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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 an 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. Wrestling 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 service. 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 reached. Some reported without a medical kit and without a car, slowing down the process of organization. However, as pharmacists 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 home, two or three lives 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 authority" in 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 gov-

ernment 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 decrees.

2. A violation of the medical professional secrecy by a) the introduction of physician-supervisors responsible to the various organizations for health insurance and b) the introduction of a coded health card as obligatory as 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 improvement 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. *La Presse Medicale*, Masson et Cie Editeurs. Paris (6), Supplement au no 21, 25 Avril 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

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 personalistic philosophy of life. The Socialist Party—the party of Paul Henry Spaak—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 relation 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 behavior of the doctor is entirely disruptive of the situation. In many business contracts the other party is considered a potential criminal. In medical relations the physician is always a potential friend. A consultation by specialists is a kind of court of appeal and the Medical Association a kind of supreme court and it would be difficult to force such a recourse on your own physician without breaking the normal relationship. This is why, even if it is possible for the State and the insurance companies to devise a 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 fibre of the community, the high standards of the medical schools and the collective responsibility of the medical associations can save the art of healing from abuse and corruption. Consequently, a certain lack of complete 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 in churches on Sunday! But medicine is costly and modern medicine with its high standards and multiplicity of tests is an expensive art based on an elaborate science. Could it be that the real villain of the strike, the secret instigator of mutual distrust, was none other than mammon itself!

The government was proposing changes in medical practices, but the prime movers back of the Leburton 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 open market was not freely received for no other reason than that there was no money to buy it. Expensive medicine was the privilege of the wealthy. Many a tragic "we could not afford it" has left traces of resentment in working class neighbourhoods. At first the insurance movement was more interested in a post mortem than an ante mortem, or in fire and theft. Notwithstanding the generosity and 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 virtue. 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 galling 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 2.43% 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 physician-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 often the one who pays the bills has the strategic power of decision. This is 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 State will depend on the political structure of the nation, which in turn may be affected by socio-medical politics.

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 Msgr. Janssen immediately 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 brought the fall of the government. This would have called for a great act of trust on the part of the medical profession and an absolute certitude 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, doctors, 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 those they serve. But are we in danger of creating a new despotism engineered by the complexity of modern technology and the intricacies of big government? If the political structure of the country has much to do with the solution of the problem, what is still more needed than a genuine democracy is the creation of courts of arbitration, highly respected by all the 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 by the presidents 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 rather informal character and show a great flexibility responsive to social change together with high 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 or sought for not during the strike but long before the nation had been led to such an ugly impasse.

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