Viewpoint: Moral and Ethical dilemmas during medical Doctor's strike in Tanzania

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Abstract

The over-extended on-and-off strike in Tanzania early this year was a result of unfruitful negotiations between the government and medical doctors. Of greater concerns are the doctor’s moral and ethical obligations toward the service users (citizens) during the strike. This paper discusses the moral and ethical concerns pertaining to doctor’s strikes in the Tanzanian context.

Key words: Doctors, strike, moral, ethics, Tanzania.

Introduction

In Tanzania, medical doctors undergo five-years of intensive university training, largely financed by public resources, after which they take the ‘modified’ Hippocratic oath and are awarded a Doctor of Medicine degree. The oath, that maintains the original principles by the father of Western Medicine, Hippocrates, including ‘serving the highest interests of the patients’, expresses the guiding principle through which patient-centered medical services are provided. Moreover, the fees for medical studies for public funded students are considered as taxpayer’s money, thus imposing on the doctor a moral obligation towards the citizens.

To practice medicine in Tanzania, a medical school graduate with a Doctor of Medicine degree must be registered by the Medical Council of Tanganyika, which was established by the Medical Practitioners and Dentists’ Act of 2005. The immediate graduate is registered provisionally before s/he can obtain the ‘full’ registration. The provisional registration, usually lasting up to two years, permits the graduate to practice medicine as an ‘intern’ under the supervision of senior doctors. The Ministry of Health and Social Work (MoHSW) deploys these interns to work in several hospitals while the intern earns 80% of a junior doctor’s salary. The Medical Council of Tanganyika is a government body, and when there is a dispute between the doctors and the government (Ministry of Health in particular), any decision marked as a doctor’s professional misconduct by the
council presents a direct conflict of interest on the government side. Historically, the doctor's strikes are a result of doctor's underpayment and poor working conditions. In 2005/06 for example, a countrywide strike originating at the Muhimbili National Hospital resulted into deaths of several citizens, who do not directly contribute to the causes of the strike.

Through democratic elections, the citizens give the government a responsibility to protect their health. Also, citizens pay taxes and cost-sharing expenses to enable the government to provide quality health services. Additionally, Citizens participate in local government committees to plan and implement health programs (at least, in theory). And, through whatever feedback mechanisms might (and should) be available, the citizen provides their suggestions for improvement of health services.

On the other hand, the health services in Tanzania are organized in such a way that the government, through the MoHSW and local government authorities, provides the necessary resources for medical doctors to 'act in the best interest of their patients'. In cases where there are inadequate resources for the doctor to act in the best interests of the patients, the ability of a doctor to use his/ her skills effectively is compromised. Thus, medical doctors may decide to strike, presenting moral and ethical dilemmas. This paper discusses the moral and ethical concerns pertaining to doctor's strikes in the Tanzanian context.

**Doctor's strike and Moral and Ethical Dilemmas**

The doctor's strikes have been a major concern in Tanzania not only to citizens whose access to health care services is affected, but also to Members of Parliament, activists, private hospitals, etc. The causes of a strike are always related to two concerns, namely: 1) the working conditions of the doctors, including infrastructure, drug availability, equipment and other medical supplies, and 2) underpayment in terms of salaries and allowances. A junior doctor in Tanzania earns about $ 430 per month after tax deductions, and an intern earns 80% of a junior doctor's salary. Underpayment has been a major reason for doctor's strikes in many countries. In Israel for example, Grasskopf et al. (1985) document a strike that resulted from low salaries; the study claims that interns earned $300 and specialists earned about $ 500 a month.

In Israel (Grasskopf et al, 1985) and South Africa (Dhai et al, 2011), like the Tanzania case, the reported strikes resulted from unfruitful negotiations with the government (or employers), although the government often retaliates using all necessary resources at her disposal including the loopholes in the professional ethical bodies and legal systems. The primary moral question is this: do the unfruitful negotiations with the government/employer justify the strike? Can a doctor act in the best interest of his patient under poor working conditions? What are the consequences of forcing the doctors to return to work with unresolved conflict?
To answer some of these questions, let us consider a doctor-patient-government contract in Tanzania context.

The Doctor-patient-Government service Framework

In Tanzania, the government derives its political power through a political contract with the citizens, who can vote on representation within the government. The patients (citizens) enter a political contract, paying the taxes that the government uses to set up a system for the provision of health services (service contract). Through different entities such as the MoHSW, the government facilitates training, recruitment, distribution and retention of health workers (Sikika, 2010). Moreover, the government must provide resources to doctors so that they can provide health services to citizens (service contract). These services are provided directly by the doctor, but on behalf of the government. In cases where the government cannot provide necessary resources to doctors, the quality of services offered to the citizens on behalf of the government is compromised, thus the doctor’s ability to act in the best interest of the patient is impaired.

The doctor has no a direct service contract with the citizens, they only have moral and ethical obligations towards the patient. They’re supposed to act in the best interest of the citizens who seek care as patients. When an individual agrees to receive medical treatment by a doctor, s/he enters an ethical and moral contract. Professional ethics guide the ways that these two interact and the ways in which the service is offered. The doctor has no moral or professional obligation towards a patient who did not seek medical care (Grasskopf, 1985). Even when the client is at the doctor’s office, the care provided according to Sachdev (1986) is a “joint responsibility between the physician,
hospital and the government”(p.53). Thus moral and ethical contract between the doctor and the patient therefore cannot be fulfilled if the government and the hospital (that has a service contract with the doctor) fail to provide necessary resources for the doctor to provide medical care although this may not necessarily void the moral contract between the doctor and patient.

