Front line role*

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Secretary of State for Social Services

The life of a Secretary of State for Social Services is full of contrasts. One moment he finds himself being roundly abused in public by some militant malcontent and of being directly and personally responsible for the deaths of thousands of our fellow citizens. The next moment he finds himself in the company of learned and distinguished men and women, enjoying their generous hospitality. One takes the rough with the smooth and emerges both chastened and slightly stouter.

In proposing the toast to the Heberden Society I find myself not a little overawed to do so in the presence of so much scientific experience and learning in the field of rheumatic disease. But I take some comfort from the wise words of one Gerhard Van Sweiten, who is reported to have said some 200 years ago: ‘Seeing men of learning, and those of eminence in the office of Government, are so often tormented by the gout, it ought to be a rule with them to despatch all important business in the morning ... The hours after dinner let them devote to walking or riding out or to the agreeable conversation of their friends; but in the evening they must not at all be concerned in any business that requires the least stretch of thought or attention.’

Mercifully, the torments I suffer do not include gout, but as there are among this company some of the world’s leading experts on that distressing affliction I shall pay some regard to Van Sweiten’s injunction.

Your society is part of an enormously important element in the history of the development of health care in Britain. What has made British medicine renowned throughout the world is the volume and quality of the innovation, research, and sheer enterprise which has categorised it. Among the many advances in which we as a nation can take pride nowhere is the need more crucial than in the field of rheumatic diseases, which are of such concern to the Heberden Society.

Ranging from minor backache to the most crippling forms of arthritis, rheumatism is without doubt one of the greatest causes of misery in our society. I do not need to remind this gathering of the figures. I was astonished to learn that something like 20 million people in Britain each year suffer from some form of rheumatic complaint. Thousands are confined permanently to bed or a wheelchair; many more thousands are totally housebound. About a third of all disabilities suffered by people of all ages is attributable to rheumatic diseases.

I find it difficult, as I am sure do many people, to begin to comprehend figures as big as these. I find it difficult to conceive what this adds up to in terms of pain and frustration and anxiety for the sufferers and their families. And it is not just suffering; rheumatism by itself does more damage to the nation’s economy than all the strikes and go-slows put together. Last year some 30 million days of sickness absence were attributable to it. It is organisations like your own and the British League against Rheumatism and a number of others which are bringing home to all of us the sheer size and complexity of the problem we face.

Yet the picture is by far from being all bleak. Recent years have seen a number of considerable advances and improvements in services to rheumatic sufferers. It is not for me to talk about the clinical advances for, as a layman, I am totally unqualified to do so. I can, however, say something about the available manpower and resources devoted to the fight. While there are not yet as many rheumatologists as we need and some parts of the country are not well served, numbers are increasing. Perhaps not so fast as all of us would like, but it is a fact that consultant staffing in rheumatology and rehabilitation has grown over the past 5 years at more than twice the pace of the growth in all specialties lumped together. The same applies to other grades of hospital medical staff. Of course, there are still not enough physiotherapists and occupational therapists about, but their numbers too have increased considerably. We have also to note with sadness that long waiting times for surgery for rheumatic conditions can undermine the progress that is being made. I very much hope that Professor Duthie’s working party looking into this problem will come...
up with practical suggestions which could enable rheumatic sufferers to get the surgery they need rather more quickly.

I don’t need to tell you, however, that future progress depends crucially on the nation’s ability to create the resources necessary to pay for it. Do not worry, Mr President, I am not about to launch into an economic dissertation. I have enjoyed my dinner much too much for that. I pause only to note that extra resources for health can come only from the generation of extra wealth.

The other side of the picture is the progress in research. The society’s annual report shows how great is the scale and range of effort by your members. You have the satisfaction of knowing that you are steadily chipping away at the barriers that still remain to a full understanding of rheumatic diseases. In the end, despite the massive complications of biomedical research, nature will yield up her secrets, and you will achieve the goal of finding both the causes and the cures for these diseases. I can assure you that this Government is fully convinced of the importance of your research in this field and will continue to provide as much support as it can to reinforce the splendid contributions provided by such bodies as the Arthritis and Rheumatism Council.

It is also encouraging to learn that the best and most up-to-date practices to alleviate pain and to help disabled people to adjust to their disability continue to be spread. It was Sir Keith Joseph who set up the demonstration centres in medical rehabilitation with the objective of spreading good practice, and the numbers of centres are increasing from time to time. I understand that these centres are helping to promote the kind of team approach which is so necessary, involving consultants, nurses, therapists, social workers, general practitioners, and other primary care professions—an approach that helps the patient to cope with these difficulties in his own social surroundings and, by asserting realistic goals, can reduce fear and instil hope. This is my mind is what rehabilitation is all about.

Mr President, I find that I have drifted far from Van Sweiten’s recipe. Perhaps in order to avoid undue boredom on these occasions you, Mr President, should ensure that any future guest speakers (and I quote) ‘of eminence in the offices of Government’ are tormented by at least a touch of the gout. Perhaps your generous hospitality will set me on that path myself. If I may again quote an old saying ascribed I believe to Thomas Sydenham 300 years ago: ‘The old saw is that if you drink wine you will have the gout and if you do not drink the wine the gout will have you’. It sounds a little like having wealth. Wealth may not make you happy but I’m sure it’s better to be miserable with it than without it.

I know that the Heberden Society will continue its front line role in the fight against rheumatic diseases. There are few more important fights on the medical front.