

References

- (1) An earlier version of this paper was read at the Society for Applied Philosophy's Workshop on Philosophical and Ethical Issues in Medicine at its meeting in Manchester on 12 November 1983: my thanks to participants for their criticism; and to David Rea for his comments.

Commentary

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Brecher argues that ambulance drivers, nurses, doctors and other hospital workers do not have special moral obligations that prevent them from striking in circumstances where workers without those special obligations would be justified in striking. I wish to argue against this position. People voluntarily undertaking work in the emergency services, implicitly or explicitly undertake co-operatively to provide these emergency services. Since striking is not compatible with such a provision, implicitly they undertake not to strike. This does not, as Brecher alleges, mean that they have a special obligation not to give up the job – for given reasonable notice it is generally possible to find replacements so that the emergency service can be maintained.

There is no reason to argue that because some workers do not accept the special moral obligations of providing emergency services, therefore no workers can or should accept the special moral obligations. Indeed it is patently obvious that such 'moral relativism' exists. While there is no moral obligation to take on such supererogatory commitments, once one has taken them on there is a moral obligation to honour them. Brecher states 'either there are or there are not moral grounds why people ought to become ambulance drivers, ought, that is, to take on, among other things, the special obligation in question. If there are such grounds, then I cannot see that they could fail to apply

to everyone . . .'. It is obvious that there are many voluntary moral obligations that people are free to undertake but which do *not* apply to everyone. What does apply to everyone is that moral undertakings should be honoured.

Volunteer life-boat men are obvious examples. They voluntarily commit themselves to accept the special obligations of the task, including the very special obligation to provide an emergency service at great risk to themselves. Why should the moral obligations undertaken in volunteering for unpaid life-saving work differ so greatly from those voluntarily taken in paid life-saving work? Emergency workers including ambulance men voluntarily accept the special moral obligations of their callings and are aware (often with pride) of the special risks and burdens which are involved. It seems an implicit part of those burdens that the normal strike weapon is eschewed, and it may be sensible to make this explicit in the contract of employment. Such work has its own intrinsic satisfactions, including a certain moral satisfaction. To incorporate an explicit 'no-strike clause' seems justifiable not only on the grounds that it is wrong to inflict suffering on innocent and already sick third parties in order to achieve one's own economic ends, but also on the general utilitarian grounds, that welfare is likely to be maximised by such arrangements. If these in practice resulted in inadequate recruitment, no doubt this could be remedied by adjusting wages – perhaps also by linking these to the wages of other groups not morally bound by no-strike agreements.

Two final points: To use words such as 'strike' 'weapon' or 'threat' in debates about ethical issues implies a bellicose if not a non-moral stance. Furthermore the acceptance of the term 'strike' as being synonymous with 'not working' rather than seeing it as a withdrawal from an agreed contract would appear to beg the moral issues involved.

Correction: Risk and medical ethics, Pochin, E. *Journal of Medical Ethics* 1982, 8: 180–184.

The author has asked us to correct the heading to Table 1c. Instead of reading Risk of fatality to passenger, per 100 miles travel, UK 1972/76' it should have read 'Percentage risk of fatality to passenger, per 100 miles travel, UK 1972/76'. The author adds that he very much regrets the error.

Editor