Unfortunately, the majority of health care service users in Tanzania do not understand this model. To them, because doctors were trained by taxpayer’s money, they ‘must’ provide the services regardless of the situation as it was observed during the on and off strike in this year. In South Africa for example, Dhai et al (2011) revealed that many citizens lacked awareness of human rights issues pertaining to doctor’s strike. This necessitates that the government, medical professional bodies, health advocacy organizations and individual doctors educate the citizens at large on the service delivery model to increase their awareness. Thus, the doctors may need to conduct massive community awareness campaigns on the service delivery process during the negotiations phase with the government, to avoid grave negativism from the public should the strike be an option.

Sachdev (1986) affirms that a situation may arise in which the working conditions (or payments or ‘resources’ in the Tanzanian context) are so bad and the only way to influence the government to act is through strike. Ogubanjo & Van Bogaert (2009), Veach (1975) and Beacher (1985) affirms that the moral justification for a strike only exists if the long term benefits to physicians, their families and the patients are great enough to justify the lack of services during the strike, meaning that the health care services improve significantly as a result of the agreement reached through the strike action. However, the strike is not justifiable if it ends without fruitful or significant changes in the lives of unserved patients in the society. Often, in cases like this; the government may use moral loopholes for political advantage.

As seen in Grasskopf et al (1985), Beacher (1985), Sachdev (1986), and Ogubanjo & Van Bogaert (2009), doctors often limit the strike to non-emergency cases, as was the case at the beginning of the strike in Tanzania, to bypass the ethical and moral dilemma. In Israel for example, the medical association set up an “alternative fee for service” (p.70) system for outpatients (Grasskopf et al, 1985), however the doctor’s definition of ‘emergency’ may be different from the social perception. Limiting services to emergencies denies the services to non-emergency cases that may, as the disease progresses, turn into preventable emergency conditions. Furthermore, there may be a shift of service seeking behaviors among patients from outpatient rooms to emergency rooms and a tendency for every client to present as an emergency. In such cases, denial of health services to anyone presenting him/her self at the emergency unit and failing to meet the ‘emergency’ criteria is unethical, if they can be distinguished from truly emergency patients. Such distinctions can be difficult or even impossible to make, especially upon entry into the medical premises. Again, if the reason for the strike was the poor working conditions, it simply means even the emergence services are somewhat affected. The obvious conclusion may be a ‘total tools down or mass resignation’ for the strike to succeed, which presents a more serious breach of professional ethics.

Another consideration is the health services in private facilities during the strike. In most cases, where strikes involve the public hospitals (which is always the case in Tanzania), the private facilities are often uninvolved, and may even benefit from the strike. During the strike, most patients or relatives who are financially stable may decide to seek care in private hospitals. Moreover, in Tanzania, most doctors in public health facilities work on
a part time basis in private hospitals, and the doctors may yield more time for working in these hospitals during the strike. However, on the patient’s side, services in the public facilities are always cheap compared to private hospitals and thus during the strike, those who cannot afford the high cost in private facilities are at a disadvantage. Indirectly, this presents an ethical dilemma where a patient may be denied care due to inability to pay or may decide not to seek care in view of cost implications. It would be wise during the strike, for private hospitals to set a scheme of payment that is almost equivalent to the public hospitals. However, even if this is done, the available private hospitals cannot meet the entire health care system’s service needs, a problem that may be more pronounced in areas where the public hospitals are the only sources of health care, which is the case in many rural areas of the country.

The contexts in which medical services are offered have presented new ethical dilemmas and moral questions to medical professionals (Elsayed & Ahmed, 2009). The available ethical principles are old fashioned, and although modifications have been made, the modified ethical principles still reflect the basic ethos of the Hippocratic oath. Moreover, these modifications are rarely achieved at the rate of change in the context of the medical reality. In the context of HIV infections, for example, if there are no gloves at the facilities, acting in the best interest of the patient may mean a doctor decides not to perform a surgical procedure to a bleeding patient to avoid a bidirectional risk of transmission. In this case, Elsayed & Ahmed (2009) suggest that professional ethical principles must be reviewed and adapted to match the prevailing situation of the diseases.

In Israel, pending ethical dilemmas surrounding the doctors strike, doctors decided to starve themselves to a point where their ability to function was impaired, thus bypassing ethical principles (Grasskopf, 1985). This has never been tried in Tanzania, however, the argument is that ethical and moral dilemmas don’t end with the inability of a doctor to function, because the key concept is to ‘act’ and in this case, doctors didn’t ‘act’ in the best interest of the patients by starving and that ‘deciding’ to starve is considered as an ‘act’ that presents a dilemma.

In conclusion, doctor strikes following unfruitful negotiations between the involved parties in Tanzania, as in many countries, presents moral and ethical dilemmas for the doctor. The service users or citizens, who have no direct contribution to the cause of the strike, always suffer the consequences of the strike. In such cases, we recommend that the involved parties must ensure the continuity of health services to preserve the individual right to quality health services. Before the strike, doctors must exhaust all possible alternatives to avoid the strike, and strikes should only be undertaken if it is the only option available; mass awareness campaigns may be necessary to avoid negativism from the public; the private sector may be influenced to provide medical care at an affordable cost for those in need; the strike must improve the initial situation and the government should avoid forcing doctors back to work in the same unimproved working conditions. Moreover, in the Tanzanian context, an independent board should be available to supervise the negotiations between the two parties involved in order to minimize the conflict of interest from involved entities.
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