

Commentary

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Should doctors strike? A personal view

The unthinkable has happened. Doctors in Britain have withdrawn or curtailed their services in protest against the actions of their employer and in pursuit of a narrow sectional interest. Patients have suffered. The profession's greatest strength, the respect of the general public, has been weakened by the revelation of frail mortality where once there may have been a more enduring, almost other-worldly, quality. In matters where there has long been public debate, such as transplantation of organs and euthanasia, time has allowed us at least on a subconscious level to absorb the arguments on each side. One of the most interesting aspects of the recent industrial action by doctors was the very obvious difficulty many younger doctors had in making up their minds on a subject which was conspicuously absent from their medical school curriculum.

The often quoted, and little read, works of the Hippocratic school emphasize the paramount importance of the relationship of the doctor to his patient, a relationship *uberrimae fidei*, on which the patient depends absolutely because of his vulnerability; looked at another way, only if the doctor respects the sanctity of the relationship can the patient be sure of the best attention to his needs. Some of the leader writers of our national newspapers in 1975 clearly regarded any deviation from the Hippocratic straight-and-narrow path as tantamount to treason. Indeed, a significant minority of doctors of all ages have adopted a similar fundamentalist approach to industrial action and regard the duty of the doctor to care for his patient as inviolable. I contend, however, that to view us as merely another branch of the Red Cross, above the conflict and independent of it, is an exercise in escapism. It ignores the political reality of Caesar's world, and in doing so fails to confront some questions of relevance to the long-term interests of patients in general.

Today's doctors are part of a trio of interests, the other two being the patient and the state. Gone is the cosy, intimate relationship between the professional and his client described in enduring detail by Hippocrates. Doctors in the National Health Service, to all intents and purposes a monopoly employer, owe an allegiance to their employer in addition to an allegiance to their patients. This added duty, in an ideal world, would not necessarily detract from the traditional relationship with the patient. But the history of our employee status over the last 30 years or so shows that conflicts often arise because of pressure between employee and employer; and it is the proximity and dependence of the third party, the patient, that highlights the medical dilemma.

It need not be so. In industry, full-time medical

officers have to be seen to be independent of their employers in order fully to serve their patients who are other employees. The balancing act can only be maintained, however, with unstinting goodwill from all parties. An unreasonable employer, expecting professional partiality from the employed doctor, or imposing unwelcome terms of service on him, can be faced with the resignation of that doctor, who has an option to take his talents and principles to another bidder. These pressures of the market place are absent from our National Health Service.

Another difficulty, and one with which many doctors have failed to come to terms, is the notion of group identity. Hand in hand with a personal medical service went the social and intellectual luxury of individuality. The dental general practitioner, and to a lesser extent his medical counterpart, still retain some of the freedom from pressure that comes from being one of a group: pressure of competition for allocated resources, for example, which may greatly influence patterns of care and sometimes individual clinical decisions. For most doctors, though, their status of employment differs little from that of other employees in a western industrial society.

Not only have doctors found it difficult to adjust to changing circumstances, but some constituents of the lay public seem to have ignored the social revolution in our midst. Thus the *Sunday Times* newspaper, at the end of 1975, was still under the impression that doctors enjoyed a special social status, and had careers that led to good rewards. Such misleading nonsense was promulgated by many other commentators at that time until public opinion, more closely in tune with reality, asserted a contrary view.

The face of British medicine has been changed by three decades of involvement with the state, in many ways to the lasting benefit of patients. Our democracy has failed to adapt, however, to the burgeoning power of the executive, and there is a lamentable lack of machinery for calling to account the permanent, unelected officials responsible for departments of state. Parliamentary debate and the lobby system can be potent means of influencing opinion and policy in the legislature, and indirectly in the elected government; but even the most diligent committees of parliamentarians fail to influence the styles and attitudes of the departments themselves, a fact of which I have direct personal experience. Thus it was that after more than three years of direct negotiation with a government department, characterized by a total absence of goodwill on the part of the employer and punctuated by several notorious 'misinterpretations' of agreements, hospital doctors forced their negotiators to call a halt. The decision to apply direct industrial muscle was hotly debated, deliberate, and highly effective in a narrow sectional sense. Beyond this, and this is the moral justification for such an

extreme step, it served as notice to a department of state that the conduct of its affairs, its style and its attitudes, had to change. Subsequent events have reinforced my view that to have continued to turn the other cheek would have done immeasurable long-term damage to the National Health Service.

So are there injustices or evils, in the remedying of which doctors may be morally justified in withdrawing their services? Imagine a departmental edict, in the midst of a worsening economic crisis, that patients over the age of 80 should not be prescribed antibiotics; doctors take action against an intransigent department, some services are temporarily curtailed, but the edict is withdrawn amid much huffing and puffing; many would say the end justified the means. To assert that industrial action by doctors should never be a moral option is an expression of faith – that only men of goodwill and reason will conduct the nation's affairs. Recent events hardly support such a view.

I have never pretended that different degrees of industrial action in the National Health Service can somehow alter the moral argument, still less that resignation is somehow more gentlemanly than the popular styles of protest. For action to be effective, it must have a direct and discernible effect on people using the system, namely, patients. In practice, it has clearly been possible carefully to control the overall results, although not the care of individual

patients, still less potential patients. In 1977 hospital doctors would not have succeeded against the government without the passive collusion of the general public. For all the protestations about traditional personal ethics, doctors as a group clearly gauged the moral climate accurately since tact approval and sympathy eventually greeted their unprecedented actions.

The country, through its political masters, seems to be getting the medical profession it wants. The new terms of service for hospital doctors amount to a less professional relationship between profession and state and prepare the ground for future conflict. Senior hospital doctors seem likely to travel down the same cul-de-sac. There seems to be little choice but the non-professional, 'industrial' contract.

Public attitudes are subject to change by example and in our sort of democracy that example is most readily set by elected politicians. Professional opinion changes slowly, and usually reflects prevalent moral codes, but rarely if ever shows a lead. The professions have at best a stabilizing effect on a turbulent political and economic climate. No profession under threat but wanting to preserve its individual identity can be expected to behave like an ostrich: industrial action by doctors is an act of desperation born out of frustration and fear, a last resort. Patients before politics certainly; but we and the nation, ignore politics at our peril.