambulance will be calling to the hospital on a certain date and she retains patients who are awaiting transport home until the arrival of the ambulance. Mr. Macken felt that voluntary hospitals might be made aware that health authorities had no objection to the discharge of patients at any time they are ready.

Sir Anthony Esmonde said that local authorities felt it was cheaper to take a patient home by ambulance than to give him a travel voucher.

The Chairman suggested keeping an emergency ambulance driver in the gate lodge.

Mr. Flynn said that gate lodges are being abolished. He thought, however, that the ambulance driver should have a house near the ambulance. He did not think that the members of the local authorities would agree to all the ambulances being pooled in one place. He agreed that he could take the matter up with the County Managers' Association.

Dr. Aughey stated that ambulances generally were not comfortable and were poorly heated.

Mr. Flynn stated that the Volkswagen and Commer ambulances in his counties were well heated and he saw no difficulty in the installation of heating in ambulances. He said that the real difficulty in the matter would be in making the approach to health authorities for the provision of funds to have the installations carried out.

Dr. Maguire said that a very good ambulance had recently been provided in Mayo. He suggested that a van might be a suitable alternative means of moving a patient when an ambulance is not available.

It was finally agreed to ask the Department to take notice of the discrepancies set out in the minutes with a view to eliminating delays and ensuring that ambulances are properly equipped.

Date of next meeting:

The next meeting of the Council was fixed for Friday, 27th January, 1961.

The meeting terminated at 4.55 p.m.

E.S. O'Brien
24/2/61

CONFIDENTIAL UNTIL CONFIRMED

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on Friday, 24th February, 1961, in the
Conference Room, Aras Mhic Dhiarmada, Dublin.

The members present were:-

E. S. Ó Braoin, Uas., Chairman;
Dr. D. Connolly;
Professor J. F. Cunningham;
Miss A. W. Doherty;
Sir Anthony C. Esmonde; Bt., T.D.;
J. P. Flynn, Esq.;
Mrs. L. Hunt;
Professor W. J. E. Jessop;
M. Macken, Esq.;
Alderman M. J. McGuinness;
M. Moynihan, Esq.;
E. F. O'Donoghue, Esq., L.D.S.;
C. A. O'Sullivan, Esq., B.D.S.;
Dr. J. P. Shanley;
Patrick J. Teehan, Esq., T.D.

Apologies for their inability to attend were received from Dr. H. Aughney, Mr. L. P. Pelly, Dr. H. Quinlan, Dr. F. C. Ward, Dr. G. Maguire, Leslie, Bean T. de Barra, Mr. M. Costello and Miss K. F. Russell.

On the motion of the Chairman, the sympathy of the Council was extended to An Tánaiste on the death of his brother.

The members stood in silence.

On the motion of Mr. Moynihan, the sympathy of the Council was extended to Mr. Flynn on the death of his mother.

The members stood in silence.

Minutes of Previous Meeting:

The Chairman said that the following amendment to the minutes, as circulated, had been suggested:-

On page 6, delete first sentence of penultimate paragraph and substitute:

"Mrs. Barry said should the Council deal with this motion, it would be necessary to secure from all local authorities, including Louth, a statement on the overall position in each".

The minutes, as so amended, were approved and signed.

The Chairman welcomed Professor Jessop to the Council's meeting. He said that he realised that it had not been possible for the Professor to attend previous meetings.

Professor Jessop thanked the Chairman for his welcome and said that he was sorry that he had been unable to attend previous meetings.

/Correspondence

Correspondence:

The Secretary read the following letter from the Department of Health, copies of which had been circulated at the beginning of the meeting:-

"A Chara,

I am directed by the Minister for Health to refer to your letter dated 16th December, 1960, and to state that, as requested by the Council, he has noted the views expressed at the meeting of the Council regarding the questions of eliminating delay in procuring ambulances and ensuring that ambulances are properly equipped.

The allegation that delays in discharge of patients from hospital arose because they were awaiting local authority ambulances is being further inquired into.

Mise, le meas,

(Sgd.) K. U. Connolly"

Sir Anthony Esmonde said that the first paragraph of this letter was not very informative. He wondered whether the Department would do anything about it other than noting the position.

Other Business:

Mr. Moynihan said that the Council should consider recommending the setting up of machinery which would enable medical cards to be issued without delay. What he had in mind was the case of a person, such as an agricultural or forestry worker, who, while working, is not normally eligible for a medical card. When such a person falls sick he requires a card at that stage as his wages cease and his National Health benefits do not go far in providing him with the medical attention and drugs he requires. If he applies for a medical card, there is considerable delay in investigating his application and, by the time he gets the decision, it is quite likely that he has resumed his work. He cannot then be re-paid the money he has spent on drugs and medical attention. He thought that there was need for some machinery which would enable such a person to get a medical card immediately he fell sick. He suggested that the District Medical Officer might have authority to use his discretion in issuing a medical card in such a case.

Alderman McGuinness stated that there was, in fact, machinery available to enable medical cards to be issued in such circumstances. County Councillors were authorised to do so.

The Chairman said that special wardens were appointed to issue tickets in an emergency.

Mr. Macken agreed and said it was open to a health authority to appoint special wardens if they found that the number of Councillors was inadequate for the purpose.

Sir Anthony Esmonde said that he had always understood that the final decision in regard to the issue of medical cards was a matter for the County Manager, who applied a means test. In the particular case mentioned

/of

of a man with £7 or £8 a week, it was clear that hardship would result if he were absent from work for two weeks owing to illness. The overall income for the year is taken into account so that, in the case referred to, the decision would inevitably be that he would be ineligible for a medical card. When this man resumed work he would have to meet certain bills which had accumulated during his illness. If he were ill for a period of ten weeks, he might have no difficulty in getting a medical card because the loss of income over such a period would considerably reduce his annual income. Sir Anthony said that this matter had been raised in Dáil Éireann and they had failed to solve the problem there. He would welcome some information from the Council regarding the general practice of local authorities in the assessment of means. Could a person be assessed on weekly or quarterly income as distinct from annual income?

Mr. Flynn said that he thought the point Mr. Moynihan had in mind was that the case mentioned by him should be able to go to the Home Assistance Officer or to his public representative in order to get a medical card when he required it in a hurry. He thought that, from the point of view of the applicant, it would be a good idea if the Home Assistance Officer had the authority to issue a medical card in such a case.

With regard to the questions raised by Sir Anthony Esmonde, Mr. Flynn said that normally a man with a steady income who is still working would not have his application for a medical card granted. If, however, his work ceases and for the time being he has no income, he then complies with the requirements of Section 14 of the Health Act and, when his application for a medical card is being considered, his full wages are not taken into account. The problem is to have a medical card issued to him as soon as possible.

Mr. Macken said that the rule adopted is to decide applications for medical cards on the basis of the applicant's circumstances at the time of application. The medical card may be withdrawn later if a change of circumstances warrants it. The temporary direction covers cases of emergency. Normally, every public representative is entitled to issue these directions and sometimes special wardens are appointed to issue them. Investigation of an application for a medical card may take some time, but, in the meantime, a direction can be issued. In general, the overall income is not taken into account during a period of sickness, unless the family circumstances are good. He said that he had not come across any case where a sick person could not get medical attention.

Mr. Flynn said that, in his county, they had seasonal employment in certain areas and it was the practice in such cases not to issue medical cards valid for the full year but only for the period of unemployment.

Mr. Moynihan said that large numbers of people are not aware that they can get medical cards at short notice. He was glad to learn that the practice was sufficiently flexible in most areas to enable relief to be granted in cases of temporary hardship. He would endeavour to ensure that the people in his area were made aware of the position.

Alderman McGuinness said that in his area difficulty had arisen in relation to certain classes of persons who were marginally outside the lower income group. While such persons could afford to pay the doctor, it very often happened that prescriptions were issued for drugs and medicines costing as much as £2 or £3. The purchase of these drugs, which was essential if benefit was to be derived from the doctor's visit, caused considerable hardship to persons on marginal incomes. This matter had been discussed at a meeting of the County Council and he had been asked to enquire whether
/something

something could be done to lessen the burden of the cost of medicines in such cases.

Mr. Flynn said that the matter was much more serious in the case of a prolonged illness like diabetes where costly drugs may have to be bought over a period of years or in the case of persons who have been discharged from mental hospitals and must continue to take drugs but cannot pay for them without hardship. Drugs for persons in these two categories may cost £1 or £2 per week. As far as he was aware there was no legal way of solving the difficulty but he thought that some solution should be devised.

Mr. Macken said that there were no fixed incomes for deciding on eligibility for medical cards. Where exceptional circumstances are involved, as in the case of expensive drugs, the County Manager may issue a medical card covering the individual concerned. Such a medical card would not cover the whole family but the difficulty is that the family may make use of it as the medical officer does not usually scrutinise the names on the medical card.

Mr. Flynn said that a small farmer with a few cattle could afford to pay for drugs and medicines if he were to sell one of them but this could prove a severe hardship as it might entail a loss of income.

Ald. McGuinness said that a man with a small family and an income of £7 or £8 a week might not be in need of a medical card but it would be a serious hardship on him to purchase expensive drugs.

In reply to a question from Sir Anthony Esmonde regarding the existence of an income limit on the issue of cards, Mr. Macken stated that the persons who are eligible for medical cards are defined in Section 14 of the Health Act as those who are unable, by their own industry or other lawful means, to provide necessary medical services for themselves or their dependants.

Ald. McGuinness said that income alone was not a sufficient guide in granting medical cards as a single man with £6 a week may be better off than a man with an income of £10 a week who is married with a large family.

Mr. Flynn said that a scale was usually adopted in considering applications for medical cards. For instance, a road worker who is single would normally be deemed ineligible whereas, if he were married, a medical card would probably be granted. A medical card may also be granted in a case where a man is not properly caring for his family as otherwise his wife and children might suffer considerable hardship. He felt that the best solution to difficult cases of this nature was to be found in the machinery which had been described by Mr. Macken for dealing with exceptional cases. His own concern was with the small farmer in certain districts who had to bear the burden of the cost of long-term illness.

Mrs. Hunt enquired whether the holder of a medical was entitled to free treatment in hospital.

Mr. Flynn said that, if the treatment were provided in a local authority hospital or a hospital selected by the local authority, treatment would be completely free in all cases. If, however, the patient exercised his own choice of hospital he would only be entitled to a subvention from the local authority and would be liable for charges over and above this.

Mrs. Hunt said that the particular case she had in mind was that of a woman who had a medical card. All her children had been born in a certain

/hospital

hospital and when some time ago, she became pregnant, she wished to have her confinement in the same hospital. She applied to the County Council, requesting them to accept responsibility for the full cost of her maintenance and treatment in that hospital. She received no answer and was very worried about the costs. The Secretary of the hospital got in touch with the County Council which eventually refused to pay the full cost.

Mr. Flynn said that if this woman had been sent by her doctor to the County or District Hospital it would have cost her nothing. If, however, she chose to go to another hospital she would have to pay something.

Mr. Macken said that nobody is compelled to avail himself of the services provided by the health authority. For free services, however, there is no choice of doctor, except for maternity cases. If a woman chooses to go to a maternity home she gets only the standard allowance.

Mr. Flynn said that the whole problem boiled itself down to the question of what it was going to cost the patient. The position is that the local authority provide services free of charge in their own hospitals or in a hospital to which they send the patient. If the patient chooses his own hospital he will have to pay. The objection which he saw to Section 25 of the Health Act was that public expenditure was incurred on the advice of a medical practitioner who could not be arraigned before public representatives.

Mr. Macken said that on the whole the system was fair and there was a wide range of hospitals available to persons eligible for the services under the Health Act.

Mrs. Hunt said that the patient in the case she had mentioned was prevented from going to the hospital where she had previously been treated because the local authority had refused to pay.

Sir Anthony Esmonde enquired whether the patient would be entitled to free treatment if the local authority doctor had recommended that it would be in her interest to go to the hospital she chose.

