

## Sorry Sir Keir, we're losing our NHS religion

*Blind faith in the health service and a refusal ever to go private seem outdated and self-punishing, especially to Gen Z*

Janice Turner, Friday June 7<sup>th</sup> 2024, The Times

Asked whether he'd turn to private medicine for a relative who was on a long waiting list for surgery, Sir Keir Starmer replied emphatically "I'd use the NHS". Was this a flip view given under quiz show pressure during the ITV debate? No: he later doubled down. His wife worked in a big hospital, he said, and his mum was a nurse until chronically sick: the NHS "runs through my DNA".

Starmer is the living embodiment of Nigel Lawson's view that "the NHS is the closest thing the English people have to a religion". In a 2022 BBC interview the Labour leader recalled his mother gripping his hand in intensive care, saying, "You won't let your dad go private, will you?" Josephine Starmer made her son promise not to pay for any potential new treatment that might prolong her life.

At 61, Starmer is from the last generation bearing any folk memory of pre-NHS medicine: our parents' eternal relief that cancer, an industrial accident, a difficult birth didn't come with a horrifying bill. It has instilled in us a default deference, a reluctance to complain if care is poor, staff are sloppy, hospitals organised for their own convenience or they make a catastrophic mistake. In front of Starmer's mother "you couldn't say a word against the NHS in any shape or form".

Yet that blind faith is dying out. Only 27% of people who don't use private medicine, according to research last year by the Independent Healthcare Providers Network (IHPN), said they opposed it on principle. (The most common reason was, of course, cost.)

But what exactly is this principle? That the NHS's purpose is not just to heal the sick but to level society, so the chief executive and his office cleaner lie in adjacent beds; that it is un-British to jump any queue, even if that means sitting patiently in pain for years? One argument echoes the private education debate: if the middle class opts out it won't feel invested in improving the state sector. But, unlike schools, no one can opt out completely: if a billionaire is hit by a bus, a luxury ambulance won't take him to plutocrat A&E. The most honest reason I've heard is that going private buoys up the sector which – because it focuses solely on lucrative surgeries like hip ops – can pay better and is stealing NHS staff.

But many voters will find Starmer's principle perverse. If his son had a football injury, requiring minor knee surgery, would he really let him limp for a year? If you have the money, isn't it cruel to put your politics first? Aren't you in fact hastening treatment for someone else who can't afford to pay?

As waiting lists have soared, more people have weighed pain, mobility or worry against the price of a holiday. One in eight Britons, according to a recent YouGov survey, used private medicine in the past year, a third of us for the first time. Of those, 272,000 people were uninsured, funding the cost – £3,500 for a cataract, £15,000 for a new hip – up front.

At 41, the shadow health secretary, Wes Streeting, whose cancer was successfully treated on the NHS, does not share Starmer's absolutism. His attitude is "pragmatic but principled" and he berates "middle-class lefties" who are aghast that a Labour government will use private hospitals to bring down waiting lists "for as long as it takes". New Labour did the same in the early 2000s. But the left believes that private medicine is too immoral even to be seconded in a national crisis. Post-war statism runs deep.

Guilt about "going private" is a very British emotion. Every time I've done it – which I feel obliged to say isn't often – I've felt a mix of gratitude and shame. Getting a ruptured ACL fixed, I had not just attentive care in a nice room and twice-daily physio, but the best biryani I've ever tasted. At a private medical I felt like a Formula 1 car at a pitstop: in just two hours my health was evaluated by every metric, with tests from blood sugar to a mammogram, then I had unlimited time to quiz a doctor about any minor ailment and, when required, she gave me a consultant referral right there.

Contrarily, every NHS encounter feels like going into battle. You scrabble for a GP appointment, brace yourself for an all-night A&E wait, repeat your elderly mother's symptoms to six different medics – why don't they write them down? – before she has any hope of a bed. You know your dad recovering from a stroke won't get physio at the weekend and you'll wait about four hours for the pharmacy to send up his drugs before you can take him home. If things go smoothly, you're amazed.

Much of this is about staff shortages, Tory cuts, decades of crisis management. But it's also a consequence of NHS idolatry. "I'm so sorry to bother you", "I'm sure you know best". We are not permitted to act like customers who have paid for a service with our taxes but expected to be grateful for whatever rations of care can be spared.

Yet the youngest adults are uber-consumers who, the IHPN found, are the least likely to oppose private medicine on principle. Young people invest in "self care": nail bars, "tweakments", tattoos, a trip to Turkey for dental veneers. Accustomed to convenience, many have embraced using private GPs. Whatever Gen Z's progressive political views, they are economically libertarian, untethered from the state.

Streeting has said he knows the NHS's problems won't be solved by more money alone. He has indicated a back-to-basics service whose priority is prevention and public health. The point is to create an NHS so good you never need to go private. Yet a myriad of medical interventions now exist, which people will want but which the state cannot afford, or at least can't provide fast enough in our iPhone app era. A two-tier system is here for good and "I'd rather die than go private" is the sentiment of a bygone age.