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THE BELGIAN STRIKE

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On April 1, 1964, at 4 o'clock in the morning, nearly all Belgian physicians—at least ten thousand of the estimated twelve thousand—went on strike. The news astonished the world. Personal or group reactions to this unusual behaviour were generally negative. At the same time, it was dimly perceived that a serious moral question had suddenly been presented to the conscience of modern man.

The strike lasted eighteen days. It had been carefully planned. On Apr. 1 most of the Belgian physicians left their homes for an extended vacation in one of the neighboring countries. Nearly all those remaining refused to make home visits or to receive patients in their offices. A special emergency service with physicians on duty around the clock had been organized in hospitals and clinics to take care of those patients already hospitalized and of all new emergencies. This service was the responsibility of the local physician-unions which had mushroomed during the last two years. Wresting the leadership from the traditional medical associations, these physician-unions (a grass-roots movement of a political rather than scientific nature) counted half of the physicians in their membership and became the spokesmen of all in bargaining with the government.

On the twelfth day of the strike, unwilling to retract—and disturbed by a casual literary reference of the Prime Minister implying that the physicians could be "murderers"—the leaders of the physician-unions told the government that the morale of the doctors was such that they could no longer take the responsibility for the emergency services. Immediately the government ordered the mobilization of all the reserve officers of the army medical corps. Most of them were to be kept on duty in the emergency services. But those on vacation abroad could not be recalled. Some reported without a medical kit and without a car, slowing down the process of organization. However, all physicians and nurses refused to join in the strike, the functioning of the hospitals was close to normal and the expected overload of patients did not materialize. Two physicians and a technician were placed under arrest in Brussels for sabotage of medical equipment. Although one death was attributed to the non-availability of medical care in the house, two or three others were said to have been saved because of faster service during the state of emergency.

The strike ended on the eighteenth day through the mediation of the highest moral authorities of the country, the presidents of the four universities: the "catholic" University of Louvain, the "free-thinking" University of Brussels, the French speaking State University of Liege, and the "Flemish speaking" State University of Ghent. Through these mediators, the physician-unions received a moral assurance that their strong objections to many articles of the Leburton law (from the Minister of Social Affairs, Edmund Leburton, responsible for the text and main advocate of the new law), the controversial new health insurance law, would receive sympathetic consideration at the bargaining table. However, the hopeful dream of the physician-unions to force the government of Premier Théo Lefèvre to resign never materialized.

What had caused such an ugly situation which was bringing about a serious tension in one of the most human of all relations: the mutual trust between the patient and his doctor? Expectant mothers, chronically ill patients, psychiatric cases, and so forth, wondered about the fidelity of their physicians. Some people would say that after all we do not need so many doctors, but it was obvious to most of the population that a prolonged strike would endanger the whole fabric of traditional medical services, a delicate structure which had gone forward a long way from the simplicity of primitive medicine-men! In a way, it was the medical profession against all the nation. The strike was not popular. "Medical security" is very close to the instinct of self-preservation. Moreover, the high degree of health security achieved through the marvelous progress of medicine and the high professional qualifications of today's physicians is very dear to modern man. All the uncertainties caused by the strike were touching a vital area where the healthy man could easily identify with the sick one.

In this instance, the instigators of social change had been ministers of the Cabinet and not the medical profession which for more than a year had been strongly resisting the suggested changes. The advocates of the new Leburton law were emphasizing the need to lower the cost of medical services and to streamline the art of healing. The questions were highly technical. In many European states today the art of healing has become a mixture of private, corporate, cooperative and state medicine which does not fit any ideology, has achieved a high degree of physical if not mental health in the population, but remains open to many improvements. The Belgian physicians, however, felt that the Leburton law would put them forever in a strait-jacket.

Their strongest objections were as follows:

1. The end of the free market economy in medicine with the medical fees practically regulated by Royal decree.

2. A violation of the medical professional secrecy by a) the introduction of physicians-supervisors responsible to the various organizations for health insurance and b) the introduction of a coded health card as obligatory by the identity card.

3. The danger of interfering with the therapeutic process itself by obliging the physicians to treat the patients "under the most economical conditions."

4. The inadequacy of the machinery set up to establish communications between the government and the physicians.

5. The absence, outside the medical schools, of any incentive to improve or promotion.

6. The danger of having medical practices finally judged by administrators and organizers rather than by the Council of the Medical Association.

7. The common practice, when a patient cannot pay all his bills, of paying the hospital bills first before reimbursing the physician. (Cf. Le Presse Médicale, Masson et Cie Éditeurs. Paris (6), Supplement au no 21, 25 April 1964.)

