

of the medical and allied professions, and by the joint establishment or maintenance of health centres and other medical institutions, pending the regional and national unification of the services.

26. Arrangements should be made by the administration of the services for securing adequate hospital and other residential accommodation and care, either by contracts with existing public and approved private institutions, or by the establishment and maintenance of appropriate institutions.

Rational Organization of Medical Care Service

27. The optimum of medical care should be made readily available through an organization that ensures the greatest possible economy and efficiency by the pooling of knowledge, staff, equipment and other resources and by close contact and collaboration among all participating members of the medical and allied professions and agencies.

28. The wholehearted participation of the greatest possible number of members of the medical and allied professions is essential for the success of any national medical care service. The numbers of general practitioners, specialists, dentists, nurses and members of other professions within the service should be adapted to the distribution and the needs of the beneficiaries.

29. Complete diagnostic and treatment facilities, including laboratory and x-ray services, should be available to the general practitioner, and all specialist advice and care, as well as nursing, maternity, pharmaceutical and other auxiliary services, and residential accommodation, should be at the disposal of the general practitioner for the use of his patients.

30. Complete and up-to-date technical equipment for all branches of specialist treatment, including dental care, should be available, and specialists should have at their disposal all necessary hospital and research facilities, and auxiliary out-patient services such as nursing, through the agency of the general practitioner.

31. To achieve these aims, care should preferably be furnished by group practice at centres of various kinds working in effective relation with hospitals.

32. Pending the establishment of, and experiments with, group practice at medical or health centres, it would be appropriate to obtain care for beneficiaries from members of the medical and allied professions practising at their own offices.

33. Where the medical care service covers the majority of the population, medical or health centres may appropriately be built, equipped and operated by the authority administering the service in the health area, in one of the forms indicated in paragraphs 34, 35 and 36.

34. Where no adequate facilities exist or where a system of hospitals with out-patient departments for general-practitioner and specialist treatment already obtains in the health area at the time when the medical care service is introduced, hospitals may appropriately be established as, or developed into, centres providing all kinds of in- and out-patient care and complemented by local outposts for general-practitioner care and for auxiliary services.

35. Where general practice is well developed outside the hospital system while specialists are mainly consultants and working at hospitals, it may be appropriate to establish medical or health centres for non-residential general-practitioner care and auxiliary services, and to centralize specialist in-patient and out-patient care at hospitals.

36. Where general and specialist practice are well developed outside the hospital system, it may be appropriate to establish medical or health centres for all non-residential treatment, general-practitioner and specialist, and all auxiliary services, while cases needing residential care are directed from the centres to the hospitals.

37. Where the medical care service does not cover the majority of the population but has a substantial number of beneficiaries, and existing hospital and other medical facilities are inadequate, the insurance institution, or insurance institutions jointly, should establish a system of medical or health centres which affords all care, including hospital accommodation at the main centres, and, so far as possible, transport arrangements; such centres may be required more particularly in sparsely settled areas with a scattered insured population.

38. Where the medical care service covers too small a section for complete health centres to be an economical means of serving its beneficiaries, and existing facilities for specialist treatment in the area are inadequate, it may be appropriate for the insurance institution, or the institutions jointly, to maintain posts at which specialists attend beneficiaries as required.

39. Where the medical care service covers a relatively small section of the population concentrated in an area with extensive private practice, it may be appropriate for the members of the medical and allied professions participating in the service to collaborate at centres rented, equipped and administered by the members, at which both beneficiaries of the service and private patients receive care.

40. Where the medical care service covers only a small number of beneficiaries who are scattered over a populated area with adequate existing facilities, and voluntary group practice as provided for in paragraph 39 is not feasible, beneficiaries may appropriately receive care from members of the medical and allied professions practising at their own offices, and at public and approved private hospitals and other medical institutions.

41. Travelling clinics in motor vans or aircraft, equipped for first-aid, dental treatment, general examination and possibly other health services such as maternal and infant health services, should be provided for serving areas with a scattered population and remote from towns or cities, and arrangements should be made for the free conveyance of patients to centres and hospitals.

Collaboration with General Health Services

42. There should be available to the beneficiaries of the medical care service all general health services, being services providing means for the whole community and/or groups of individuals to promote and protect their health while it is not yet threatened or known to be threatened, whether such services be given by members of the medical and allied professions or otherwise.

43. The medical care service should be provided in close co-ordination with general health services, either by means of close collaboration of the social insurance institutions providing medical care and the authorities administering the general health services, or by combining medical care and general health services in one public service.