

Why I'm Grateful For Britain's National Health Service

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Putting a Price on Women's Health Issues. In order to have a socially progressive society, we need to empower women to take charge of their own health through education and open discussion. Throwaway remarks devaluing women's health issues should be snuffed out straight away since this is a dangerous game for politicians.

When women are healthy, families are healthy. That's been proven time and time again, and it's not only good for individuals, it's also good for the economy. Yet just as it appears that we are making some headway worldwide with regards to women's health issues, politicians wade in with remarks that make me feel that women have a long way to go before they are free to make their own decisions about their bodies.

Just last week, US Republican presidential candidate Jeb Bush questioned whether the government needed to spend \$500 million on women's health issues. <http://www.bbc.com/news/world-us-canada-33783147>

Bush later said he "misspoke," but the damaging comments were already out there. They reminded me once again how lucky we are in Britain to have the National Health Service.

Historically, women have had a lower chance of surviving in infancy, suffering poor health from malnutrition, menstrual problems, unsafe pregnancy and childbirth. These problems still continue in many countries: women form half the world's population but continue to suffer more than men. <http://www.wfp.org/our-work/preventing-hunger/focus-women/women-hunger-facts>

The NHS is by no means perfect but as an organisation it has a long history of championing women's health issues. Along with charity organisations such as the Royal College of Obstetricians and Gynaecologists (RCOG) <https://www.rcog.org.uk>, the NHS has worked tirelessly to highlight various women's health issues and improve the standard of care delivered to women in the UK and by example, across the world.

Having trained and worked abroad in India as a doctor 23 years ago, I witnessed first-hand the lottery that healthcare provision could be, most available to those who lived in cities and those of a high socio-economic status. Even for those who did have the money, there was little standardisation of care and treatment. Things have improved in India and elsewhere but mainly for the fortunate. The poor, old and the social underclass have often not got anyone to speak up for them.

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The US system of health insurance for those who can afford it (and government aid for those who can't) is also markedly different from the NHS in Britain. The US has the highest health spending in the world, equivalent to 17.9% of GDP but nearly half of its spending (46.9%) is by private

companies. <http://www.theguardian.com/news/datablog/2012/jun/30/healthcare-spending-world-country> The UK spends 9.6% of GDP on health, but 83.9% of that is government spending.

For the last 23 years, I have worked for the NHS and am a Consultant in Obstetrics and Gynaecology. Contrary to Health Secretary Jeremy Hunt's belief that the NHS has a "Monday to Friday culture" <http://www.bbc.com/news/health-33546823>, like most doctors I have always worked regular weekends and nights on the NHS. I am proud to be part of an organisation that provides world-class healthcare that is free at the point of access for all British citizens. As an organisation, the NHS rightly prides itself on providing a high standard of care, regardless of social or economic circumstances and, of course, on ethnic/racial grounds. <http://www.nhs.uk/chq/pages/Category.aspx?CategoryID=60>

The NHS has changed in countless ways since Nye Bevan founded it in 1946 and not always for the better. A move towards privatising the services has lowered morale and increasingly puts the most vulnerable members of society - the elderly and underprivileged - at risk. Like any organisation, the NHS has to have an eye on the finances and for the most part, it manages to allocate funds to where it can see the maximum benefit.

It is thanks to the NHS that women are able to have free access to contraception and to receive proper counselling and care without judgment if she decides not to go ahead with a pregnancy. For a woman who does, antenatal care in the NHS means she can give birth safely in a country where maternal mortality is so low that we concentrate on maternal morbidity figures to still try and learn how to do things better. <https://www.rcog.org.uk/en/news/joint-rcog-and-bmfms-statement-on-mbrrace-uk-report-into-maternal-deaths-and-morbidity/>

There is more work to be done. We need to start earlier, working with teenagers to educate them about safe sex, healthy living and exercise. Women's health issues don't exclusively affect women: childbirth, cancer and dementia (an illness that disproportionately affects women) all have wider ramifications in society.

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for politicians. Indeed, educating girls and funding women's health services should not be a partisan issue. They should be a priority for all countries around the world.