Mr. Flynn said that the patient would be entitled to free treatment if she went to a local authority hospital or to an approved hospital to which she had been recommended by her doctor on medical grounds and not because of some idiosyncrasy.

Professor Cunningham enquired whether, if there was a choice of four approved hospitals and the patient wished to go to one of them, the doctor could refer the patient to that hospital.

Mr. Flynn replied that in such a case the doctor could refer the patient to whichever hospital he wished.

Mrs. Hunt enquired whether the patient could be sent to a hospital with a higher capitation rate.

Mr. Flynn said that there were two main categories in relation to payments by health authorities. In one case the patients were sent by the local authority and paid for in full by them and in the other case the patient chose his own hospital. In the latter case, different charges applied and the amount paid by the health authority depended on the type of hospital, e.g. whether or not it was a teaching hospital and the type of accommodation chosen by the patient.

/Mr. Macken

Mr. Macken said that the classification of hospitals was no secret and the public were aware of the two categories which existed.

Mr. Flynn said that the essential thing to remember was that where a patient chose his own hospital he would have to pay something himself.

Mr. Moynihan said that in a difficult maternity case, the doctor may refer the patient to an approved maternity hospital. The necessary arrangements are made by the County Council. When the patient arrives at the hospital a nurse may suggest that she go into a private or semi-private ward. If the patient does so the County Council cancels the undertaking to pay all the costs involved.

Mr. Macken said that in such a case the County Council would pay the approved rate less 10/- per day and the patient would have to pay the balance. Sometimes patients caused their own difficulties by looking for a private ^{room} and some hospitals had found it necessary to issue notices telling patients exactly what they are liable for and to get them to sign a statement that they are aware of the commitments into which they are entering in choosing private or semi-private accommodation.

Ald. McGuinness again referred to the hardship caused by the purchase of costly drugs. It seemed that the Council were agreed that these difficulties existed and merited some action. He suggested that the Council might make a recommendation to the Minister that something might be done to alleviate hardship in these cases.

Mr. Flynn suggested that the recommendation should only cover the case of long-term illnesses, which to a person with a small income meant, in the long run, a reduction of income by as much as £1 or £2 per week. He felt that the odd case of hardship could be dealt with readily.

Ald. McGuinness said that there was no machinery for dealing with the case of hardship in purchasing drugs.

Mr. Flynn said that if the local authority were satisfied that a particular individual could not afford to provide drugs by his own lawful means, they would be prepared to give him some assistance.

Dr. Shanley said that standards varied from one area to another. The appropriate Section of the Health Act allowed considerable discretion and its application was largely a matter of personal judgment.

Mr. Macken said that it would not be possible to frame a set of rules which would cover all cases. In his opinion, there was no better way of providing for the exceptional case than to leave it to the discretion of the Manager. There was not much difficulty about the issue of medical cards in respect of short-term hardship cases but long-term cases presented a bigger problem. He could not see how the position could be improved. While standards might differ over the country as a whole, conditions also differed.

Ald. McGuinness said that he had no criticism of the system of issuing medical cards. He considered, however, that outside the level of medical card holders, there were persons who were being caused hardship by having to pay for drugs. He had raised this matter in Kilkenny and the County Medical Officer had agreed with him. He thought that the matter warranted investigation.

/Mr. Flynn

Mr. Flynn said that he was concerned with the category of persons who had to purchase drugs over a long period. He suggested that the Council should recommend that wider discretion be used in deciding on such cases.

After further discussion, it was finally agreed to include in the agenda for the next meeting an item dealing with the power of health authorities to issue medicines to borderline cases who are not in possession of medical cards.

Dr. Connolly referred to the recommendation which had been made by the Council regarding an investigation into the prices of certain drugs. He enquired whether the Council had received any further information on this matter.

The Chairman said that he had been informed by Mr. Costello, who was unavoidably absent, that, following the intervention of the Minister for Industry and Commerce, the prices of the particular drugs in question were now the same as those which obtained in Great Britain and Northern Ireland. He felt that the Council might also put this matter on the agenda for the next meeting when Mr. Costello would be in a position to give them further details.

This was agreed to.

The Chairman then referred to the Commission of Inquiry on Mental Handicap which had recently been established by the Minister for Health. He recalled that the National Health Council had recommended to the Minister the setting up of such a commission. He said that an advertisement would be issued in the near future inviting interested persons to give evidence before the Commission and that a number of bodies, who had representatives on the National Health Council, might wish to do so.

On the motion of Mr. Macken, it was agreed to inform the Minister that the Council noted with satisfaction the decision to establish a Commission of Inquiry on Mental Handicap.

The Chairman said that the Council may prepare an annual report and present it to the Minister. The Minister may also prepare a report but this would only arise in the case of a conflict of opinion and had not arisen to date. He said that it was usual to form a sub-committee to prepare a draft annual report which was then considered by a full meeting of the Council. As not much business had been dealt with by the Council during the past year, however, he suggested that the draft report should be prepared by the Secretary and considered by the Council at its next meeting. The draft report could be circulated to the Council prior to that meeting.

This was agreed to.

Date of Next Meeting

The Chairman said that he wished to have Mr. Costello present at the next meeting of the Council as the question of the price of drugs would be dealt with. He suggested the 14th April, but he said that the date could be confirmed later when it was ascertained whether Mr. Costello could be present.

This was agreed.

The Meeting terminated at 4.30 p.m.

E.S.O. Donegan
12/4/61

NATIONAL HEALTH COUNCIL.

Report for year ended 31st March, 1961.

1. The National Health Council have pleasure in presenting their Seventh Annual Report to the Minister for Health.
2. In accordance with the terms of the Health Act, 1953, the term of office of the members of the Council expired on 31st March, 1960. A new Council was appointed by the Minister which held four meetings during the year ended 31st March, 1961. The following is a list of the members with the number of meetings attended by each during the year shown in brackets:-

E.S. Ó Braoin, Jas., Chairman, (4)
Dr. F.C. Ward, Vice-Chairman (2)
Dr. H. Aughney (3)
Leslie, Bean T. de Barra (3)
Dr. D. Connolly (4)
M. Costello, Esq., M.P.S.I. (3)
Professor J.F. Cunningham (3)
Miss A.W. Doherty (3)
J. Doherty, Esq., (3)
Sir Anthony C. Esmonde, Bt., T.D. (4)
J.P. Flynn, Esq. (4)
Mrs. L. Hunt (4)
Professor W.J.E. Jessop (1)
M. Macken, Esq. (4)
Dr. G. Maguire (3)
Alderman M.J. McGuinness (3)
M. Moynihan, Esq., (appointed October, 1960) (2)
E.F. O'Donoghue, Esq., L.D.S. (3)
T.F. O'Higgins, Esq., S.C., T.D. (-)
C.A. O'Sullivan, Esq., B.D.S. (4)
L.P. Pelly, Esq., M.P.S.I., Dip. Opt. (3)
Dr. H. Quinlan (2)
Senator T. Rane (-)
Miss K.F. Russell (2)
Dr. J.P. Shanley (3)
Patrick J. Teehan, Esq., T.D. (3).

3. Mr. Ó Braoin was re-elected as Chairman and Dr. Ward was elected Vice-Chairman.

4. It is with regret that the Council recorded during the year the deaths of Dr. J.C. McFeely and Miss M.A. Ashe, former members of the Council. Mr. M. Moynihan was re-appointed a member of the Council in October, 1960.

Voluntary Health Insurance

5. The Council considered a suggestion that there should be greater

co-ordination between the services provided by the Voluntary Health Insurance Board and those provided by health authorities. A meeting with representatives of the Voluntary Health Insurance Board to discuss the extension of the Board's schemes was envisaged. The Minister sought the Attorney General's advice on whether such a discussion would come within the scope of the Council's functions. The Attorney General's advice was that, in so far as the discussion might be directed towards securing an extension of the Voluntary Health Insurance Scheme, the matter seemed to be clearly outside the competence of the Council acting on its own initiative; that, in so far as the discussion might be directed towards replacing the provisions of the Health Acts in relation to the middle income group, it appeared to be also outside the competence of the Council. The Council agreed to let the matter rest and, if it were considered advisable, to re-open it at a later date.

Cost of Drugs and Medicines

6. In connection with press publicity regarding the cost of drugs and medicines, the Council was informed that the prices charged by certain manufacturers - American and British - in Britain and the Six Counties were lower than those obtaining in the State for the same products. A number of examples of this difference in price were quoted. The Minister was informed of the facts which appeared to justify further investigation by him.

Ambulance Services

7. This matter was the subject of consideration by the Council in the year ending 31st March, 1958, when recommendations were made to the Minister and considered by him. The present Council considered the delays which sometimes arise in securing an ambulance in an emergency and in providing ambulances to collect patients from hospitals. The standard and equipment of ambulances were also considered. These matters were brought to the Minister's attention and the Council was informed that the

Minister had noted the views of the Council regarding the questions of eliminating delay in procuring ambulances and ensuring that ambulances were properly equipped. The allegation that delay in discharge of patients from hospital arose because they were awaiting local authority ambulances was being inquired into.

8. The Council considered the desirability of making a recommendation regarding the necessity for a system under which persons, not normally eligible for medical cards, could obtain them quickly, if, for example, their employment ceased. In such circumstances it would be impossible for some unemployed persons to meet the cost of medical treatment and drugs. It was decided, having regard to the provision made in the General Medical Services Regulations for the issue of directions to the District Medical Officer for the treatment of such persons, that a specific recommendation need not be made to the Minister. Arising out of the discussion on this matter the Council also considered the hardships caused to some persons, not holders of medical cards, who must purchase expensive medicines. Consideration of this matter had not been concluded at the end of March, 1961.

Miscellaneous.

9. No Regulations under the Health Acts or the Mental Treatment Acts were referred for the advice of the Council during the year.

10. The Council wish, once again, to place on record their appreciation of the services provided during the year by the Secretary and his assistants.

CHAIRMAN.

31st March, 1961.

Secretary.

CM.

Confidential Until Confirmed

NATIONAL HEALTH COUNCIL

Minutes of meeting held on Friday 14th April, 1961 in the
Conference Room, Aras Mhic Dhiarmada, Dublin.

The members present were:

E.S. Ó Bracáin, Uas., Chairman,
Dr. H. Aughney,
Leslie Bean T. de Barra,
Dr. D. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
J. Doherty, Esq.,
J.P. Flynn, Esq.,
M. Macken, Esq.,
Dr. George Maguire,
Alderman M.J. McGuinness,
E.F. O'Donoghue, Esq., L.D.S.,
C.A. O'Sullivan, Esq., B.D.S.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
Dr. H. Quinlan,
Senator T. Ruane,
Dr. J.P. Shanley,
Patrick J. Teehan, Esq., T.D.

Apologies for their inability to attend were received from Miss A.W. Doherty, Sir Anthony C. Esmonde, Mrs. Lucy Hunt and Professor W.J.E. Jessop.

On the motion of the Chairman, seconded by Alderman McGuinness, the sympathy of the Council was extended to the Taoiseach on his recent bereavement.

The members stood in silence.

Minutes of Previous Meeting.

The Chairman said that the following amendment to the minutes, as circulated, had been suggested:-

On page 5, line 11, insert "general medical" after "free".

Dr. Maguire said that he was sorry that he had not known that the question of issuing medical cards in certain circumstances would be under consideration at the February meeting as he would have liked to have been present at the discussion.

The Chairman explained that it had not been possible to put this item on the agenda for the February meeting as it had been raised under "other business". Consideration of the matter had not however been concluded and it was again on the agenda for to-day's meeting.

The minutes, as amended, were approved and signed.

Election of Chairman and Vice-Chairman.

Mr. Macken proposed that Mr. Ó Bracáin, the present Chairman, should be re-elected.

Alderman McGuinness seconded Mr. Macken's proposal.

Mrs. Barry said that she wished to associate herself with the proposal.

Mr. Ó Bráin was re-elected Chairman unanimously.

Mr. Ó Bráin expressed his appreciation of his election and said that he would continue to do his best to give satisfaction to the members in his chairmanship of the Council.

