I am going to discuss GF Newman’s television drama series The Nation’s Health which, was Broadcast in 1983 on Channel 4. It was sufficiently controversial for the Independent Broadcasting Authority to survey audience response to the programme shortly after it was broadcast. Newman’s own position is that the drama was intended as a critique of what he calls the “arbitrary power” held by the medical profession. He also is critiquing the dehumanising effects of the total institution. The result is a drama that situates the medical and other NHS staff as operating a system in which patients are alienated rather than as central to the proper concerns of a public service institution. The effect on the viewer (this viewer anyway) is rather a dislocating experience. Nonetheless, the series presents an early commentary on the impact of Thatcherite policies on the health service, the staff who work in it and those served by it. For example, there is an issue that runs across the episodes that concerns the selling off of Nightingale Block; emblematic of a wider context in which assets owned by the NHS were being sold off to raise capital, despite the shortage of accommodation experienced by a number of areas within the NHS (care of the elderly, psychiatric therapeutic community). The building is eventually sold to a consortium (with ‘Arab’ money) that will develop it into a private hospital.

The Nation’s Health marks both the moment of transition when the service was already destabilised through spending cuts by Labour governments as a result of the oil crisis in the 1970s, and the arrival of what Martin Gorsky (2008) calls a ‘true turning point’ ‘with constrained expenditure, promotion of the private sector, market economy.’

In order to think through notions of the ‘public’ I have used David Marquand’s Decline of the Public (2004) in which he defines the public domain as one of ‘citizenship, equity and service whose integrity is essential to … social well-being’ (2004:1). It is a sphere in which citizenship rights trump market power, and in which civic duty and/or professional pride are the spur to action rather than hopes of material gain. In these terms, The Nation’s Health can be seen as a critique of a decline of the public.

Before discussing the drama in more detail I will give an overview that describes its structure and what The Nation’s Health looks like.

The series consists of four episodes of that are, in order, entitled ‘Acute’, ‘Decline’, ‘Chronic’, and ‘Collapse’ and presents a kaleidoscope of political issues, illnesses, fatalities, personal greed and professional vanities. As is evident from these titles, the series draws a relentlessly bleak view of the health service in 1980s Britain. Underscored by the aesthetic of a muted colour palate and absence of extra-diagetic music the drama takes on an aspect of social realism in which the main character, the sick and dying NHS, takes centre stage. The human characters operate as two-
dimensional vehicles through which the processes, ideologies and polities governing the health systems are foregrounded.

The drama presents a montage of scenes containing story lines, some of which are resolved, some never referred to again, and some cut across episodes.

To give a flavour of The Nation’s Health, in the opening scenes of ‘Acute’ we see Dr Jessie Marvill as the sole woman among many being interviewed for a post as surgical Senior House Officer at St Clair’s Hospital: Mr Thompson, the consultant surgeon, decides that he ‘will settle for the little lady’ (5 mins)

A man preparing for his hospital admission. Clearly anxious, he will be seeing Mr Thompson – a ‘top specialist’ – about a complaint he has had for 12 months. (1 min)

Chaos in the hospital kitchen as cooks jostle with decorators they struggle for space as they respectively prepare food and redecorate in the crowded and dirty-looking kitchen (2.5 mins)

Jessie Marvill meeting her surgical team colleagues one of whom refers to the consultant as ‘the Old Man’, and counsels Jessie that he won’t like her wearing jeans on the ward: ‘He’s a leg man’ (1.5 mins)

In an episode that has a running time of 1 hour and 24 minutes, these opening scenes amount to 11 minutes during which we have been introduced to: institutional sexism (possibly misogyny); the (misplaced) reverence held for senior medical staff; the prospect of facing a frightening illness; the ways that the system simply treats patients as bundles to be shifted through hospital space; the threat to health through poor kitchen hygiene.

This is delivered in a rather emotionally flat tone, and typifies all episodes of The Nation’s Health but I will focus on the final one to discuss in more detail.

‘Collapse’ (episode 4) is the most allegorical of the episodes and is located in Coldbrook, the psychiatric hospital within the same Health Authority as St Clair’s. ‘Collapse’ presents a distillation of issues and concerns raised across the preceding episodes: arrogant and career-hungry medics, bed shortages, failing infrastructure, toothless union activism, the closure and eventual sale of (the symbolically named) Nightingale Block, corporate interests, parasitic drug companies, and the trivialisation of patients’ and relatives’ anxieties are issues that have been repeatedly woven through each episode providing the narrative spine.

