



Why Are the Doctors on Strike in Israel?

by Reuven Bar-Levav, MD

The longest doctors' strike in the history of the French Republic has just been settled after 6 weeks, but another doctor's strike is still going strong after 9 weeks in Israel. It is urgently pertinent for us here to learn the essential elements of that situation because it contains very important lessons for us all.

Doctors do not go on strike easily. Strikes go against the grain of our commitment to patients, and they do not fit our personalities and traditions. So, it must have been extreme provocation that caused the Israeli physicians to take the extreme step of striking, and of staying on strike for 9 weeks, without an end yet in sight.

The early pioneers in pre-Israel Palestine found a barren land, and they had to provide for themselves minimal medical care, which they did on a basis similar to our HMO. From this beginning developed the basic pattern of medical care delivery in that country. A complex system of HMO-like institutions eventually provided medical care to almost the entire population, from cradle to grave.

Immigrating and graduating physicians usually found it easiest to make a living in this system. Private practice remained very limited, and in general only "professors" who had established their reputations over many years could make a go of it. Even these individuals usually limited their private practices to the hours after their clinic jobs were done, and they would see patients only after 3:00 in the afternoon.

The powerful employer of almost all physicians was the nation-wide HMO, and no individual physician could bargain with it as an equal. Other employees of this powerful employer such as nurses and techni-

cians were unionized, and as such they had consistently and successfully fought for a decent standard of living. But physicians do not unionize. The terms of their employment were simply dictated. Gradually, slowly, the pay of physicians per hour of work become less than that of nurses. Physicians organized and protested, as they do in this country, but being individualistic and not unionized, their organizations had little political clout and little effect.

So, to maintain a higher standard of living most physicians have regularly sought extra work, usually in the form of extra shifts of night and weekend duty, for which they were paid additionally. Most physicians worked the equivalent of two full-time jobs or even more, but now their higher total incomes were used as proof that the situation is hardly in urgent need of correction. Their repeated demands to adjust their rate of pay were sympathetically reviewed by several governmental commissions, but no one denied the inequities. But many other urgent needs existed, and resources were always scarce. The just demands of physicians were always put aside for another day, with regret.

The strain eventually became intolerable. The long hours and the relatively low standard of living in spite of them had deeply affected the lives and dignity of physicians and of their families. In the absence of better choices they finally found enough resolve to demand a basic change in their condition. This was turned down again and strike deadlines were announced. The physicians would continue to treat true emergencies and would perform non-elective sur-

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gery in life endangering situations, but no more. Instead they announced in newspaper ads that they will continue to treat their patients provided that a co-payment of approximately \$20.00 per visit would be paid by the patient. This money would go into a fund that would compensate physicians for their work.

The employers decided to retaliate by shutting the physicians out and by not letting them practice in the hospitals. So, they rented sections of available hotels in each locality and set up new out-patient clinics in the various specialties.

Many patients became unhappy and angry at the "selfish" doctors, since they now expected patients to pay them directly, although they would be reimbursed by the insurance carrier. But after 9 weeks of strike an alternative system of medical care has been established. It is too

early to say whether this system will survive. The level of medical practice in Israel remains very high, nonetheless, because of a long tradition of physicians' devotion to high standards of excellence.

For readers who did not figure it out, let me add that the name of this alternative system is *Private Practice*.

Physicians here are infinitely better off economically, and they have much greater freedom and dignity to practice conscientiously according to their independent judgment. It is clearly to our advantage and to the advantage of our patients that we maintain and protect the system that we have. The alternative involves low morale, high levels of irritation and long waiting lists, giving rise to constant complaints by both physicians and patients. It is also much more costly to society, although no individual pays at the time of seeing the doctor. Those who could afford private practice in Israel sought it out

regularly even before, although the charges were high by local standards.

If we fail to recognize that the push here is in the same direction and unless we act decisively before the trend becomes irreversible, we would have also ourselves to blame for the result. The appeal of the false promise of "free" medical care to everyone is so great that politicians will continue to put reason aside, and voters will believe them. The story of Israeli Medicine should help everyone understand the real price.

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Footnote:

8,500 Israeli doctors have just been ordered by court order sponsored by the Israeli government to return to work. Their bitterness is such that they have refused facing possible legal retribution.