Dr. Shanley proposed that Dr. Ward be re-elected as Vice-Chairman. He said that Dr. Ward had given long and valuable service to the Council.

Mr. Flynn seconded this proposal.

Dr. Ward was unanimously re-elected Vice Chairman.

Correspondence:

The Secretary read the following letter which had been received from the Tánaiste's Private Secretary.

A Chara,

Mr. MacEntee, Tánaiste and Minister for Health, has asked me to express to the National Health Council his sincere appreciation of the message of sympathy which they conveyed to him on the occasion of his brother's death.

Is mise,

(Sgd). J. ROBINS.

Rúnaí Aire.

The only other correspondence was the letter regarding the mental treatment regulations which had been circulated to members.

Draft of Mental Treatment Regulations, 1961.

The Chairman said that, in accordance with the Council's usual procedure in dealing with Regulations, he would go through them seriatim and the members could express their views on the various sections as they arose.

Mr. Costello said that he was not very familiar with mental treatment legislation. He thought that the normal procedure would be to appoint a sub-committee of those members who would be more familiar with the matter in the Regulations. This sub-committee could examine the Regulations in detail and report back to the Council.

The Chairman explained that, while sub-committees had been appointed to consider certain questions, Regulations were not normally referred to sub-committees. For specialised knowledge they could rely on the two County Managers, who were members of the Council, and on Mr. Doherty who was in daily touch with the working of the mental treatment legislation.

Mr. Doherty said that the Regulations did not differ greatly, in principle, from those being repealed.

Mr. Macken added that the improvements brought about by the new Act were mainly from the administrative point of view as, for example, in doing away with the need to send duplicate forms to the Department. The changes did not affect the patients except to a minor extent.

The Chairman then went through the Regulations section by section. The following points were raised:

Article 11:

Dr. Maguire said that, in the past, only an authorised medical officer could certify a patient for mental treatment. This position had been changed to enable any registered medical practitioner to sign the necessary form and be paid by the health authority. He thought that this was an injustice to district medical officers as one of their functions was to act as authorised medical officer for the purpose of certifying mental patients. The change meant that they suffered a loss of income.

Professor Cunningham said that he had heard a number of complaints of difficulty in getting a patient certified when the district medical officer was not immediately available. He thought that it was a big improvement to allow any doctor to certify a patient.

Mr. Macken agreed that this difficulty had been present under the old system. If, for instance, a voluntary patient from the Aran Islands wished to be discharged from Ballinasloe Mental Hospital it would be necessary to get his local district medical officer to travel to Ballinasloe. In addition, it could happen that the district medical officer, against other medical opinion, would not certify a patient. Under the law, as it existed, a second medical opinion could not be obtained. A lot of formalities were required and this had led to a lot of administrative difficulties.

Mr. Doherty said that the Minister's idea was to enable patients to be sent to a mental hospital in the same way as they were sent to a general hospital.

Dr. Maguire said that the practice in his area was that if he had sent a patient into a mental hospital as a voluntary patient and if this patient later sought to exercise his right to be discharged, against the advice of the R.M.S., he (Dr. Maguire) would have to be sent for to certify the patient on a temporary form. If a patient whom he had sent to a general hospital became insane, he would also have to attend to certify him as a person of unsound mind.

Mr. Flynn said that the Department did not think that this was a good practice.

Professor Cunningham said that the patient might be living five or six miles from the district medical officer but quite near to another doctor. He thought that the change was time-saving and more suitable for relatives of patients.

Dr. Maguire pointed out that, if no other doctor can be obtained, the district medical officer must take the necessary action.

Mr. Macken said that it was necessary that the onus should be on somebody to certify a patient, if necessary.

The Chairman said that the matter had been considered by a previous Council and it had been generally agreed that any doctor should be able to certify a patient.

Dr. Connolly said that the family doctor was often in a better position than the district medical officer to certify a patient.

Article 11(2):

The Chairman said that he thought the words "or consideration" should be left out. This had been recommended by a previous Council. He thought that "consideration" could be interpreted to include, say, a cup of tea given to a doctor.

Mr. Macken said that it would be wrong if the doctor was paid a fee by the State and got an extra fee from the patient. In his experience the interpretation as suggested by the Chairman had never been put on this phrase.

Dr. Shanley suggested that the word "substantial" might be inserted before "consideration". He also suggested that "reasonable" travelling expenses should be allowed.

Mrs. Barry said that she did not agree to deletion of the words "or consideration". She thought that their inclusion was a safeguard against any possible ~~exploitation, abuses.~~ *etc.*

The Chairman said that the opinion of a previous Council had been that these words should be deleted. He still held this view.

Mr. Flynn said that he thought the phrase should be left in. It would serve as a warning to a medical officer not to commit himself too deeply.

Mr. Pelly said that there was no need for the phrase as the medical profession could be relied upon to do the right thing.

The Chairman said that all the Council could do was advise the Minister of its views in the matter. The Minister might not agree that the words should be taken out. He thought, however, that, in deference to the standing of the medical profession, the words should be deleted.

Dr. Maguire proposed that the Council recommend that the words "or consideration" be deleted from Article 11.

Mr. Pelly seconded this proposal.

The proposal was carried, Mr. Macken, Mr. Flynn and Mrs. Barry dissenting.

The question whether travelling expenses, in addition to the fee of 2 guineas, should be paid to the doctor who attended a mental case was considered.

Mr. Flynn enquired why a doctor should get special expenses for sending a patient to a mental hospital and not to other hospitals. He thought that this created a difference between the mental and general hospitals. He was not against paying the doctor's expenses but he did not think that this difference should obtain.

Mr. Macken said that he was surprised that the 2 guineas fee had been retained. He thought that one of the developments of mental treatment was to abolish the difference between mental and general hospitals but this was not so if the payment of a special fee for sending a patient to a mental hospital was retained. He pointed out, as an example, that an old person can be sent to a county home or to a mental hospital. If he goes to the mental hospital the doctor gets a fee but not so if the patient goes to the county home.

Dr. Maguire said that certifying a person is a very serious matter and requires very careful consideration. He thought that the medical officer should get a fee for doing so.

Dr. Shanley said that certifying a patient could be a dangerous procedure as the medical officer might leave himself open to legal action.

Mr. Flynn said that there is now no legal responsibility on the general practitioner as he only recommends that the patient be admitted to the mental hospital.

Dr. Maguire said that the decision to recommend a patient for mental treatment was a very grave one and could only be taken after great consideration. He knew of only one instance where the Resident Medical Superintendent of a mental hospital disagreed with the recommendation of the certifying doctor. In this case the patient had recovered damages.

Mr. Flynn said that he saw no reason why a doctor should get a fee of 2 guineas for sending a patient to a mental hospital but not to a county hospital.

Mrs. Barry said that the fee of 2 guineas was fixed. The question was whether travelling expenses should be paid in addition.

Mr. Macken said that he thought it would be better to increase the fee rather than pay travelling expenses in addition to the existing fee.

Mr. Flynn agreed with Mr. Macken. He said that payment of travelling expenses would involve too much time spent on checking forms.

Dr. Connolly recommended that an increased fee be paid.

The Secretary pointed out that the fee had been fixed in the Act.

Professor Cunningham suggested that the matter be left for negotiation between the medical people concerned and the Minister.

It was agreed that no recommendation should be made on the question of travelling expenses.

Annual Report.

The report, as drafted by the Secretary and circulated to the members, was considered.

Paragraph 6.

On the suggestion of Mrs. Barry, it was agreed that "the Six Counties" should be substituted for "Northern Ireland".

6

Paragraph 7

Mrs. Barry said that she would like to have the question of delay in providing local authority ambulances considered again by the Council.

The Chairman said that this matter could be brought forward at the next meeting.

The Secretary agreed to circulate to the members a synopsis of previous reports and discussions on ambulance services together with a list of the ambulances and their location which had been compiled about three years ago.

The Chairman said that it was customary to include in the annual report an additional paragraph expressing appreciation of the work of the Secretary and his staff. He proposed that a similar paragraph be added on this occasion.

This was agreed to and the report was adopted subject to the alteration and addition mentioned.

Supply of medicines to borderline cases not in possession of medical cards.

Mr. Costello said that in the discussion on voluntary health insurance he had spoken at length on the question of supplying medicines to persons suffering from long-term illness. No progress had, however, been made at that time. He said that there was provision for hardship cases in the Health Act and that the Act should be elastic enough to cover borderline cases. He did not fully understand what Mr. Moynihan had in mind in raising this question, and he did not see that there was any advantage in doing so.

Alderman McGuinness said that it was well established that borderline cases do exist. For example, a working man with a family may be able to pay the family doctor but a prescription costing two or three pounds and required for a period of weeks is likely to be beyond his means. There was some provision in the maternity services for supplying medicines and he thought that this provision should be made more general.

Mr. Flynn said that he was supplying medicines to people who would not normally be entitled to medical cards but who, because of a diabetic condition or mental illness, were obliged to obtain medicines over a long period. The issue of a limited medical card could cover cases of this type.

(Mr. O'Sullivan and Mr. O'Donoghue left the meeting at this stage.)

Mr. Costello said that the Dublin Health Authority issues medicines to certain borderline cases such as diabetics and cardiacs who require medicines over a long period. He thought that other local authorities also exercised discretion on this matter.

Alderman McGuinness said that, if the district medical officer knows the circumstances of the patient, he can get a supply of free medicine for him. The same facilities are not available to the private practitioner.

Mr. Flynn said that this problem had arisen in Cork. The railway workers had their own doctor but he could not supply free medicines and the district medical officer would not act on his prescription. He understood however that this position had been fixed up.

Dr. Maguire said that Mr. Flynn's approach to this question was very enlightened. He thought that it would be a good thing if it was adopted all over the country.

The Chairman said that, as this matter had been raised by Mr. Moynihan, it would be better to adjourn it until Mr. Moynihan was present.

This was agreed to.

Price of Drugs

Mr. Costello said that this item refers mainly to the price of anti-biotics. The matter had been raised with the Department of Industry and Commerce and on 18th February last a letter had been received from the manufacturers stating that the price of the items concerned had been reduced in this country. It seemed that the efforts of his Association to have the prices reduced had been rewarded but on the 25th February a similar reduction in the price of drugs in England was announced in the English Trade Journal. This, in effect, meant that we had been allowed a reduction which, in any event, was about to be generally applied and that the differential between the prices in England and Ireland remained.

Mr. Costello gave the following examples of the differential now in operation:

100 Achromycin Capsules: Irish price 45/9d.; English price 38/3d.

Achromycin Paediatric

Drops: Irish price 15/- ; English price 9/9d.

Achromycin V Syrup: Price in Ireland 20% higher than in England.

These prices are ^{retail} wholesale cost prices. *65%*

The trade here had been informed that the recent reduction should not be reflected in retail prices for three months. His Association had, however, instructed its members to reduce prices forthwith and to seek rebates from the manufacturers. Such rebates were being allowed in England.

They had used every means of negotiation to have the position remedied but to no avail. It was quite clear that the prices were fixed in collusion between the manufacturers. They had been told that the drugs were obtained from the American, not the British, market - this in spite of the fact that some of the bottles are actually stamped "Made in England".

Mr. Costello added that this country was being used as a dumping ground for proprietary medicines which are not encouraged in England. He thought it unfair that we should be forced to pay higher prices here and he suggested that the Minister should be made aware of the position.

Mr. Macken said that, as the same organisation controls the prices in America and England, it appears that a deliberate decision has been made to charge more for the drugs in this country. He enquired whether we might buy from continental sources.

Mr. Costello said that the parent companies are American, that there are subsidiary companies in England and agents in Ireland. These companies are in close co-operation as, for example, a letter of application for rebates had been sent to two agents and their replies were worded exactly the same. The differential did not exist in relation to drugs manufactured by purely British companies whose products cost the same here as in England.

Dr. Maguire said that many of the antibiotics were manufactured on the continent and that the prices there were lower.

