Ethical dilemmas of the doctors’ strike in Israel

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Editor’s note

The authors discuss some of the moral dilemmas confronting Israeli doctors in the context of their strike in 1983. Concern for their patients militated against a strike. On the other hand their salaries were far below the mean standard of the country. To earn as much as nurses and radiographers doctors were forced to work 65–75 hours a week.

The authors argue that if a doctor is underpaid and forced to work excessively the quality of medical care and the ability to act in the best interests of patients is adversely affected. To avoid the necessity to strike doctors’ salaries and working conditions should be set by independent bodies in those countries where doctors are paid by the State.

Several circumstances exist in which the physician is faced with the difficult decision of withholding medical treatment. The deliberate and prescient denial of treatment to patients who serve as the controls in randomised placebo clinical trials, to the terminally ill, to severely defective newborns, or to those who refuse treatment, is generally defended on the basis of medical and/or moral principles but remains a highly debatable issue. A situation in which medical treatment is withheld on grounds other than those involving clinical or moral judgements highlights another aspect of this controversial ethical issue. Such a situation is hereby presented in reference to the recent doctors’ strike in Israel.

Medical care in Israel is almost entirely socialised. It is provided by approximately 8000 physicians, most of them employed by the Ministry of Health or by the Labour Federation’s health insurance scheme (Kupat Holim) which is subsidised by the government. In early March, 1983, an estimated 90 per cent of Israel’s physicians went on strike in a wage dispute following a year and a half of fruitless negotiations. In a pyramid system under which an intern earned a basic salary of $300 a month and a specialist with 20 years’ experience, an average of $500 a month, the doctors were demanding both a reduction in working hours and an average 100 per cent increase in the basic wage (1). Under the existing conditions their salaries were far below the mean standard of the country. In order to earn the equivalent salary of a nurse or an x-ray technician, a doctor was forced to supplement his 45-hour work week with six to eight additional night shifts (16 hours each) per month.

From the beginning of the strike the physicians in Israel were preoccupied with the moral obligation to their patients and the imminent deleterious effects of the strike. An alternative fee-for-service system was organised independently by the Israel Medical Association for the care of outpatients. Inpatient treatment in private hospitals was also available. Public hospitals were maintained by one-third the usual staff of doctors. This drastic cut in medical service surprisingly failed to spur the public or the Government to react, and negotiations stagnated.

In May 1983, three months into the strike, approximately 4000 doctors participated in a three-day exodus from the hospitals leaving a skeleton staff of 10 per cent. The government immediately responded by issuing back-to-work orders. Although many of the doctors were prepared to disobey the injunctions, the majority opinion was that the patients should not be deserted. By special agreement, the doctors returned to the situation that had existed prior to their leaving the hospitals, ie one-third of the usual number of doctors working. In June 1983, in a final effort to end the dispute, 12 doctors spontaneously began an unprecedented hunger strike. Within ten days nearly 3000 physicians in hospitals throughout the country had joined the hunger strike and thus were unable to function. Only matters of life and death were dealt with; to all intents and purposes the medical system was paralysed. After twelve days the hunger strike ended with the Government agreeing to mandatory arbitration.

One of the unique features of this strike was the provision of an alternative medical service. By definition, when a strike occurs all services provided by the strikers cease and responsibility is relinquished. When physicians strike a deep moral conflict arises because matters of life and death are at stake. For many of the striking doctors their traditional Jewish

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upbringing played a role in this conflict. 'The religious
duty to preserve health' as exemplified by the precept
that 'any doctor who refuses to attend to those in need
is guilty of bloodshed' (2) weighed upon the
consciences of the strikers. The alternative fee-for-
service medical system circumvented this moral
obstacle. While it effectively disrupted the existing
socialised medical structure, it enabled the physicians
to uphold their responsibility as healers.

As the strike progressed, an unanticipated moral
collision emerged. On the one hand, it became evident
that not all patients were receiving proper medical
care, despite the alternative fee-for-service system.
Even more disturbing to the physicians was the fact
that the entire public health structure was on the verge
of collapse after nearly four months' disruption of
normal services. The principles upon which the public
health care structure was based were fundamentally
supported by the vast majority of striking doctors who
were raised with the belief that socialised medicine is
the best system for delivering medical care to the entire
population of Israel. Yet to abandon the original goal
and cease striking meant returning to inadequate
working conditions under which efficient medical care
could no longer be delivered. In addition there was
imminent danger that frustrated physicians would
emigrate or turn to private practice on a larger scale,
thus undermining the public services.

The moral conflict could naturally have been
resolved by the Government acquiescing to the
doctors' demands. However, because the negotiations
reached an impasse, another option had to be
considered: to completely deprive the population of all
medical services. But this would constitute an abuse of
power granted to the physician by society and serve to
aggravate the moral dilemma.

The essence of a moral dilemma has been discussed
by others: 'Although the commitment to the whole set
of values remains steadfast, the decision made in the
face of an ethical dilemma often requires letting go of
one value ... to realize another ... '(3). The
physicians made their decision in the face of this
conflict. They collectively left the hospitals at one stage
and later went on a hunger strike that paralysed the
health system. The intention was to prevent further
irreparable damage to patients and abruptly end the
dispute, even if this meant implementing extreme
measures and withholding medical treatment
temporarily. There is no doubt that this act, in and of
itself, contradicted the physicians' responsibility to act
in the best interest of the patient.

The question then remains: where does the
responsibility for the care of patients actually lie?
There are always at least four elements in the patient-
doctor relationship: the physician, the patient, the
disease, and the art of medicine. In modern
communities one must add a fifth element - society in
the form of a political structure, for medicine cannot
function today without the financial support of society
(4). Society confers great powers on the physician
because it believes he will use them for the benefit of
the people, but society also constrains the physician by
making him financially dependent and legislating the
length and conditions of his work. Society essentially
determines the nature of the patient-doctor contract,
for example if a doctor is underpaid and forced to work
excessively, the quality of medical care and the ability
to act in the best interests of patients is adversely
affected. As Nilsson comments: 'I have never been
convinced by the view that the physician's idealism is
created or the patient-surgeon contract preserved by
the ordeals of slavery long hours' (5). Today, the
responsibility for the patient no longer rests solely
upon the physician. Actually a contract exists between
society and the patient. Depriving physicians of proper
wages constitutes a breach of contract and justifies a
strike. Therefore, society must take measures to prevent
such a situation from occurring.

It is our opinion that in countries where physicians
receive their salaries from society, an independent
body should set the wages and working conditions in
such a manner that the physicians are able to act in the
best interest of their patients. Thus the necessity to
strike among this group will not arise.

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