The strike may be unpopular in Belgium; world opinion may be shocked. It remained that the Belgian doctors had a strong case. Modern medicine has many purely technical, even machine-like aspects and practices; however, it is essentially a personal dialogue. Though the physician does not have to reveal much of his own personality, the patient gives him the privilege of exploring intimate

February, 1965
secrets of body and soul. If such a personal privilege were transformed into a legal intrusion, the spirit of modern medicine would be radically changed.

The Belgian government is a coalition of the Christian Social Party and the Socialist Party, with a small Liberal Party in the opposition. The Christian Social Party is officially committed to a personalist philosophy of life. The Socialist Party—the party of Paul Henry Speck—presents in its doctrine more definite collectivist tendencies. However, he has shown an increasing respect for the dignity and freedom of the human person. During the quarrel with the medical profession, it became evident that it was not the intention of the government to bring about the mechanization of the art of healing. At the bargaining table some principles were accepted by all, such as freedom for the physician to choose the therapeutic process, to preserve medical secrets, to plan the medical aspects of the health services, and others. However, there is often a long road from a verbal agreement on general principles to their concrete application in terms of a new type of social organization.

For the protection of the common good, the production and sale of drugs have been tightly controlled, infringing in many ways on individual freedom. With few exceptions this type of control has been welcomed and well observed. The physician, on the other hand, enjoys a tremendous freedom in the privacy of his office. Law suits for personal injury are not as frequent in Europe as in the United States. Possible abuses are very hard to check, especially if they are completely harmless to the health of the patient though quite harmful to his pocketbook. Nevertheless, the relationship between the physician and the patient is so completely based on mutual trust that any suspicion on the part of the latter concerning the ethical balance of the doctor is entirely dispelled by the situation. In ninety-nine business cases, the other party is considered a potential criminal in medical situations the physician is always a potential friend. A court case is a kind of appeal and the Medical Association has no shred of supreme court and it would be difficult to force such a recourse of your own physician if there were any normal relations. This is why even if it is possible for the State to reduce the number of appeals, few checks and controls, they could not protect the population from some abuses except by introducing into the medical profession the methods of the police state. Only the moral fiber of the community, the high standards of the medical schools and the college of society can save the art of healing from abuse and corruption.

Consequently, a certain lack of common trust in the medical profession was probably the most dangerous aspect of the Belgian crisis. It would be ideal if all medical fees were "on the house" and there would be no collection of fees on Sunday! But medicine is costly and modern medicine with its high standard and multiplicity of tests at an expensive cost based on industrial science. Could it be that the real villain of the strike, the secret instigator of the distrust, was none other than mammon itself? The government was prepared to change in medical practices, but the prime movers of the Lebon law seem to have been the labor unions and some bad blood developed between them and the medical profession. This seems hard to understand.

We ought, however, to remember a few facts. The European working class has a persistent memory. It is not so long ago that medical care offered on the market was not freely received for no other reason than that there was no money to buy it. Hence, medicine was the privilege of the wealthy. Many a tragic "we could not afford it" has left traces of resentment in working-class neighborhoods. At the conference the movement was more interested in a post mortem than an antemortem, or in fire and theft. Notwithstanding the generosity of the genuine charity of some individual doctors, it was only the cooperative movement and then later the supervision by the State, which opened to the working class the best in medical services.

No one likes to pay taxes. In many European countries to be untruthful about your income tax is nearly a crime. The doctors are in a somewhat privileged position. At least in private practice when there is no standard fee and no requirement of written records, it is practically impossible for the State to have any certain knowledge of the income of the doctors, a fact often emphasized by the labor unions who purport to be interested in the fair share of the burden of taxation.

Ultimately the strike of the doctors may have been just a strike: horse-trading about wages. What was most telling to a great number of doctors was the intention of the government to lower the medical fees to half those allowed by the French social security system, and on top of it to force the physicians to give charity to orphans, widows and other indigents unable to pay the 20% of the medical fees not covered by social security. Rather than trying to reduce expenses for health, the government, in the opinion of the doctors, ought to have increased them; Belgium was spending only 1.42% of its national income for health, while France was spending 2.44% and Germany, 2.71%.

The doctors could individually and faithfully uphold the theory of a "free market economy," but they knew that they would have to bargain for their fees and this is why so many joined spontaneously the newly formed physicians' unions. The relation between the patient and the physician may still today be very personal, but the patient does not pay the bills any more. That is the task of the insurance company, the cooperative, the social security system or the State. And so all patients have the bills any way.