Mr. Costello said that the difficulty was that the expensive proprietaries were prescribed by trade name and could only be got from the firms concerned.

Professor Cunningham said that some equivalent drugs and medicines made in England and on the continent were as good as the American products but the latter were much better advertised.

Dr. Connolly stated that the full range of antibiotics cannot be obtained from continental sources.

Dr. Shanley pointed out that the continental products are not always exactly comparable in dosage and effect to their American counterparts.

Mr. Macken said that he thought that the best results could be obtained by having the matter taken up seriously by the medical and pharmaceutical professions. It should help to make the manufacturers more reasonable if doctors generally prescribed substitutes which were the equivalent of their proprietary items.

Alderman McGuinness said that the local authorities might also be able to help in this way.

Mr. Flynn said that the County Physician at Nenagh had told him that, in general, medicines were ordered by their trade names and that a saving could be obtained by prescribing instead the non-proprietary equivalents. He agreed with Mr. Macken that the best line of action was through the medical and pharmaceutical professions.

Dr. Connolly suggested that the Pharmaceutical Society, with the help of the medical profession, might consider compiling a National Formulary which would give the prices both of the proprietary medicines and of their non-proprietary equivalents.

Mr. Pelly said that the most practicable approach was to get agreement between the medical and pharmaceutical professions. There are other products of these firms in regular use for which substitutes are available and, by giving preference to the use of these substitutes, pressure could be brought to bear on the firms concerned to reduce the price of the antibiotics.

Mr. Macken said that Mr. Costello's Association, and he personally, should be congratulated on their tackling of this problem. He was confident that the medical profession would support them. He suggested that Mr. Costello be asked to prepare a memorandum on the position. This memorandum could be considered by the Council and then sent to the Minister.

Mr. Costello agreed and said that he would send the memorandum to the Secretary for the next meeting of the Council.

Date of next meeting.

The next meeting was fixed for Friday, 26th May, 1961.

The meeting terminated at 5.45. p.m.

E. S. O. Blain
16.5.61

Confidential until confirmed.

National Health Council.

Minutes of meeting held on Friday 16th June, 1961 in the Conference Room, Aras Mhic Dhiarmada, Dublin.

The members present were:-

E.S. Ó Bracáin, Uas., Chairman,
Dr. H. Aughney,
Leslie, Sean T. de Barra,
Dr. D. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
Miss A.W. Doherty, R.G.N., R.M.,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Mrs Lucy Hunt,
M. Macken, Esq.,
Dr. George Maguire,
Ald. M.J. McGuinness,
C.A. O'Sullivan, Esq., B.D.S.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
Miss K.F. Russell,
Patrick J. Teehan, Esq., T.D.,

Apologies for their inability to attend were received from Dr. F.C. Ward, Dr. H. Quinlan, Professor W.J.E. Jessop and Mr. E.F. O'Donoghue.

Minutes of previous meeting.

The Chairman said that the following amendments to the minutes, as circulated, had been suggested:-

On page 3, line 32, delete paragraph "Dr. Maguire said that the practice the form to see the patient" and substitute "Dr. Maguire said that the practice in his area was that if he had sent a patient into a mental hospital as a voluntary patient and if this patient later sought to exercise his right to be discharged, against the advice of the R.M.S., he (Dr. Maguire) would have to be sent for to certify the patient on a temporary form. If a patient whom he had sent to a general hospital became insane, he would also have to attend to certify him as a person of unsound mind."

On page 4 line 21, delete "exploitation" and substitute "abuses".
On page 7, line 21, delete "wholesale cost" and substitute "retail".

The minutes, as amended, were approved and signed.

Correspondence.

The Chairman referred to the letter from the Department of Health concerning the Council's recommendations that Article 11 (c) of the Draft Mental Treatment Regulations, 1961 be amended by deletion of the words

/"or consideration".....

- 2 -

"or consideration". Copies of this letter had been circulated with the agenda.

The Chairman said that, following representations from the National Health Council, a similar Article in the General Medical Services Regulations had been amended, meeting in part the Council's representations. No further concession was being made in respect of the Mental Treatment Regulations.

Sir Anthony Esmonde said that he would like to have the term "tokens of appreciation of small value" defined.

Dr. Maguire thought that the Department's letter did contain a concession as an instruction had previously been given that nothing could be accepted.

The Chairman said that this extension had already been granted in 1954 and was in fact referred to in the Department's letter.

Mrs. Barry said that when the matter had been discussed at the previous meeting it did not appear to have been generally known that tokens of appreciation of small value could be accepted.

There was no further comment on this letter.

The Secretary read the following letter from the Taoiseach:-

4th May, 1961.

"Dear Mr. O'Rourke,

I am very grateful for the message of sympathy on my mother's death, sent by you on behalf of the National Health Council, and I am joined by my family in asking you to convey our thanks to the members of the Council for their kindness in condoling with us on our bereavement.

Yours sincerely,

Sean Lemass."

Draft of Dental and Aural Appliances Regulations, 1961.

The Secretary read the following letter which had been received from the Department of Health:-

7 Meitheamh, 1961.

"A Ghara,

I am directed by the Minister for Health to request the advice of the National Health Council on the attached draft Regulations relating to the provision of Dental and Aural Appliances which he proposes to make.

Copies of an explanatory memorandum will be forwarded shortly for the Council's information.

Mise, le meas,

(Sgd). B. Hensey".

The Chairman said that a letter had been received from Dr. Ward in which he thanked the Council for their gesture in appointing him Vice Chairman at the last meeting. Dr. Ward had also said that, as the Dental and Aural Appliances Regulations seemed to raise far-reaching considerations, he thought that the Council would require more time for their consideration. The Chairman said that normally the next meeting of the Council would not be held until September, probably the third Friday, unless, for some urgent reason, an earlier meeting was required. He did not think that consideration of the Regulations should be deferred for three months. He suggested that they should now be considered with the proviso that any member who wished to do so could convey his views to the Department after he had had sufficient time to consider the Regulations in detail.

Sir Anthony Esmonde said that, as many of the members had no opportunity of studying the Regulations, a brief synopsis would be helpful.

The Chairman, quoting from the explanatory memorandum, explained what was involved in the Regulations. In reply to a query from Dr. Maguire, he said that, while priority must be given to the classes mentioned in the Regulations, it is open to health authorities to provide for other people as well. In general, free appliances will be supplied only to persons in the lower income group; persons who can pay will be expected to do so.

Mr. Flynn said that the provision of these appliances was already to a large extent in operation. To this extent, the Regulations are not an extension of the existing service. He thought however that a very useful extension was the power enabling health authorities to contribute in the case of insured persons.

Dr. Maguire said that nothing was said in the Regulations about the extraction of teeth. There was no such service in Co. Mayo. Medical practitioners can extract teeth but normally this happens only in cases of emergency. Persons in the lower income group can arrange to have their teeth extracted in the County Home as local practitioners can be brought there.

The Chairman said that it was possible that the extraction service was confined to counties where the service was in operation before the 1953 Act was passed.

Mr. Flynn said that this was not so. A full dental service, extractions and dentures, was provided in Tipperary. He thought that most local authorities provided extractions.

Dr. Aughney pointed out that, as far back as the 1930's, an extraction service had been provided in Wexford and that this practice still continued. The Wexford County Council considered that children should be given priority but provision was made for providing dental treatment for T.B. patients and for persons in the lower income group by admitting them to the County Hospital if necessary, as well as weekly sessions in Wexford Town. 2586

Mr. O'Sullivan said that it was necessary to get the whole question into its proper perspective. The number of dentists required depended on the type of service being provided. In an extraction service only, one dentist could deal with thousands of patients. If, on the other hand, as a safeguard for the future, a conservation service was being provided for children, it would be necessary to have from three to ten times the number of dentists needed for extractions only. At present it was not possible to provide this service because of the shortage of dentists and the choice had to be made between provision of dentures for adults and conservation of children's teeth. The latter service would be regarded as the more important but the

/choice.....

choice was not easy as adults were naturally more vocal in their demands. He thought that the Minister's approach to the question was reasonable. He was obliged to limit the services provided for in the Act and, rather than divert dentists from schools and children, he had empowered health authorities to pay private practitioners to serve adults.

Mr. Flynn said that a conservation treatment was the most important part of the dental services. However, it was necessary to have more dentists than are at present available. With two dentists working on the service in North Tipperary, the children were seen only once in every three years. There was also the fact that dentists differed greatly in the amount of work they could get through. A major obstacle to expansion of the service was the shortage of dentists and he thought that, with the present limited manpower, it would be better to concentrate on conservation work.

Mr. O'Sullivan said that the Minister should be congratulated on the preventive work which he was having carried out.

Mr. Pelly said that it seemed to him from paragraph 5 of the explanatory memorandum that, while the Minister has decided that children are a priority, he is not prepared at present to go any further with the service for adults.

The Chairman then went through the Regulations seriatim. There were no further comments and the Chairman suggested that the Council should agree with the Regulations but that they should reserve the right to advise the Minister further after the next meeting.

This was agreed to.

Supply of medicines to borderline cases not in possession of medical cards.

Dr. Maguire suggested that the recommendation made at a previous meeting by Mr. Flynn, that county managers be allowed to exercise a wide discretion in issuing limited medical cards, should be adopted.

The Chairman suggested that the Council might recommend that some method be evolved for supplying medicines to border-line cases. It would be a matter for the Department to decide on what method could best be employed.

Alderman McGuinness thought that it should be possible to find some means of doing so.

Mr. Costello said that, under the present Regulations, health authorities have permission to deal with border-line cases, i.e. persons temporarily on reduced income. It is standard practice with the Dublin Health Authority to issue temporary medical cards in such cases. Necessary medicines are supplied for a temporary period. He would not like to give the Minister the impression that hardship was being caused by bad administration of the health services.

Alderman McGuinness said that he was aware that every public representative can supply a temporary medical card but the patient must then go to a doctor whom he may not want. If he gets his family doctor the patient must pay for any medicines. This is the difficulty which he would like to see removed.

Mr. Costello said that the patient can get whatever doctor he likes and that the medicines will be supplied free.

Mr. Macken said that a District Medical Officer cannot accept a fee. Persons in the lower middle class generally have some money or can get credit and can

/usually.....

usually carry on in an emergency. If they satisfy the health authority that they cannot afford to pay the doctor (and he considered that this was the heaviest charge arising from illness), a medical card was usually granted. The only people who are really hit hard are the very poor who can get no credit.

Alderman McGuinness said that health authorities had no authority to give free medicines to persons without medical cards. The people he had in mind would normally be able to pay the family doctor but the cost of medicines was usually too high for them. He cited the case of a man with an income of £8, 10s. a week whose child became ill. The doctor's fee in this case was £1 and the prescription cost 38/-. This prescription had to be repeated. He thought that this man was really worse off than a person in the lower income group who gets all the medical services free of charge. There is also the point that the person with the medical card usually knows all the avenues for getting relief, whereas the person without a medical card is not so well placed to know what is available.

Mrs. Benger said that she knew of a case, similar to that quoted by Alderman McGuinness, where a person had called in the family doctor and was given a prescription, which had to be repeated, and which cost £2 on each occasion. The health authority was then contacted as to payment and stated that, if the family doctor had reported to the District Medical Officer that it was a case of urgency, the District Medical Officer could have made up the prescription, free of charge.

Mr. Macken said that it was impossible to make general rules concerning medical cards which would cover all cases. Referring to the case cited by Alderman McGuinness, he stated that, while one doctor would prescribe proprietary medicines, another might prescribe cheaper preparations. If the patient in question had applied for a medical card after he had paid the first 38/- he would probably have got it. Where the family doctor is also the District Medical Officer, he would undoubtedly bring to the notice of the health authority any case where he had to prescribe expensive drugs. He thought that it would ease the position if people were aware of when they should apply for a temporary card; if, for instance, a person for whom an expensive drug has been prescribed and who could not meet the cost without undue hardship, goes to a warden he will normally get a temporary card.

