



ing to effect change. "Strike action against patients is non-negotiable," he insisted. "We have a sacred trust toward people who are in need or have been rendered vulnerable by virtue of illness or injury and to deny them care is not acceptable at any level."

Even so, he accepts that the government is acting without a legitimate public mandate to cut health care; moreover, doctors are frustrated by politicians who unjustly accuse them of "abusing the system."

McMurtry argued that the system should be taken out of politicians' hands — he envisages a professionally managed single-payer system that is more representative of the broader public interest. Faced with the prospect of losing control of the health care system, McMurtry believes governments would become more reasonable and treat physicians more fairly.

Dr. Margaret Somerville of the McGill Centre for Medicine, Ethics and Law says doctors' ethical obligations to deliver care is a given. "It's in society's interest to have an ethical profession, just like you want to know that you have ethical judges and lawyers and engineers. You're not a profession unless society has an interest in

you having this professional ethos and tone, which you're responsible for maintaining."

Somerville also argued that governments have an ethical duty not to box doctors in so that their only options are to act unethically or in a manner they find repugnant. She said the problem arises when governments send conflicting messages about physicians' role and status. On one hand governments treat physicians like ordinary employees but on the other they expect them to do without the same range of rights, including strike action, available to other government workers. Somerville's solution? Create a high-level, well-respected body that can mediate credibly and effectively.

Professor Arthur Schafer, director of the University of Manitoba's Centre for Professional and Applied Ethics, believes strikes by doctors are virtually never justifiable as a means of personal enrichment; job action may, however, be legitimate if it draws attention to dangerous situations or a gross infringement of professional integrity.

He suggests that physician job action reflects a profession experiencing a rocky transition from the traditional "model of professionalism to a more entrepreneurial

## Physician job action nothing new

Ontario may have been the site of the latest extended dispute between doctors and government, but similar standoffs have occurred throughout Canada for more than 30 years and disputes are seldom far from the surface in different parts of the country.

The first full-blown strike took place in Saskatchewan, the home of medicare, during an organized protest against the introduction of public health insurance. In 1962, 90% of Saskatchewan doctors walked off the job and were replaced by doctors imported from Britain. The strike lasted 23 days.

In 1970, some specialists walked out in Quebec to protest the introduction of public health insurance. Ontario's most recent action began to boil up in 1996 after the provincial government announced it would cut its 9-year-old practice of subsidizing malpractice-insurance dues. In an effort to reverse the decision, obstetricians, who generally pay the highest insurance dues, threatened to stop delivering babies.

By the fall of 1996, obstetricians and orthopods had stopped accepting new patients, and they were later joined by some general surgeons and family physicians. The job action culminated with 1- and 2-day partial withdrawals of medical services.

The government eventually backed down and partially restored the subsidy. Last winter Justice Charles

Dubin released a report on the malpractice issue that urged governments to continue carrying a portion of malpractice insurance costs, but not before further clashes erupted between the province and its doctors over pay issues.

The job action ended in January 1997, with the province eventually agreeing to spend \$150 million to top up doctors' salaries and reduce clawbacks imposed on their billings by the previous government.

This latest confrontation came 10 years after Ontario doctors clashed with the then Liberal government over the issue of extra-billing. That often rowdy 25-day dispute, marked by highly publicized protests on the front lawn of the legislature, involved about 40% of the province's physicians.

Quebec has also been the scene of recent tension, in this case because of public-sector cutbacks. Last December, Quebec doctors staged a 1-day study session to protest the cuts. A proposed 6% fee reduction was postponed from January until July of this year. Quebec doctors also withdrew services during disputes in 1982, 1987 and 1991.

In Winnipeg, meanwhile, 5 of 7 hospital emergency rooms were shut down in 1993 and 1995, for 10 and 30 days respectively. Staff emergency-room physicians and pathologists withdrew services to protest pay levels and working conditions.