It is worth noting that the figure of the union rep has a presence throughout the four episodes. He is shown to be occasionally effective – he manages to negotiate a reinstatement of overtime which had been banned for two years – but is impotent in the face of the encroaching onslaught of privatisation and is unable to prevent the closure and sale of Nightingale Block and, therefore, the loss of jobs for his members. However, from the perspective of 2010, with the hindsight of the miner’s strike of 1984/5 and the subsequent smashing of the unions by the Thatcher government, the union character in The Nation’s Health acquires a real poignancy.
‘Collapse’ positions the policies governing the NHS as insane. With its gloomy locked wards, padded cell and heartless nurses, ‘Collapse’ resembles more Ken Kesey’s One Flew Over the Cuckoo’s Nest (1962) than a psychiatric institution in 1980s Britain. Nonetheless, the policies to which the patients and staff are subjugated are by now familiar; and the spending cuts and strangulating bureaucratic red tape present real threats to the only apparently healthily functioning area within the hospital. This is Breacon Unit, the therapeutic community that operates along democratic lines, where patients are given a voice, and which is depicted as being successful in the rehabilitation of the seriously ill.

However, Breacon Unit is struggling to maintain the healthy functioning of its community. Patient-led initiatives such as buying food and cleaning the Unit are devised to develop a sense of autonomy, achievement and confidence. However, whilst these engage the sympathies of the District Manager, the plans are thwarted because of the external contracts already in place to supply food and cleaning services. The proposed project to re-house patients for rehabilitation in the community is vociferously and successfully challenged by the affluent middle-class inhabitants of the area.

There are insufficient resources to buy Nightingale Block for use as a half-way house for rehabilitation, and it is unlikely that charities such as MIND or the Rowntree Trust will be able to help. In any case, Nightingale Block is already earmarked for sale to a consortium which will convert it to private hospital.

Worse still, funding cuts mean that Breacon itself is threatened with closure, the consequences of which are catastrophic. Bernice, the woman patient who we have seen flourishing whilst a part of the Breacon community, suffers a severe regression, destroys her beautiful sculpture and sets fire to the art room. The episode, and series, ends with a closing shot of a forcibly medicated Bernice clinging to the wall of the padded cell in which she is locked. The credits roll over the image of entrapment and despair.

In the context of The Nation’s Health, Breacon unit resembles Marquand’s notion of the public domain. Its purpose is the enrichment and cultivation of civilised life, and is governed by ethics of equity and service. It is a fragile oasis of sanity amidst the insanity that is corroding our public health system. As an allegory of Thatcherite health care policies, ‘Collapse’ juxtaposes the values of the public domain with the neo-liberal economic vision that places the ‘rational, self-interested utility maximizer’ (Marquand, 91) at its core. Here, the public domain is gasping for breath.

The relentless gloom means that the series tends to undermine itself. Unrelieved by any flashes of black humour or moments of joyfulness (people do laugh even when they are ill or work for the NHS) The Nation’s Health denies agency to any other than those prepared to execute Thatcherite policies. As such, it is a less powerful polemic than BBC Scotland’s drama Takin’ Over the Asylum (1994) broadcast a decade later and set in a psychiatric hospital. Unafraid of using humour Takin’ Over the Asylum also used mental health care provision through which to present many of the issues dealt with in The Nation’s Health in general, and in ‘Collapse’ in particular.

In 1983 I was a psychiatric nurse with 8 years experience of working in the NHS and I disagree with some of the representations of psychiatric institutions that The Nation’s
Health offers. Nonetheless, the series does produce a ‘structure of feeling’ that would have been recognisable then and is recognisable now. The struggle for resources and the effects of cutbacks undermined attempts to deliver high quality care and produced much stress amongst the staff. However, unlike the majority of professionals represented in The Nation’s Health many doctors, nurses, social workers (as well as academics, journalists, local government officials) championed the ethics of the public domain and they still do. To contextualise this within the contemporary landscape I would like to refer to the 2009 enquiry into Stafford Hospital where the high numbers of deaths were investigated. Low staffing levels, inadequate nursing, lack of equipment, lack of leadership, poor training and ineffective systems for identifying when things went wrong were found to be at the root of the problems.

One of the key failings includes an apparent inability for the health care professionals to speak publicly of their concerns. Marked by pluralism, debate and participation, a healthily functioning public domain would have enabled the blowing of whistles. Instead, the Trust, in pursuit of reaching targets and obtaining foundation status, reportedly bullied staff into silence turning them ‘from professionals with their own codes and standards into employees who must obey’ (Cohen, 2009:36). This returns us to Marquand who argues that after more than twenty years of ‘de-regulation, privatization, so-called public-private partnerships, proxy markets, performance indicators … and a systematic assault on professional autonomy’ (2004:2) the public domain is in crisis.

As mentioned earlier, in 1983 the IBA commissioned research into viewers’ responses to The Nation’s Health to determine if the series undermined patient confidence in the NHS. The findings showed very little reduction of confidence. It is questionable that public confidence in the health service would be as high 25 years later.

References:
Cohen, Nick (2009) ‘Even the whistleblowers have been silenced’ The Observer, 22 March, p36


Information on The Nation’s Health can be found on British Film Institute’s ScreenOnline http://www.screenonline.org.uk/tv/id/481759/

Extracts, including, from Episode 1, “the interview” and “the kitchen” can be viewed on the site, when accessed through registered schools, colleges, universities and libraries.
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