Alderman McGuinness said that if the family doctor is also the District Medical Officer he can prescribe expensive medicines and can get the health authority to accept responsibility for the cost. The family doctor cannot normally do this.

Mr. Flynn said that the position could be awkward insofar as it concerned prescriptions by the family doctor. It could be embarrassing for the health authority to send the patient to the District Medical Officer to have the prescription made up. On the other hand, some doctors prescribe expensive medicines and he thought that nobody should be allowed to spend public money unless he could be brought to answer before the public. The family doctor is under a handicap by comparison with the District Medical Officer. He did not think, however, that any doctor would refuse to treat a person because of lack of money. He thought that each case should be dealt with as it arose and that the problems could in many cases be solved if they were discussed with the health authority.

Mr. Macken said that the problem did not arise where a compounder was employed by the health authority, as is the case in Limerick. He thought that the medical profession had taken up this question of the issue of medicines where the prescription had been issued by a doctor other than the District Medical Officer and that some solution had been arrived at.

/Professor Cunningham.....

Professor Cunningham said that the problem had been solved for persons in the lower income group who got prescriptions following special consultations in hospital. This applied only to medicines on the approved list. He suggested that the difficulty mentioned by Mr. Flynn of having expensive drugs prescribed by private doctors could be overcome if the doctor agreed to accept liability to be called before the health authority to answer for any of his prescriptions. If the doctor did not agree to this he should not be allowed to participate.

Mr. Flynn thought that it would be easier for a doctor to discuss this question informally with the health authority. It was necessary to protect the position of the family doctor vis-a-vis the dispensary doctor.

Dr. Aughney said that the practice varies a great deal. She knew that cases arise in out-of-the-way parts of the country where private doctors have to travel considerable distances. The doctors sometimes give medicines at their own cost.

Dr. Maguire said that he favoured the issue of limited medical cards. This would solve the problem of, say, a diabetic where the purchase of drugs is liable to cause hardship.

In reply to a query from Mr. Costello, Mr. Flynn agreed that the present Act is elastic enough and that it allows County Managers wide discretion in dealing with these cases. He thought, however, that the County Managers must limit this discretion in order to protect public interests.

Dr. Maguire said that he thought it would be illegal for a doctor to make up another doctor's prescription unless he had an L.A.H. Qualification.

Mr. Flynn said that if a doctor dispenses medicine without first examining the patient and if anything happens to that patient then the doctor is in serious trouble.

Dr. Aughney said that, if necessary, medicine can be got from the nearest hospital. She thought that this might be a way out of the difficulty.

Dr. Maguire said that, as a temporary measure, Dr. Aughney's suggestion would suit but not for the long-term issue of medicines.

Mr. Macken said that in cases where the continuing issue of medicines was necessary, a medical card could be issued to one member of the family only. He pointed out that some areas are remote from hospitals.

Sir Anthony Esmonde said that in Wexford a long delay was involved in getting a medical card. He did not know of temporary medical cards being issued there.

being associated with the dispensing of medicines for the Dublin Health Authority, he should like to explain the position from his experience.
Mr. Costello said that ~~he would like to explain the practice under the~~ Dublin Health Authority. The issue of free medicines may arise in three different ways: he might get a letter from a member of the health authority asking him to supply medicines to a particular person; a person with a medical card might have a prescription from any doctor, including private doctors; in the case of hardship the medical card may specify one person only as being entitled to free services. In each of these cases the medicines would be issued free of charge. He thought that the difficulty was not the fault of the Minister and that if the matter was now brought to his attention he could only repeat the instructions he has already given.

Sir Anthony Esmonde said that the Minister is the only person who can make

/general.....

general representations to health authorities in the matter.

Alderman McGuinness said that the necessary authority is not contained in the Health Act.

Mr. Flynn said that some health authorities do not give medicines to border-line cases. He thought that some means should be provided to allow health authorities to give medicines in individual cases as was necessary.

Mr. Maeken said that there were bound to be border-line cases no matter how high the standards of entitlement are set. He did not think that any law could be made to improve the present position. He suggested that a general conference between County Managers and local officials, so that a standard approach could be decided upon, would be helpful. He thought that all the Council could do was pass a resolution that people requiring medicines would get these medicines even though they were prescribed by a doctor other than the District Medical Officer.

It was agreed that Mr. Flynn and Alderman McGuinness would put down a motion on this matter for discussion at the next meeting of the Council.

Price of drugs.

Mr. Costello referred to the memorandum which had been circulated to the members and said that, in preparing this memorandum, he had consulted various persons in his private capacity and as an individual interested in the subject. He had also approached one of the firms concerned regarding their maintenance of high prices and was informed by the representative with whom he spoke that the firm's General Manager had been consulted as to the possibility of reducing prices to the British level. The cause of Mr. Costello's delay in completing his memorandum was that he was awaiting information as to what the General Manager decided. As it happened, this approach had led to nothing. He had made it clear to the firm concerned that he would report to the National Health Council on the matter and that this report would reach the Minister. He had also said that he hoped the Council would make strong representations to the Minister to take action. The firm's representative felt (privately) that if the firm could be pressed strongly enough they might agree to a reduction in prices. He, Mr. Costello, had told the representative that he would press the matter as strongly as possible, and that, in the event of an enquiry, none of the firms involved would be spared.

Mr. Costello concluded by saying that all the relevant available facts had been included in his memorandum. The price list at the end spoke for itself. The Minister for Health in England had started a movement to counteract the closed rings and high prices there and Mr. Costello felt that our Minister should also be made aware of the position.

Mrs. Barry said that the memorandum prepared by Mr. Costello was very valuable. She thought that the Council should record its thanks to him.

The members of the Council agreed to this.

Professor Cunningham said that at the last meeting he had stated that some equivalent drugs and medicines made on the Continent were as good as the American products. Other doctors who had spoken after him had not, however, agreed with this. He said that, for the Minister's information, he would now like to quote a paragraph from the British Medical Journal of 13th May, 1961:-

/ "Drugs bought.....

"Drugs bought on the Continent:

Mr. John Hall (Wyeombe, Con.) asked the Minister of Health at what prices hospitals were able to buy Chlorothiazide, Tetracycline and Chloramphenicol from the Continent; how these prices compared with those charged by British manufacturers; and if the Continental and British drugs were of comparable quality. Mr. Enoch Powell stated that some hospitals had bought small quantities of these drugs at £5, £37. 5s. and £27. per 1,000 tablets respectively. These prices were approximately one-third lower than those charged by suppliers in this country. The drugs purchased were believed to be of comparable quality."

Professor Cunningham said that the Minister might be interested to know that most of the drugs can be purchased from Continental sources and that the quality is as good as for the American equivalents.

Mrs. Barry enquired whether chemists could not have the Continental drugs brought into the country.

Mr. Costello said that this depended on the doctors as the chemists must dispense the product named by the doctor.

Dr. Maguire said that Antigen import some Continental drugs, e.g. Chloramphenicol. The Parke Davis representatives say, however, that ~~these drugs are not as good as their own products.~~ *This preparation may not be as good as their product.*

Mr. Macken said that the American firms have high pressure salesmen and that the Continentals do not press for this market.

Mr. Costello said that this was an urgent matter which should be tackled by the Minister, doctors, chemists, dentists and others. He said that a national formulary should be set up in which drugs would be described by their B.P. names. With this as a table of comparison with proprietaries, it should be possible to effect a considerable saving.

Dr. Maguire said that the Department had issued a list of proprietary medicines and their non-proprietary equivalents.

Mr. Macken said that the battle of trying to break the grip of monopolists on markets in many fields was being fought by local authorities for many years.

Mr. Pelly said that there were two possible lines of approach; the medical profession could take up the matter or the Council might recommend the Minister to take suitable action.

Mr. Costello said that he had visited the Department of Industry and Commerce several times and that that Department was well aware of the position. In fact, he had seen a photostat copy of a document in the possession of that Department regarding prices and he had noted that it included the prices charged in Britain by one of the firms mentioned in his memorandum.

Sir Anthony Esmonde suggested that the whole matter was one for the Fair Trade Commission and that if it were referred to the Commission by some body it would be obliged to investigate the position immediately. He felt that the Minister would probably suggest this procedure when the matter was submitted to him.

/Mr. Macken.....

Mr. Macken felt that the submission to the Minister should incorporate a suggestion for the introduction of a national formulary. The formulary would require drugs to conform to certain specified standards. He also thought that, perhaps, certain medicines should be known by their contents.

Mr. Costello said that the provision of a national formulary would strengthen the Minister's position.

Mr. Pelly said that a national formulary based on B.P., B.P.C., etc., would give the doctor or chemist latitude to order under these names.

Mr. Costello said that a bureau of standards would have an even higher test than the national formulary.

Sir Anthony Esmonde said that he was not in favour of an Irish bureau of standards being set up.

Mr. Costello, however, was in favour. He cited, in support of his opinion, an instance where he had dispensed a certain drug which showed no effects. He compared it with another similar drug and found that the drug dispensed by him was not soluble and was therefore useless to the patient. He felt that a bureau of standards could cover such extra matters as solubility of drugs, etc.

The Council finally agreed to forward Mr. Costello's memorandum to the Minister and to request him to take appropriate action with a view to reducing the price of certain drugs in this country to the level obtaining in Great Britain and the Six Counties. The Council also agreed that it was desirable that consideration be given to preparing a national formulary for use in this country. They also agreed that it was desirable to bring Professor Cunningham's information concerning drugs from Continental sources to the notice of the Minister.

Ambulance services.

Mrs. Barry suggested that consideration of this matter might be deferred to the next meeting of the Council.

This was agreed to.

Date of next meeting

The next meeting was fixed for Friday, 22nd September, 1961.

The meeting terminated at 5.15 p.m.

*5506/10000
22/9/61*

CONFIDENTIAL UNTIL CONFIRMED

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on Friday, 22nd September, 1961 in the Conference Room, Aras Mhic Dhiarmada, Dublin.

The members present were:-

E.S. Ó Bráin, Uas., Chairman.
Dr. H. Aughney.
Dr. D. Connolly.
Leslie, Bean T. de Barra.
Miss A.W. Doherty, R.G.N., R.M.
J. Doherty, Esq., R.M.N.
J.P. Flynn, Esq.
Mrs. Lucy Hunt.
E.F. O'Donoghue, Esq., L.D.S.
C.A. O'Sullivan, Esq., B.D.S.
Dr. H. Quinlan.
Miss K.F. Russell.

Apologies for their inability to attend were received from Professor J.F. Cunningham, Dr. J. Dunne, Professor W.J.E. Jessop, Mr. L.P. Pelly and Dr. F.C. Ward.

Minutes of previous Meeting.

The Chairman said that the following amendments to the minutes, as circulated, had been suggested:-

On page 3, line 41, after "County Hospital" add "if necessary, as well as weekly sessions in Wexford town".

On page 6, line 37, delete "Mr. Costello said that.....Dublin Health Authority" and substitute "Mr. Costello said that, being associated with the dispensing of medicines for the Dublin Health Authority, he should like to explain the position from his experience".

On page 8, line 19, delete paragraph "Dr. Maguire said that Antigen..... their own products" and substitute "Dr. Maguire said that Antigen import some Continental drugs, e.g. Chloramphenicol. The Parke Davis representative says, however, that this preparation may not be as good as their product".

The minutes, as amended, were approved and signed.

Correspondence

The Secretary read the following letter which had been received from the Department of Health:

22 Meitheamh, 1961.

A Chara,

I am directed by the Minister for Health to inform you that he has appointed Dr. J. Dunne, "St. Dymphna's", North Circular Road, Dublin to be a member of the National Health Council for the period ending on 31st March, 1962.

Dr. Dunne has been informed that you will let him know the date of the next meeting of the Council.

Miss, is meas,

(Sgd.) B. HENSEY.

Ambulance Services.

