should be provided. Much has been written and said about the right to health. This I feel has clouded the discussions and arguments on the vital points as to how much health care the community's willing to provide. In essence the term "the right to health" is one used by the general public. We would be better served if the phrase was "the right to the best available care" in the circumstances in which the individual finds himself.

The individual may have the right to remain young forever, but there is no medicine in the world that can guarantee this. Health care, leaving aside the infectious diseases that affect the whole community, is largely the care of one's own self. In other words, like grooming, health care is of little interest except to the individual or his immediate family. Indeed, much of the major health care is directed to looking after and making confortable the elderly section of our population who are nearing the end of their lives and for most of whom their productive days are over. Nevertheless, as a society we do our utmost for these people and most workers in the health field follow the principle of doing the most for as many as possible.

Government having largely taken over the health care field, whereby health care is free at the point of usage, has created enormous difficulties and problems with which we are only now coming face to face. What is perhaps not generally understood is that the scope of health care is so vast that all the resources of the community, all the productive people in a community, could be involved and there would still be a great deal of work left undone. When the individual paid for his own health care there was a limit beyond which he could not go, or charity could support him. Similarly there is a limit to where the nation can go in the health care field.

It is interesting to note that it is estimated that the countries of western Europe and North America spend about the same percentage of their gross national product on health care. The U.S.A. spends the largest amount and is generally conceded to have the most people still buying their own medical care. With this in mind, it is obvious that health care must be rigidly rationed in some manner. If it is not rationed by the patient's pocketbook, it will be rationed in some other way, usually by a queue. When medical care is free at the point of usage, most of this rationing occurs at the two main introductions to health care facilities, that is, at the doctor's office and in the hospital. The problem that arises is, what care should the doctor provide for his patients at this point of entry, and how and under what terms of service shall he function?

The physician gives to his work knowledge and experience, but the most important commodity he sells is time and attention. It is, for instance, generally considered that a doctor should provide somewhere in the neighbourhood of 15 minutes for the average consultation, but the demands on his time are so great that he may have to spend much less time with a patient, and in some cases two or three minutes is all that a patient will receive on an initial visit. The doctor, being true to his professional code, must within limits see all those who wish to see him, because the last patient of the day may be the one who most needs his services.

A similar situation exists at the hospital level, should a patient wish to be admitted to hospital. No one needs to be admitted to hospital, or all can be admitted to hospital, depending on the point of view taken. Hospital needs in the past have been based on the number of beds required when people had to pay for them out of their own pocket, but now the hospital being free at the point of usage, it is overcrowded, long waiting lists have developed and many patients who would benefit from hospitalization have to be refused admission.

Of course various methods have been developed to attempt to curtail these admissions and to arrive at a decision as to what is right or needful, but this is extremely difficult and hard to assess and in the main it is largely catch-as-catch-can, particularly in some phases of illness. Coincident with the overflowing of hospitals there has been a marked rise in the number of employees per bed. In the case of hospitals my experience was that .9 employees per bed was considered adequate before government hospitalization. Now it is up to 2.5 employees per patient. It might be considered that this would increase patient care, but an analysis will show that the employees are largely employed in areas outside patient care, that is, in the field of housekeeping records and administration. Indeed, it often seems that the demands of administration and records are so great as seriously to compromise patient care.

Automation may be taking over in some fields, but in the health care field there is little or any of it. The cost of health care is growing rapidly, much more rapidly than our