

**Journal of American Physicians
and Surgeons**

Mission Statement

The *Journal of American Physicians and Surgeons*, the official peer-reviewed journal of the Association of American Physicians and Surgeons (AAPS), is committed to publishing scholarly articles related to the practice of medicine and to promoting open debate and scientific integrity.

Subscriptions and Advertising

aaps@aapsonline.org

Subscription Rates:

AAPS Members (included in annual dues)

Non-members \$75 per year

Institutions \$125 per year

Students/Residents \$15 per year

Foreign \$200 per year (US currency only)



Cover Design

Rachel Eck

Typesetting

Marilyn Kessler

Website

www.jpands.org

Webmaster

Jeremy Snavelly

The articles published in the *Journal of American Physicians and Surgeons* represent the opinions of the authors and do not necessarily reflect the official policy of the Association of American Physicians and Surgeons, Inc., or the Journal.

Publication of an advertisement is not to be considered an endorsement or approval of the product or service involved by either the Association of American Physicians and Surgeons, Inc., or the Journal.

POSTMASTER:

Send address changes to:

1601 N. Tucson Blvd, Suite 9
Tucson, AZ 85716

*Journal of American Physicians
and Surgeons* (ISSN 1543-4826)
is published quarterly.

Copyright ©2026

by the Association of American Physicians
and Surgeons, Inc.

Correspondence

From the Archives

Briton Warns against Socialized Medicine

Speaking in St. Louis at the annual meeting of the Association of American Physicians and Surgeons, J. Enoch Powell, who was the British Minister of Health from 1960 to 1963, criticized the "inherent absurdity" of having one man, himself, establishing hospital priorities for his country for the next 10 to 15 years.

Nationalized medicine, he said, has two inherent evils: centralization of decision-making and a damaged relationship between doctor and patient.

It is often the case that the general practitioner who does a worse job, who serves more patients than he can properly attend, is paid more. Because the doctor is an employee of the state, he has no incentive to serve a patient better. You cut the direct link of service and appreciation between doctor and patient.

Both the practitioner and the patient, instead of looking to each other, look to the state, he said. It is an alibi for inadequacy.

Powell also decried the prevalent idea that a definable amount of medical care is needed and that if that need is met no more will be demanded. This is absurd. Every advance in medical science creates new needs that did not exist until the means of meeting them

came into existence. Its demand is not only potentially unlimited. It is also by nature not capable of being limited in a precise and intelligible way.

The National Health Service in his country applies covert rationing devices in order to delimit demand to the actual amount of supply. Doctors' waiting lists amount to a kind of iceberg, with the significant part below the surface. He said the list does not include patients refused on grounds that the list is too long already or because they take a look at the queue and go away.

Powell advised members of AAPS to beware copying Britain's health service system in this country.

Powell's views are the kind the American people need to hear, but not the kind the federal Department of Health, Education, and Welfare seeks.

Maurice W. Peterson, M.D.

Glenview, Ill.

AAPS President

St. Louis Globe-Democrat,

October 9-10, 1971

Erratum

Senator George McGovern represented South Dakota, not Maine as erroneously stated in the spring issue.¹

REFERENCE

1. Smith GL III. Physician stewardship. *J Am Phys Surg* 226;31:17-19.