Mr. Flynn said that, in considering the question of the Ambulance Services, the facts of the matter must be examined. In North and South Tipperary he had considered the advantages of both systems i.e. of having the ambulances centralised and of having them located at the hospitals. This consideration had extended over a period of one month and maps had been drawn of the ambulance journeys. The conclusion which had been drawn from this survey was that there was no advantage to be gained from a centralised ambulance system and that extra cost could arise from the greater distances which the ambulances had to travel from a centralised location and from the fact that a special man was needed to look after the ambulances when they were grouped together. A further disadvantage of the centralised system was that discussion could not take place between the doctor and Matron, before the patient was sent to the hospital where the ambulance was kept. This discussion is very useful in deciding what is best to do to meet the patient's requirements. He added that, in the Six Counties, where there are more ambulances in proportion to population than in the Republic, all the ambulances are kept at the hospitals.

Mrs. Barry said that her reason for raising this matter was that she had heard of long delays in two accident cases. In one case, where three people were injured, the ambulance could take only two of them. In this place there was a good ambulance belonging to a Voluntary Society which could have been called out. In another case a man was taken to the local hospital. As he had severe head injuries he was transferred from there to the Richmond Hospital but he died en route. This man should have been taken, in the first instance, to the appropriate hospital.

Mr. Flynn said that he agreed that, if necessary, all rules should be broken to get the patient to hospital. If no ambulance was available it should be possible to get a taxi. He suggested that Mrs. Barry might wish to read his file relating to the survey in Tipperary, after which she could again raise the matter.

The Chairman said that this question of the ambulance services was examined at considerable length some time ago. Mr. Flynn's point concerning the conversation between doctor and Matron was regarded as being very important. This conversation might lead to the saving of a person's life by ensuring that the patient is brought to the proper hospital with the minimum delay. He thought that there were arguments for both systems of locating the ambulances but that it was not yet possible to form an ultimate opinion. The Department had summarily dismissed the idea of a centralised service as being too costly; the idea did not get a trial but he could see that a trial might be difficult to arrange. If a number of people were injured in a road accident, it could happen that the ambulance would not be able to take them all. It would then be difficult to decide who should be taken to hospital and who should be left on the road-side. The need to meet situations like this was, in his opinion, the strongest argument for a centralised service. It had been suggested that some kind of omnibus ambulances should be available in certain areas to enable a number of

patients to be brought to hospital at the same time. The fact that Mr. Flynn had gone into the matter in his own counties should be of great importance. When this survey had been studied by Mrs. Barry, the matter could be raised again at another meeting of the Council.

Mrs. Hunt enquired whether a hospital, other than a local authority hospital, would be supplied with an ambulance on request.

Mr. Flynn said that an ambulance would be supplied in an emergency if asked for. The charge in Tipperary for the use of an ambulance was one shilling per mile. In the case of a person who could not afford to pay, the ambulance would still be supplied in an emergency. He added that the charge of one shilling per mile in Tipperary included wages and depreciation costs. He was unable to say whether this was the usual charge throughout the country but he thought that the cost of an ambulance service would necessarily depend on the type of ambulance used.

In reply to a query from the Chairman, Mr. Flynn said that the maximum number of casualties an ambulance was supposed to take was two. In an emergency, however, this number might be exceeded.

The Chairman said that he knew that this was the practice in some counties. In some places, however, nobody is prepared to take the responsibility for breaking the established rules in an emergency.

Dr. Aughey said that the trouble was that some people would not take the responsibility for carrying more than the regulation number of patients in an emergency. She wished to know to what extent one local authority made use of the services of another to help out in difficulties.

Mr. Flynn said that in Tipperary there was an understanding with Offaly that Tipperary patients brought to Birr Hospital would be regarded as Offaly patients. A similar arrangement was in operation for Offaly patients brought to a Tipperary Hospital. In the South, Tipperary adjoins a strip of Waterford without any hospital service. Patients from this area can be taken to a Tipperary hospital and the bill is subsequently sent to Waterford.

Mrs. Barry enquired whether the local authority ambulance must take the patient to the local authority hospital.

Mr. Flynn said that in most cases the doctor decides where the patient will go. In an accident case it is best to send the patient to the nearest hospital. He said that local authorities do not like to compete with private ambulances.

Mrs. Hunt said that, if it were not for the Knights of Malta, the position in Drogheda would be acute, as it is difficult to get a local authority ambulance for a Voluntary Hospital. The Knights of Malta Ambulances are provided free of charge.

Mrs. Barry said that no charge is made for the use of Red Cross Ambulances. They do not like to infringe on the rights of private concerns and they will not take a patient without the consent of the doctor, who must state that the patient is fit to travel and that every effort was made to procure a private ambulance.

Miss Doherty said that, as far as she knew, there was no difficulty in Dublin in obtaining ambulances. ~~She was not aware of the position regarding accident cases.~~ So far as she was aware the position regarding accident cases was dealt with by the Dublin Fire Brigade Ambulances.

The Chairman said that there is now no statutory bar to the removal of accident cases from houses by the Dublin Fire Brigade Ambulances but he did not know whether such removals were, in fact, carried out.

It was agreed that the matter should be deferred until Mrs. Barry had studied Mr. Flynn's file. Mrs. Barry would inform the Secretary if she wished to have the matter put on the agenda again.

Supply of medicines to border-line cases not in possession of medical cards.

The Chairman said that, as the resolution relating to this item, which had been circulated, had been drafted by Alderman McGuinness, he thought that the matter should be deferred until he was present.

This was agreed to.

Date of next meeting.

The next meeting was fixed for Friday 24th November, 1961.

The meeting terminated at 4.25 p.m.

E.S.O. *clean*
24/11/61

Confidential until confirmed.

NATIONAL HEALTH COUNCIL.

Minutes of meeting held on Friday, 24th November, 1961 in the Conference Room, Aras Mhic Dhiarmada, Dublin.

The members present were:-

E.S. Ó Braoin, Uas., Chairman,
Dr. D. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
J. Doherty, Esq., R.M.N.,
Dr. J. Dunne,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Mrs. Lucy Hunt,
M. Macken, Esq.,
Alderman M.J. McGuinness,
M. Moynihan, Esq.,
C.A. O'Sullivan, Esq., B.D.S.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
Dr. H. Quinlan,
Miss K.F. Russell,
Dr. J.P. Shanley,
Dr. F.C. Ward.

Apologies for their inability to attend were received from Dr. H. Aughney, Leslie, Bean T. de Barra, Miss A.W. Doherty and Mr. E.F. O'Donoghue.

Minutes of previous meeting.

The Chairman said that the following amendment to the minutes as circulated had been suggested:-

On page 3 line 48, delete "She was not aware of the position regarding accident cases" and substitute "So far as she was aware the position regarding accident cases was dealt with by the Dublin Fire Brigade ambulances".

The minutes, as amended, were approved and signed.

Correspondence.

There was no correspondence.

Supply of medicines to borderline cases not in possession of medical cards.

Mr. Moynihan said that the question which he had originally introduced was the supplying of medical cards to workers who would not normally be eligible for them but who would suffer hardship if they were out of work for a time. Similar circumstances could arise in the case of a small farmer. He felt that there should be some machinery, outside the normal issue of medical cards, for helping people through a period of hardship and he agreed with Alderman McGuinness that this should cover such things as issuing medicines where these were required over a long period by persons who were normally outside the medical card classes.

Mr. Flynn enquired whether the Council was aware that a Circular regarding this matter had been issued to local authorities by the Department of Health.

The Secretary said that a copy of the Circular had not been sent to the Council.

Mr. Costello said that he was surprised that the Circular had not been sent to the Council in view of the fact that this item was on the agenda.

Mr. Flynn said that a Circular had issued reminding health authorities that they were empowered to provide expensive drugs to people who would not normally be regarded as eligible for a medical card but who might have to get those drugs for long periods. He would like to draw attention to one point in relation to this Circular, i.e. that it had requested that publicity be given to its provisions. He, however, was of opinion that to give widespread publicity to the provisions of the Circular might lead to an avalanche of demands for costly drugs. In reply to the Chairman, he said that specific suggestions for publicity were not made. In his own area the circular had been brought to the notice of members of the County Council and of medical practitioners, both private practitioners and health authority officers.

Mr. Costello said that the Circular referred twice to the desirability of making the public aware of its terms. As far as he could see, the only effective way of doing this was by advertising it in the newspapers, and this would, as Mr. Flynn had said, start an avalanche of applications.

Mr. Flynn said that, if it was necessary to provide medicines as required by the Circular, local authorities could do so from their drug depots and pharmacies. If there was difficulty in providing a medicine from a dispensary it could be sent from headquarters. He felt, however, that if the local authorities supplied medicines at cost price they would be injuring the pharmaceutical profession by competing against the chemists.

Mr. Costello said that from his point of view two matters arose on the Circular: Some persons who attend private doctors might be classed as border-line cases. If one of these was given a prescription by his doctor and went to have it made up by the dispensary doctor the latter could not legally make up the prescription as it is illegal for one doctor to make another doctor's prescription unless the former is a Licentiate of the Apothecaries Hall. The other point, which was not specifically mentioned in the Circular, was that, if a patient contributes part of the cost of medicine issued to him by a local authority then that local authority is, in fact, going into trade in selling goods. This he thought was outside the functions of a local authority and also affected the constitutional rights of chemists to engage in their vocation. He added that, if the Circular were given publicity as requested, local authorities would require more staff to investigate the applications received.

Alderman McGuinness said he thought the Circular should be given the fullest publicity. He felt that there were many people who were too honest and proud to ask for help and they should be made aware of what they are entitled to. He felt that many people of this type did not benefit from social services because they did not know what they were entitled to and how to go about getting it.

Mr. Macken said that in his area the provisions of the Circular had been circulated to the Press and public representatives. He appreciated Mr. Flynn's view, however, that wide publicity would bring in many unjustified applications and it was not good to give people the impression that they could get free medicines and have them discover later that they had to pay for them. This Circular was intended to cover self-respecting people who would continue to pay their doctor but could not afford to pay for medicines over a long period; it was not intended to cover an isolated occasion. He suggested that "deserving" would have been a better word than "border-line", as there was no difficulty in getting medical cards for border-line cases when necessary. The danger in giving too much publicity to the Circular would be that everyone would look for everything; there would be a rush away from the chemist to the local authority, with the result that the really deserving cases might not be served. The purpose of the Circular could be achieved by issuing it to doctors, hospital matrons and other suitable persons and this had been done in many counties.

Mr. Flynn said that he agreed that the best means of publicity was through the doctors and public representatives.

Professor Cunningham said that it should be sufficient for doctors and County Managers to know the provisions of the Circular. There was no need to advertise it to those not concerned.

Dr. Dunne asked how a patient whose doctor was not a dispensary doctor could get a particular drug under the scheme, if the dispensary doctor would not make up another doctor's prescription.

Mr. Macken replied that, in such cases, the patient could apply direct to the local authority depot. This would entail some delay but the Circular was intended to cover long-term rather than urgent cases. Where a patient lived in a remote area a prescription could be sent out from the depot. Dispensing from the central depot could also save wastage. The administration involved in this would not be a problem. County Managers would not ask District Medical Officers to dispense for other doctors.

Sir Anthony Esmonde enquired whether a copy of the Circular could be procured and read to the meeting.

The Chairman said that he was surprised that the Circular had not been circulated before the meeting. He had known that it existed and had thought that each member of the Council would have a copy.

Dr. Ward read an advertisement which had been inserted in a local newspaper by the Secretary, Louth County Council, announcing that persons who were not holders of medical cards could be supplied with free medicine by the Council if they were unable to provide it themselves over a long period, and stating that applications should be submitted accordingly.

Mr. Macken said that that advertisement expressed the general spirit of the interpretation of the Circular.

Mr. Costello instanced a recent case where a patient was prescribed a new drug costing £4.10s. for 100 tablets, eight tablets to be taken daily. The patient had applied to the local authority and had received permission to obtain the tablets free of charge although he was not the holder of a medical card.

Mr. Moynihan stated that if the Council had known of the issue of the Circular there would have been no need for the discussion.

The Chairman said that the Circular may have been issued because of discussion at previous meetings of the Council.