The dilemma of modern medicine, to find a path between a completely free medicine for the rich only and a socialized medicine which destroys the personal relation between the patient and his physician. This will be solved through a practical conciliation of the various interests of the public: the medical profession and the different organizations of health insurance. The particular responsibility of the country, aware of the political structure of the nation, which in turn may be affected by sociomedical policies.

The essential question remains: can a physicians' strike be a legitimate instrument of bargaining in this conflict of interests? The Catholic bishops of the country, aware of the many elements involved in the conflict, refused to take a strong stand one way or the other, reminding everyone that all patients have the right to proper care. There was no unanimity among the theologians, though masters like Canon Leclercq and Mgr. Janussen condemned the strike as immoral. Naturally, it was never a total strike. That would have brought an immediate condemnation by the Church. The questions were: How far could one go? How satisfactory were
the emergency services? Were there alternatives? Two were talked about but not tried. One would be an administrative strike, getting rid of any form of red tape for the duration, refusing to fill any formula except the drug prescriptions. The consequent disorganization—without speaking of prosecution by the State—might have been worse. A more radical alternative would have been a faithful compliance with all the red tape but without any medical fee, hoping that the public would have taken the side of the doctors and the fall of the government. This would have called for great act of trust on the part of the medical profession and an absolute certainty that the justice of their cause was crystal clear.

The bad conscience of so many doctors, or at least their uneasiness, may have led the Belgian medical profession to realize that they were creating a false problem. What they were fighting for was worth a struggle, but certain callings are out of bounds when the right to strike is used as a moral means to implement social justice. Priests, lawyers, scientists, nurses, even firemen and policemen do not strike. Their social responsibilities are such that they can never suspend the social bond that links them to the family they serve. But are we in danger of creating a new disease by the complexity of technology and the informal, uneducated organs of government? If the solution of the country has the solution of the still more needed the race is the creation of courts of arbitration, highly respected by all parties concerned, which would solve the conflicts arising from the various needs and interests represented by the medical profession, the services of insurance, the government and the public at large.

The mediation of the president of the four universities was a very significant factor in the resolution of the crisis. It may be better that the courts of arbitration present a more informal character and show a greater flexibility responsive to social change together with higher moral standards.

In the case of the strike of the Belgian doctors it would have been very desirable that the intervention of the university presidents be offered a solution for not having the strike last as long before the national situation was led to such an ugly impasse.

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CHRISTIAN DEMOCRACY: The Right Solution To Underdevelopment?

ISMAEL MENA, M.D.

Physicians in the United States and other countries of the world have been witnesses to the accelerated growth of technology. To medicine, this has meant, among other things, the building of new and better hospitals with developments that were undreamed of fifty years ago. Research laboratories are now supplied with new and more complex and efficient electronic equipment, computers, and so forth. Furthermore, in developed countries, technology has also made its contribution to progress in various aspects of economic life that have a bearing on individual health: basic sanitary conditions, housing, food, education. Furthermore, this positive progress of medicine in the developed countries is completed by an increasing progress in surgery and therapeutics, brought about by the appearance of large numbers of new and powerful drugs from modern chemistry and pharmacology. For these reasons, the practice of medicine in those countries is concerned with the care of individuals who have a longer life expectancy and better possibilities for the enjoyment of the advantage of modern life. For scientists, these features are an incentive to concentrate there and contribute to the accelerated growth of technology and the production of new material wealth.

This dynamic image of the United States, Europe and other developed countries must be contrasted with that of underdevelopment in other areas of the world, Latin America among them. We shall give specific information concerning medical life in our country, Chile, for it is the one we know best and therefore are in a position to give information that is recent and, what is perhaps more important, information that is lived. Chile is a Latin American country with a population of 8 million and covering an area of 289,500 square miles. The picture of development we have made above can also be found in our country, but it is limited to a few privileged medical centers that work to maintain the rate of progress achieved in more developed centers. However, the greater part of this land lags far behind on the road to progress and the rate at which technological progress is incorporated is too slow, as will be clearly shown by the figures for rates of general development that will be discussed later. This is aggravated by the fact that Chile is a country where the rate for demographic explosion is among the highest in the world—2.8% per year—giving a figure of 33.8 live births for every 1,000 inhabitants. This meant, in 1961, 163,981 newborns. Lack of hospitals and medical care was unmistakably evidenced by the fact that 30% of these children, 80,065, did not receive medical care at time of birth.

These people, handicapped at birth by the lack of medical care, live in