

## **Doctors on Strike –The Nuclear Button**

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**T**he President of the United States is supposedly the most powerful person on earth. Wherever he goes, he is famously accompanied by a small black box – actually a leather briefcase – which is supposed to contain the hi-tech equipment required to launch a nuclear attack on any target on his command. With one press of the button, he has the capacity to annihilate humankind. Hence this proverbial button has come to symbolize coercive power of the nth degree.

Doctors possess no such devastating power. To us, knowledge is power and we may use it only to heal and cure humanity of bodily suffering. However, in recent times, we have come to employ a less glamorous, yet in many ways an equally mighty weapon – and by this I mean The Doctors' Strike. Medical personnel going on strike was at one time an almost unheard of phenomenon. But today we can see that it is gaining currency and making newspaper headlines from time to time. Typically it results in a crisis in the healthcare system and causes anxiety to the patient community. This in turn draws criticism from the society as a whole and exposes us to all sorts of vitriolic attack.

In this write-up, I describe the phenomenon of Doctors' Strike, and come up with a reasonable stand on whether it is ethically and practically right for us to resort to this practice, which can be termed as nothing short of a medical equivalent of the nuclear button.

### **STRIKES - A GENERAL OVERVIEW**

'Strike' is a general term referring to various forms of protest resulting in stoppage of work for brief or long periods. Its objective is to meet redressal of a grievance. It usually takes milder forms in the initial stages such as stopping work for a few hours or holding a protest by shouting slogans. General stoppage of work is usually reserved as a last resort in order to disrupt normal functioning of the organization and force the management to surrender to the demands of the aggrieved parties.

The first historically recorded strike is said to have

taken place under Pharaoh Ramses III in ancient Egypt on 14th November 1152 BC. The artisans of the Royal Necropolis at Deir el-Medina walked off their jobs because they had not been paid. They promptly got what they wanted and resumed work. But as a rule, strikes were not common in the unorganized societies of the past. General strikes, as we know them today, are a remnant of the industrial age of the 18th and 19th century. This was the time when labor became an organized force to reckon with. This period spawned trade unionism and a strike culture that thrived for almost up to the last lap of the past century. With the advent of the knowledge age and the digital revolution, strikes have faded into the background, helped partly by the improved economic conditions and the flexibility available in the employment market.

However, strikes are now considered to be a legitimate democratic tool of collective bargaining. It is also viewed as a human right and a manifestation of absolute constitutional rights such as the right to freedom of assembly, the right to freedom of association, and the right to freedom of speech.

### **DOCTORS ON STRIKE**

While strikes by industrial labor force are officially recognized and regulated under various labor laws in India, the subject of strike by medical personnel has a near taboo status. Society does not equate medical service providers with industrial labor and constantly looks for sinister motives behind any act of rebellion by doctors. In fact, the larger portion of Indian society is accustomed to worshipping doctors by placing them on a pedestal, and it disturbs their sacrosanct relationship with the profession when doctors decide to go on strike. It kills their respect for doctors a bit.

In the eyes of the public as well as the law, doctors and hospitals provide essential services for the well-being of society, and it is expected that such services are available on 24x7 basis. Healthcare services are liable to be covered under the provisions of The Essential Services Maintenance Act 1968 (ESMA), which allows the government to ban strikes in essential sectors like public

utilities, public transport, healthcare and sanitation. In the 'Code of Ethics and Regulations' framed under the Medical Council of India (MCI) Act, it is unconditionally stated that medical doctors cannot refuse treatment to any patient who is in need of emergency medical care, and once a physician has undertaken a case, he or she should not neglect the patient, nor he/she should withdraw from the case without giving adequate notice to the patient and the family.

On an ethical plane, doctors' strike potentially conflicts with the Hippocratic Oath, by which all medical personnel make a sworn commitment to unconditionally dedicate themselves to the service of the sick. To quote Edmund D Pellegrino, "When the Oath is proclaimed, if it is taken seriously as a binding commitment to place one's special knowledge and skill at the service of the sick, the graduate has then made his 'profession.' He or she enters the company of others with similar commitments. At this moment, one enters a moral community whose defining purpose is to respond to and to advance the welfare of patients – those who are ill, who are in need of help, healing, or relief of suffering, pain or disability [1]."

#### THE INDIAN SCENARIO

Strike in healthcare sector is becoming increasingly commonplace all over the world. The frequency of protest has been increasing in India in the last few years. The reasons for the shut-down are wide ranging: wage hike, lack of safety and security at the work place, government policy issues, institutional capacity issues and so on. The modus operandi is based on measured escalation. It does not begin with sudden abandonment of the patient; instead it could begin with simple slow-down, then move on to curtailment of non-critical services, limited shut-down for few hours etc. A general shut down is usually the last resort and for limited period of one or more days with sufficient prior notice given to the public. Even then the back end cadres continue to attend to emergency services and inpatients. By and large, the patient is not allowed to be needlessly victimized for the sake of a protest which is directed at a third party [2].

Despite these safeguards, it is a sad reality that the poor patients end up having to fend for themselves. Indian demography comprises of very large segment of poor patients who seek free treatment. The penetration of health insurance and social security is dismal, resulting in poor patients having to bear the brunt of any disruption in healthcare services such as those caused due to a doctors' strike. During such times, the media goes hyper, and reports unabashedly about the large number of patients

'killed' by the strike. Though it can be equally argued that such reports are exaggerated and that many so-called deaths can be perfectly explained and fall within normal statistical reality, one will find the public unwilling to buy such rationalization.

#### THE WAY FORWARD

In the light of the above, we can reasonably conclude that strikes are an avoidable course of action for doctors, however compelling the reasons may be. Whenever, such a hard course of action is to be pursued, a cost benefit analysis should be made before hand to determine whether the need justifies the means. So far very few of the reasons for general strike have had to do with selfish gains like better salaries and most of the times, the strikes have been motivated by genuine factors such as the need to confront and reshape unreasonable government policy or for demanding greater safety and better facilities at the work place. Many a times the strikes have been successful in gaining favorable response from government and other intended parties. But the collateral damage in terms of needless suffering inflicted on the patients and the damage done to our public image has also been very high.

Hence even when a general strike by the healthcare fraternity is considered to be inevitable, lot of planning and preemptive measures have to be put in place before we actually get down to the streets. Gandhian means of protest like Satyagraha and non-cooperation should be considered as alternatives. Sufficient pre-publicity to our cause and active engagement with the media should be undertaken to win public support, which will also serve to increase pressure on the decision makers on the other side. Such rigorous homework will at best result in having our demands met in the last minute even before the strike is to commence; at the least it will maximize the gains and minimize the negative impact in the later phases and make the exercise worthwhile.

So, on the whole, I feel that we should treat a general shut-down of medical services as the ultimate weapon – the nuclear button – which is meant to be only kept in reserve and never used. A weapon to deter and not one to strike with.

#### REFERENCES

1. Pellegrino ED. Professionalism, profession and the virtues of the good physician. *Mt Sinai J Med.* 2002;69:378-84.
2. Acharya RP, Varghese S. Medical doctors strike: An ethical overview with reference to the Indian context. *J Clin Res Bioeth.* 2016;7:272.