Mr. Moynihan said that, in that case, the discussion had served its purpose.

Sir Anthony Esmonde said that the Circular still left the decision regarding the issue of medical cards with the County Managers.

Mr. Costello pointed out that a similar position obtained in respect of the issue of medical cards.

Dr. Connolly expressed his satisfaction that the Circular had been issued but said that there were two difficulties - the question of one doctor dispensing for another and the problem of injury to chemists' business if medicines are dispensed by local authorities. He thought that it would be a good idea if the Minister would consider the provision of a National Formulary, as the present system whereby the District Medical Officer dispensed was often expensive and extravagant. He had seen in a dispensary a very expensive American brand of anti-biotic and he was aware that a cheaper German brand was available. It would be an advantage if a National Formulary was available and all medicines dispensed by chemists.

Mr. Costello said that the Council had previously made a recommendation to have the question of providing a National Formulary considered urgently. He said that the large variety of brands being advertised increased considerably the stock of drugs being carried by chemists and tended to increase costs. The trade association intended to approach the Minister with a scheme to enable chemists to dispense for local authorities. It would be possible to have a twelve hour daily service under this scheme and it would not be necessary for the people to go to the dispensary at particular times to have medicines made up. In Donegal agreement had already been reached with the chemists as to the cost of medicines under a scheme of this nature, and the scheme was working well there. He supported Dr. Connolly in his recommendation regarding a National Formulary. It was in operation in Britain and there was no reason why it should not be successful here also. It would mean that, instead of having to stock several brands of the same drug, a chemist need stock only one brand. This would enable chemists to buy a single brand in large quantities rather than, as at the present, buying small quantities of a number of different brands.

Mr. Flynn said that the Department had tried to do something about the situation some years ago. The National Formulary would present some difficulties since, for example, a pharmacist must provide the exact drug prescribed by a doctor. He knew of a recent complaint against a chemist who had failed to do this. The chemist said that what he had supplied was equally good but the doctor said the drug he had prescribed contained some special ingredient. One would have to stand by the doctor in such a case. He found generally that doctors are as interested in achieving economy as others. He agreed that the Department should be pressed to reconsider the issue of a Formulary.

Mr. Costello said that the National Formulary would not tie a doctor to a particular brand but would give him a standard formula for drugs.

Dr. Dunne said that it was important that pharmacists should not alter prescriptions. There are specific components in some drugs and, while it could be said that other drugs have the same ingredients, in fact they may produce

different effects. He thought that the Circular was never necessary in Dublin. In psychiatric medicine it is often necessary to order quantities of very expensive drugs for people without medical cards. When a doctor issues such a prescription, if a patient cannot get the drug at the hospital which he attends, he can get it later at St. Brendan's. There were many people who had struggled to pay for these medicines until they were told they need not do so. He thought that the Circular should be fully publicised as everyone should know his rights, and the only way to achieve that was by wide publicity as had been suggested by the Minister. The advertisement issued by Louth County Council was excellent. Publicity could be given by hospitals and dispensary doctors and through social workers. Even one person suffering through ignorance of what was available would justify the publicity.

Mr. Flynn and Mr. Macken agreed that the free supply of drugs to mental patients was general throughout the country. It should be recognised that all such patients would get them.

The Chairman informed the Council that the recommendation on the National Formulary had been made at the meeting of 16th June, 1961. At this stage Mr. Flynn produced a copy of the Circular which the Secretary read to the meeting. A copy of the Circular is appended to these minutes.

Dr. Connolly pointed out that it made no provision for a single supply of an expensive prescription urgently required. He suggested that the Minister might consider providing for this situation by introducing a prescription scheme similar to that used by private practitioners in the case of maternity patients in the lower income group.

Mr. Macken said the Circular was not intended to provide for the type of case mentioned by Dr. Connolly. The purchase of a first supply of a medicine was not usually a hardship for a person without a medical card. It was repetition of the prescription that caused the difficulty. A temporary medical card can be issued to enable a person to get over a short period of illness.

Dr. Dunne said that the Minister had recognised the existence of borderline cases. It should be easy to provide for the type of case referred to by Dr. Connolly if a doctor could be authorised to issue a note to the effect that this was a deserving case for free medicine. There must be a group of people who could not afford to pay if they suddenly fell ill.

Mr. Flynn said there must be a local understanding about dealing with such cases. In his area there is an understanding that in a moment of crisis the main thing is to look after the patient. He agreed with Mr. Macken that the amount of medicine which would be needed by a person for 24 or 48 hours would not be very expensive.

The Chairman recommended that the Council should:

- (1) thank the Minister and the Department for issuing the Circular
- (2) request a copy of the Circular for each member of the Council
- (3) allow the subject to rest for the present; it might be raised later when the provisions of the Circular had been in operation for a while
- (4) press again for the introduction of a National Formulary.

The Council agreed with this proposal and the Secretary was instructed to draw specially to the Minister's attention the recommendations regarding a National Formulary.

Other Business

Mr. Costello said that he understood that a Select Committee was to be set up to review the health services. He wished to know whether it was within the province of the Council to volunteer to give evidence to the Committee, or whether specific members could ask to give evidence.

Dr. Ward said that the Council's functions were prescribed by statute and that they could not do this.

The Chairman said that the usual procedure is for the Committee to ask persons to give evidence. The Council as such could not give evidence but the members could do so as individuals, if requested.

Sir Anthony Esmonde said that no arrangements had yet been made for the setting up of the Committee; the debate on the matter was still in progress.

The Chairman read the Minister's amendment to the motion on the health services and Sir Anthony Esmonde outlined a further amendment submitted by the Labour Party. He said that the Council could be asked to give an opinion on some of the matters to be considered by the Committee.

The Chairman considered this was unlikely to happen as he thought the committee would be seeking evidence on facts and the Council would not be able to help very much with these.

Date of next meeting

The next meeting was arranged for Friday, 23rd February, 1962.

The meeting terminated at 4.45 p.m.

E.S.O. Brown.
23/4/62.

Confidential until confirmed

NATIONAL HEALTH COUNCIL

Minutes of meeting held on Friday, 23rd March,
1962 in the Conference Room, Aras
Maio Dharmada, Dublin.

The members present were:-

E.S. Ó Braoin, Uas., Chairman
Dr. H. Aughney
Leslie, Bean T. de Barra
Dr. D. Connolly
M. Costello, Esq., M.P.S.I.
Professor J. F. Cunningham
Miss A. W. Doherty
J. Doherty, Esq.
Dr. J. Dunne
Sir Anthony C. Esmonde, Bt., T.D.
Mrs. L. Hunt
Alderman M. J. McGuinness
Dr. G. Maguire
M. Moynihan, Esq.,
E. F. O'Donoghue, Esq., L.D.S.
C. A. O'Sullivan, Esq., B.D.S.
Dr. H. Quinlan
P. J. Teehan, Esq., T.D.
Dr. F. C. Ward.

Apologies for their inability to attend were received from Mr. J. P. Flynn, Mr. L. P. Pelly and Miss K. F. Russell.

Minutes of previous meeting

The Chairman said that the following amendment to the minutes, as circulated, had been suggested:-

On page 5, line 22, delete

"by a method similar to the provision for prescription by a private doctor in a maternity case" and substitute

"by introducing a prescription scheme similar to that used by private practitioners in the case of maternity patients in the lower income group."

The minutes, as so amended, were approved and signed.

Correspondence

The Secretary read the following letter from the Department of Health, copies of which had been circulated at the beginning of the meeting:-

"A Chara,

I am directed by the Minister for Health to refer to your letter of 11 Nollaig, 1961, regarding the meeting of the National Health Council on the 24th November, 1961, at which the Council agreed to press for the introduction of a National Formulary.

It appears that the National Health Council have in mind a Formulary which would have general application and be adopted for use

/by the medical

by the medical profession throughout the country. In this connection, I am to state that it might be noted that the British National Formulary, to which reference was made at the Council's meeting, was compiled by a committee which represented the medical and pharmaceutical professions, and to point out that the Minister's functions, in regard to the supply of medicines, are limited to the services available for persons who are eligible under health legislation; it is not open to him to arrange for the introduction of a formulary which would necessarily apply in relation to the supply of medicine to other sections of the community.

In the case of persons eligible for services under the Health Acts, I am to point out that a wide range of standard preparations is already covered by this Department's contract lists (that is, the Prescribed List of Medicines and the Special List of Medicines). In addition, a list of proprietary preparations, with their non-proprietary equivalents, has been issued for the guidance of medical officers and it is hoped to issue a revised, up-to-date version of this list, at an early date.

It is considered that the Department's contract lists (used with the proprietary preparations guide) operate to provide the most economic arrangement for making available a wide range of the preparations prescribed by medical officers.

Mise, le meas,

(Sgd) P. S. Ó Muireadhaigh.

Secretary,
National Health Council."

Mr. Costello said that this letter did not relate exactly to what the Council had in mind. He said that the idea behind their request for a National Formulary was that doctors should have available the formulae of drugs which are sold under different trade names. There would be nothing compulsory about the National Formulary; doctors would be at liberty to prescribe whatever they wished. The formulary would give, instead of the present multiplicity of brands, a standard list of drugs which would be identified by their ingredients. It would be necessary to introduce a bureau of standards in conjunction with the formulary.

On Mrs. Barry's request, the Secretary read the Council's letters of 11th December, and 3rd July, 1961 in which the Department was asked to introduce a National Formulary for use in this country. The Secretary said that the relevant extracts from the minutes of the meetings at which the matter had been discussed by the Council had been sent to the Department with these letters.

Sir Anthony Esmonde said that the matter had not been put to the Department as clearly as Mr. Costello had now put it. He did not see why the National Formulary should be confined to health services groups; it would be of use to private doctors also. The Department's reply was not very helpful but he thought that this might have been due to the fact that the Department did not get sufficient information from the Council.

Dr. Ward suggested that, as the Council has no responsibility outside the State health services, it may not have any function in relation to the

/setting up

setting up of a National Formulary.

Dr. Dunne said that the Department's letter had referred to the fact that the British National Formulary was compiled by a Committee representing the medical and pharmaceutical professions. He inquired whether the same procedure might not be adopted in this country.

Professor Cunningham said that if the formulary was to be National, it would be essential for it to have the backing of the Minister.

Mr. Costello said that it appeared that the Council had gone somewhat outside its functions in considering this matter. He was sorry that the Minister was not having the position inquired into but he did not see that the Council could do anything further.

In reply to a query from the Chairman, Mr. Costello said that the Department's Prescribed Lists of medicines covered 30 or 40 preparations but would not be as comprehensive as a National Formulary. The National Formulary would be particularly helpful to newly qualified doctors in prescribing modern drugs.

The Chairman suggested that the matter might be taken up by the medical profession.

Dr. Maguire suggested that the Council might recommend that the British Formulary be adopted.

The Chairman pointed out that such a recommendation might be outside the Council's functions.

Annual Report

The Chairman said that a draft annual report had been prepared by the Secretary and circulated with the agenda. If the Council wished to present an annual report, it would have to be considered at the present meeting.

The Chairman suggested that the Department's letter concerning the setting up of a National Formulary should be included in the report.

This was agreed to.

Mr. Costello proposed that paragraph 5 of the draft report should be amended by including a sentence to the effect that the prices being charged for certain drugs in this country had now been brought into line with the British prices.

Dr. Maguire seconded this motion, which was adopted.

With regard to the paragraph in the draft report concerning the supply of costly medicines to persons not in possession of medical cards, Mr. Moynihan suggested that the Circular from the Department of Health on this matter should be included in the report.

The Chairman said that since the Minister had asked that the terms of this Circular should be given publicity, he did not see any objection to its inclusion in the report.

It was agreed that the Circular should be included in the report.

Mr. Costello suggested that the final paragraph of the draft report should be amended by substituting "recommendations" for "observations".

/This was

This was agreed to.

The Chairman suggested that the usual paragraph be included in the report expressing appreciation of the work of the Secretary and his staff.

