

Benefit to the Profession

One of the possible groups other than patients that could command the attention of the health professionals is their professional group. Professionals often perceive that they have an obligation to the professional group, which commands loyalty that requires certain sacrifices on the part of the individual. This is sometimes thought to include an obligation to conform to the moral standards of the profession, a problem addressed in the cases of the previous chapter. It also is sometimes believed to include a duty to promote the good of the profession. Since physicians and other health professionals are traditionally thought to have a duty to promote the good of the patient, this raises an interesting problem when the good of the profession conflicts with the good of the patient. The following case poses the problem dramatically.

CASE 4-7

For the Welfare of the Profession: Should Nurses Strike?

The nurses at University Hospital were showing all the signs of professional burn-out—irritability, fatigue, and impatience. Owing to the worst nursing shortage in

history, increasingly ill and fragile patients, and the "aging" of the nursing staff as a whole resulting in a number of retirements, the nurses who were left at the bedside were stretched beyond their limits. A large number of the hospital's 220 nurses met to discuss their dilemma.

One of the nurses, Anne Roberts, R.N., stated,

We are at the point where our exhaustion is going to affect patient welfare. Additionally, I don't think any of us can continue to take this much stress. I think we have to take a stand, demand a salary increase commensurate with the work we are being asked to do, and ask for an increase in full time positions on the busiest units.

Another nurse added, "If we have to, I think we should go on strike." After considerable discussion, the majority of the nurses concurred. Ms. Roberts was not as certain about the strike as were her colleagues.

The union presented their demands to the hospital administration. The hospital administration was quite concerned about the nurses' threat to strike if their demands were not met. Although the nurses were required by law to give the hospital ten days notice to prepare for a strike, that was not a lot of time to transfer the hospital's sickest patients. Ms. Roberts watched with growing concern as it appeared a strike was imminent. She thought a strike might or might not be effective in changing the administration's mind. In other states where nurses had "walked out," the hospitals had merely hired registered nurses who were willing to cross the strike zone. She had heard that these replacement nurses sometimes made upwards of \$5,000 per week. She knew of one strike that lasted more than a month. One thing was certain: the strike had the potential of exposing a substantial number of patients to inconvenience and perhaps even considerable risk. However, things could not continue the way they had been going. Ms. Roberts was not certain what she would do—stay or strike.

COMMENTARY

This case raises the question of whether the consequences should be used to evaluate a rule or should be applied directly to the individual case, an issue raised earlier in this chapter. The case is presented here, however, to examine what appears to be a conflict between the welfare of patients and the interests of the profession. The conflict Anne Roberts faces has the appearance of a conflict between the interests of patients in getting proper care and the interests of her professional colleagues in having tolerable working conditions. In fact she will have to do considerable work to sort out whose interests are in conflict here. The most obvious patient welfare issue is the interest of the patients who may need to be moved to other facilities during the strike. Other patient interests are at stake as well, however.

We might also ask if there are ways in which patients' interests would be served by the strike. In the longer run, the nurses could argue that they are really pursuing patients' interests by striking. After all, if the acuity of patients

and short staffing increases, it is the patients who could be injured. Hence, in some ways this is a case of pitting one group of patients against another.

From another perspective, however, it might be that the interests of the profession and its members are in conflict with those of patients. On the one hand, the profession has traditionally claimed that its first interest was the well-being of patients. If that is so, then striking might be simultaneously a professional obligation and in the interest of those patients who will eventually benefit from the strike. On the other hand, the strike can be seen as serving the interests of the nurses, whose working conditions would eventually be made better (at the expense of those patients whose care will at a minimum be disrupted during the strike). It appears that the interests of the employees, then, does conflict with the interests of at least some patients.

This raises the question of whether "the interests of the profession" can be taken to equal the sum of the personal interests of the members of the profession. Is it possible that there is something called a professional interest beyond this interest of individual nurses? For instance, if nurses were objecting to a hospital's staffing policy that risked the quality of the nursing care in order to save money, would that count as a true "professional" interest that differs from the self-interest of nurses? If so, would that be legitimately on the nurse's agenda if this professional interest conflicted with those of the patient?

Benefit to the Health Professional and the Health Professional's Family

There is one final group of interests that could conflict with those of the patient: those of the health professional and his or her family. In the traditional Hippocratic health professional ethic, the only welfare that counted was that of the patient. There was never a formal recognition that the interests of the health professional could ever legitimately compete with those of the patient. Of course, health professionals have always recognized some limits to serving the patient. The following case explores those limits.

CASE 4-8

A Physician Choosing between His Patient and His Own Family

William Peters, a general surgeon in a small practice that included three general surgeons, two obstetricians, and two general practitioners, was on call on a week-end. His daughter, Suzy, was a high school senior who was scheduled to sing a solo in a major musical production that Saturday afternoon. Dr. Peters, perhaps unduly optimistic that he would not be called, failed to change the schedule with one of the other surgeons. Unfortunately, he was called to the phone just before Suzy was to make her debut. The call was from the emergency room: a 7-year-old boy who