

Debate

Physicians' strikes – a rejoinder

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Editor's note

The author, a physician, rejects a previous defence of a doctors' strike. There is little justification for strikes in general, still less for doctors' strikes, he claims. Should not doctors rather 'stand above the common herd' and set an example, he asks. Furthermore the whole idea of strikes in which a third and innocent party is deliberately punished in order to apply pressure on someone else is 'a bizarre ethic indeed' and not to his knowledge justified under any ethical theory.

The June 1985 issue of the *Journal of Medical Ethics* devoted considerable space to a discussion of the ethics of strikes on the part of physicians and other health workers. Brecher (1) in presenting a philosophical analysis of the problem equated the responsibility of the health worker who has direct involvement in patient welfare with that of the politician or other citizen who have only tangential proximity to the patient. The unfairness of this comparison did not take account also of the different motivations involved; the striking health workers damage the patients' welfare for their personal benefit, whereas the neglect of the patient on the part of the citizens or politicians is rarely due to a direct desire to exploit the patients' suffering for their own gain. In the second part of his analysis Brecher fails to differentiate the right to strike from the right to leave a job permanently after appropriate notice, as was justifiably pointed out by Cannell (2).

In the same issue my Israeli colleagues (3) gingerly examine the ethical conflicts faced by the Israeli medical profession in their recent four-month strike. While the authors opt for a system in which strikes are unnecessary they do not fully come to grips with the ethical issues involved, and the tone of the article is basically one of understanding and even condoning the strike because of the physicians' plight. In the present article I do not intend to enter into a debate with my colleagues over the facts as presented, although some of the events lend themselves to alternative interpretations. I should rather present the thesis that

strikes by physicians and perhaps by others in the public sector are unethical *per se* for several reasons not emphasised sufficiently in that issue of the journal.

My arguments will refer largely to democratic societies where societal decisions are reached by reasonably open and fair processes, where there is an honest judicial system and where there is little governmental compulsion in the professional placement of individuals.

My first objection to strikes as a means of settling disputes is that such use represents an unnecessary application of force to adjudicate a disagreement. Not too many years ago disputes between individuals were settled by physical struggles until one side subdued or killed the other. Duels were an elegant and socially acceptable way of deciding controversies between honourable individuals. In most civilised countries nowadays such methods would be considered uncivilised and barbaric. Instead most ordered societies have established courts of justice and laws by means of which disputes are settled. The use of force is considered unethical and appropriately so; civilised societies have by and large rejected the 'might is right' behavioural pattern in interpersonal disagreements. There are few valid reasons why labour disputes of all kinds must continue to follow the law of the jungle. If physicians really meet the standards of Robert Louis Stevenson (4), as 'men that stand above the common herd . . . the flower of our civilisation . . .', should they not set the example in this regard?

But even were we to accept as ethical the use of force in interpersonal disputes and in labour conflicts, as the use of the strike weapon implies, the modern strike raises an entirely new ethical dimension which, to my knowledge, has not been adequately addressed. If A has a dispute with B and feels that B has wronged him, does A have any right whatever to inflict damage on C, an innocent bystander, until B submits to A? By what ethical justification may a third party be deliberately punished to apply pressure on a disputant? I am unaware of any ethical theory, be it deontological, utilitarian, Kantian or otherwise which justifies such an approach.

Historically strikes developed in societies where power was vested largely in the hands of an upper class which controlled the media, the means of production

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and the government. The deprived, impoverished and exploited worker had no reasonable way of getting his fair share of society's resources. He then utilised the strike as a form of coercion directed against his oppressor. The employer, faced with the threat of considerable personal financial damage, often found it expedient to submit, at least in part, to the workers' grievances.

Contrast the modern employer, a local or federal government agency, or a huge firm owned by thousands of stockholders. When the employees go on strike the president of the company or the public official who is 'responsible' for the alleged unfair treatment of the worker does not personally suffer by the strike. His salary and perquisites continue undiminished. On the other hand the public served by the airline or by the municipality suffer – although they are innocent bystanders. The strike is based on the hope that these innocent bystanders will apply pressure on the offending management – a bizarre ethic indeed. This ethical dilemma exists for employees of large corporations and particularly for workers in the public sector. How much more acute is the ethical abuse when the innocent third party is a patient with whom the physician has a hallowed relationship. This relationship is rooted in a combination of factors, including the various physicians' oaths, religious traditions, the unwritten bond between physician and patient, and the inherent ethic of the physician-patient relationship so eloquently described by Pellegrino (5) and Kass (6).

There can therefore be little justification for a physicians' strike, no matter what the provocation. And the history of physicians' strikes the world over has shown that once these are judged acceptable, they are used for trivial, as well as for extraordinary, reasons, and a variety of rationalisations, often hypocritical, proliferate. Patients invariably suffer, often die, and physicians are brutalised and embittered in the process. There are no victors in physicians' strikes.

It is of course legitimate for physicians to resign from any position after giving reasonable notice. To deprive a physician of such a right would be essentially to countenance slavery. But as Hugh Cannell (2) points out this is altogether different from the right to strike and to exploit patients' suffering to impose pressure on an employer. Such an act violates all that is sacred and ennobling about the physician-patient bond.

It is incumbent on physicians as leaders in society to assert themselves in creative and dynamic ways in order to find mutually acceptable ethical methods for the settling of labour disputes in an equitable manner. Such devices, whether they be compulsory arbitration or special legislative or judicial committees, appropriately suited to each society, might then serve as examples for other public employees.

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References

- (1) Brecher R. Striking responsibilities. *Journal of medical ethics* 1985; 11:66–69.
- (2) Cannell H. Commentary. *Journal of medical ethics* 1985 11:69.
- (3) Grosskopf I, Burkman G, Garty M. Ethical dilemmas of the doctors' strike in Israel. *Journal of medical ethics* 1985 11: 70–71.
- (4) Stevenson R L. In: Smith J A, ed. *Collected poems*. London: Rupert Hart-Davis, 1950.
- (5) Pellegrino E D. *Humanism and the physician*. Knoxville: University of Tennessee Press, 1979.
- (6) Kass L R. Professing ethically. *Journal of the American Medical Association*. 1982; 249:1305–1310.