This was agreed to.

Subject to these amendments and additions, the report, as drafted, was adopted.

Other Business

On the motion of the Chairman, the Council agreed to send to the Minister and Mrs. MacEntee their sincerest congratulations on the elevation of Mrs. MacEntee's brother to Cardinal.

Mrs. Hunt inquired whether the Council might make representations to the Select Committee on the health services concerning discrimination against some people, particularly old people, in the administration of the health services.

Sir Anthony Esmonde said that the Committee's sittings are in private. He did not know whether they would call on the National Health Council for evidence.

The Chairman said that the Council could not give evidence before any body unless it was invited to do so and, even then, it could do so only with the Minister's consent. There was, however, no restriction on individuals making whatever representations they wished.

The Chairman said that, as this was the present Council's final meeting, he wished to thank the members for their co-operation during the past two years.

On Mrs. Barry's motion, the Council passed a unanimous vote of thanks to the Chairman for his skill and patience in conducting the meetings of the Council.

On the motion of Mrs. Barry, a unanimous vote of thanks to Dr. Ward, as Vice-Chairman, was also passed.

The meeting terminated at 4.10 p.m.

E. S. O. O'Sullivan
23/3/62

NATIONAL HEALTH COUNCIL

Report for year ended 31st March, 1962

1. The National Health Council have pleasure in presenting this, their eighth Annual Report, to the Minister for Health.
2. During the year ended 31st March, 1962, the Council held five meetings. The following is a list of the members, with the number of meetings attended by each, during the year, shown in brackets -

E.S. Ó Braoin, Uas., Chairman	(5)
Dr. F.C. Ward, Vice-Chairman	(2)
Dr. H. Aughney	(4)
Leslie, Bean T. de Barra	(4)
Dr. D. Connolly	(5)
M. Costello, Esq., M.P.S.I.	(4)
Professor J.F. Cunningham	(4)
Miss A.W. Doherty	(3)
J. Doherty, Esq.	(4)
Dr. J. Dunne (appointed June 1961)	(2)
Sir Anthony C. Esmonde, Bt., T.D.	(3)
J.P. Flynn, Esq.	(4)
Mrs. L. Hunt	(4)
Professor W.J.E. Jessop	(-)
M. Macken, Esq.	(3)
Dr. G. Maguire	(3)
Alderman M.J. McGuinness	(4)
M. Moynihan, Esq.	(2)
E.F. O'Donoghue, Esq., L.D.S.	(3)
T. F. O'Higgins, Esq., S.C., T.D.	(-)
C.A. O'Sullivan, Esq., B.D.S.	(5)
L.P. Pelly, Esq., M.P.S.I., Dip.Opt.	(3)
Dr. H. Quinlan	(4)
Senator T. Ruane	(1)
Miss K.F. Russell	(3)
Dr. J.P. Shanley	(2)
Patrick J. Teehan, Esq., T.D.	(3)

3. Mr. Ó Braoin was re-elected as Chairman and Dr. Ward was re-elected Vice-Chairman.
4. Dr. J. Dunne was re-appointed a member of the Council in June, 1961.

COST OF DRUGS AND MEDICINES

5. In the year ended 31st March, 1961, the Council brought to the Minister's notice the fact, which appeared to the Council to justify further investigation, that the manufacturers' price for certain drugs and medicines was higher in the State than the price charged by the manufacturers for similar products in Britain and the Six Counties. In the year under review, the matter was again considered and a memorandum on the position was forwarded to the Minister. The memorandum, which indicated that the disparity in prices affected about 10% of drugs and medicines and occurred only in relation to antibiotics manufactured by certain firms, set out the current prices for some of the products in question in Britain and in this country. The Council requested that the Minister should take appropriate action with a view to reducing the price of drugs in this country to the level obtaining in Britain and the Six Counties. The prices of the drugs in question were subsequently brought into line with the British prices. The Council also recommended to the Minister that consideration be given to preparing a national formulary for use in this country.

SUPPLY OF COSTLY MEDICINES TO PERSONS NOT IN POSSESSION OF MEDICAL CARDS

6. Examination of this matter, to which reference was made in the Council's report for the year ended 31st March, 1961, was continued. The Council had under consideration a draft resolution that the method of assessing the means of applicants for the benefits of Section 14 (2) of the Health Act, 1953, be modified in the case of persons who, while not qualifying for medical cards, are unable to provide costly medicines by their own industry or other lawful means. The matter was considered to have been brought to a satisfactory conclusion in September, 1961, when the Department of Health issued a circular to health authorities. The Circular made it clear that, even though persons might not be entitled to all the services under Section 14 of the Act (e.g. the free general practitioner service), the fact that they did not possess a medical card did not debar them from obtaining other general medical services free of charge. These other services include drugs and medicines, if the provision of such drugs and medicines over a long period would cause financial hardship to the person purchasing them. Health authorities were asked, in the Circular, to make this position clear by appropriate publicity. The Department's Circular is included as an appendix to this report.

Their consideration of this matter also led the Council to the conclusion that a national formulary was required and, in thanking the Minister for the issue of the circular, they again drew attention to the desirability of preparing a national formulary for this country. The following letter was subsequently received from the Department on the question of setting up a national formulary.

"B.A. 107/5

22 Márta, 1962.

A Chara,

I am directed by the Minister for Health to refer to your letter of 11 Nollaig, 1961, regarding the meeting of the National Health Council on the 24th November, 1961, at which the Council agreed to press for the introduction of a National Formulary.

It appears that the National Health Council have in mind a Formulary which would have general application and be adopted for use by the medical profession throughout the country. In this connection, I am to state that it might be noted that the British National Formulary, to which reference was made at the Council's meeting, was compiled by a committee which represented the medical and pharmaceutical professions, and to point out that the Minister's functions, in regard to the supply of medicines, are limited to the services available for persons who are eligible under health legislation; it is not open to him to arrange for the introduction of a formulary which would necessarily apply in relation to the supply of medicines to other sections of the community.

In the case of persons eligible for services under the Health Acts, I am to point out that a wide range of standard preparations is already covered by this Department's contract lists (that is, the Prescribed List of Medicines and the Special List of Medicines). In addition, a list of proprietary preparations, with their non-proprietary equivalents, has been issued for the guidance of medical officers and it is hoped to issue a revised, up-to-date version of this list, at an early date.

It is considered that the Department's contract lists (used with the proprietary preparations guide) operate to provide the most economic arrangement for making available a wide range of the preparations prescribed by medical officers.

Mise, le meas,

P.S. Ó Muireadhaigh.

Secretary,
National Health Council."

MENTAL TREATMENT REGULATIONS, 1961

7. The Mental Treatment Act, 1961 became law on 28th March, 1961, and draft Regulations under that Act were, in accordance with the statutory provisions sent to the Council for their advice. The Regulations set out in detail the procedures governing admissions to, retention in, and discharges from mental hospitals. The Council had no observations to make, save in relation to Article 11 (c) of the Regulations which provided that "where a registered medical practitioner makes an examination he shall not demand or receive any fee or other payment or consideration from any person other than the mental hospital authority in reward for his services." The Council recommended the deletion of the words "or consideration" from this Article, mainly on the grounds that "consideration" could be construed as including tokens of appreciation or normal hospitality offered to a doctor by a patient. In his reply to the Council, the Minister stated that the wording quoted above had been evolved after consideration of a similar request made by the Council in relation to the General Medical Services Regulations, 1954, and had been embodied in amending Regulations which were still operative. As it was essential that there should be uniformity between the General Medical Services Regulations and the Mental Treatment Regulations on the question of fees, the Minister did not find it possible to accept the Council's recommendation for the deletion of the words quoted. The Minister's reply made it clear that the Article did not preclude the acceptance of tokens of appreciation of small value and the Council had no further comment to make on it.

DENTAL AND AURAL APPLIANCES REGULATIONS, 1961

8. The Council's advice was requested by the Minister on draft Regulations relating to the provision by health authorities of dental and aural appliances for persons eligible under the Health Acts for such appliances. The Regulations provided that the legal liability of a health authority to provide dentures for the lower income group should be limited to the extent to which it could provide them from a sum fixed each year by the Minister. This was being done to enable health authorities to concentrate on providing a proper treatment service for children. Priority in the provision of dentures was to be given to expectant mothers and persons suffering from tuberculosis and provision was also made in the draft Regulations for a health authority to pay part of the cost of dentures provided through the Social Welfare services for certain insured persons in the lower income group. The provision of aural appliances was also proposed to be similarly restricted. Priority in the provision of such appliances was to be given to specified groups and provision was also made for a contribution by a health authority where an insured person in the lower income group could not pay his share of the cost of an appliance obtained through the Social Welfare scheme.

The Council having fully considered the Regulations decided to make no recommendations on them.

9. The Council wish, once again, to place on record their appreciation of the services provided during the year by the Secretary and his assistants.

CHAIRMAN

31st March, 1962.

Secretary.

APPENDIX

29 Meán Fómhair, 1961.

Circular 36/61.

SUPPLY OF MEDICINES IN HARDSHIP CASES FOR PERSONS NOT COVERED BY MEDICAL CARDS

A Chara,

1. I am directed by the Minister for Health to state that he has had under consideration the position regarding persons, who while they are in a position to meet the cost of normal domiciliary medical treatment for themselves or their dependants, are unable to meet the cost of drugs and medicines required over a long period for themselves or members of their family. The persons concerned would not normally be regarded as eligible for medical cards, and are unaware that apart from a general practitioner service, health authorities are empowered to supply other general medical services, including drugs and medicines, free of charge, under Section 14 of the Health Act, 1953, to persons who, because of the financial hardship involved, are unable to meet the cost of these items, even though they do not hold medical cards.

2. With the increased use of expensive drugs and medicines in modern medical practice, considerable hardship can arise for persons of limited means who have to provide these medicines for lengthy periods for themselves or their families. For example, a man, with dependants, whose income is only marginally above the level of the lower income group, will find it difficult to pay for expensive medicines for a course of treatment extending over a long period. It is important therefore, to ensure that such persons are made aware that, although for all purposes they do not fall within the category defined in Section 14 of the Health Act, 1953, they can apply to the health authority for a supply of these medicines, free for so long as they are unable to provide them from their own resources. Accordingly, the Minister requests health authorities to make the position clear by appropriate publicity. It is not proposed that a formal scheme should be introduced covering the supply of specified medicines and drugs for specified diseases, but, instead, that each application should be considered on its merits, taking into account the patient's needs, their duration, and the degree of hardship involved. Applications, following investigation of the circumstances attaching to them, might be submitted to the Chief Medical Officer for a recommendation in all cases of doubt and difficulty.

3. The Minister is aware that many health authorities have recognised this hardship for some time and that they have met it by supplying these expensive medicines to certain persons who would not otherwise be regarded as in the lower income group. The procedure normally followed is that in the larger urban areas the items are supplied through the official dispensary compounders on the prescription of the patient's doctor. In most rural areas compounders are not employed in the dispensaries and this raises a difficulty as the district medical officer is not obliged, and may refuse, to supply medicine on the prescription of a private practitioner. The difficulty, where it has arisen, has been met by the health authority making arrangements for the supply of the prescribed items through the compounders employed in County Clinics or County Hospitals. A further difficulty may arise here, however, as it may not always be possible for the patients to arrange to have medicines collected at the Clinic or Hospital, particularly where they reside some distance away. In such circumstances it may be necessary to dispatch the medicines by post to the person concerned.

4. The Minister would be glad if you would have the position regarding the issue of medicines to such persons in your health authority area examined with a view to ensuring that the persons concerned are made aware that, though they are not the holders of medical cards, they can, in case of hardship, apply to the health authority for supplies of medicines and drugs. A record of the

/cost

cost of supplying medicines and drugs under the terms of this Circular should be kept as annual returns of such expenditure will be required for the information of this Department.

Mise, le meas,

K.U. CONNOLLY.

The Manager,
Each Health Authority.

The Chief Executive Officer,
Dublin Health Authority.

Copy to Chief Medical Officer.