

THE BELGIAN MEDICAL DISPUTE IN RETROSPECT*

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A dispute between the Belgian medical profession and the Government broke out at the beginning of 1964. This dispute had considerable repercussions, and public opinion was so emotionally swayed that at times it was difficult during the conflict to ascertain the true facts. Now, at a distance, it is easier to see the events of spring 1964 in perspective.

*Reprinted from the *World Medical Journal*, 1964, Vol. 2, No. 5, p. 296.

Before the reforms to which the medical profession took exception, health insurance law was in the hands of politically or confessionally based organizations and was limited to cash payments in accordance with a tariff, the physicians' fees not being fixed. Sums reimbursed were small and various political committees had worked for two years on draft legislation for health insurance reform. On 8 May 1963 the draft was handed

to Parliament and studied rapidly by a number of parliamentary commissions, after which the new law, named the Leburton Law after the Minister of Social Affairs, was passed by a big majority in both houses on 9 August 1963. Faced with this position, the Belgian medical profession, which had perhaps not so far done as much as it could to put its point of view before the public, the Government and the social security organizations, went over to the offensive. Many justifiable criticisms were made after discussions between Government, the Academies of Medicine and the Council of the Belgian Medical Association (Ordre des médecins belges). Before 1 January 1964, when the bill should have become law, amendments were voted on 24 December 1963. However, these amendments were not satisfactory to the Belgian profession who decided to launch a retaliatory movement from 31 March, a movement incorrectly labelled as a 'strike'. This movement, which involved almost all the profession, surprised the Belgian Government which was unable to do more than take some hasty and ineffective measures against it. Official contact was resumed between doctors and the Government and on the assurance that official negotiations would take place to study all the points at issue with a view to changing the law, the retaliatory movement was stopped by the doctors after eighteen days, and a truce was called for two months.

Negotiations took place and a general agreement on the alterations necessary was reached on 25 June 1964. Since the Leburton Law is still in force and cannot be modified by Parliament until this autumn, another bill is to be passed before the vacation authorizing the Government to apply provisionally the agreement reached before the latter becomes official.

This is a brief outline of the dispute, and we may now pass to a few special points.

Reasons for Discontent in the Profession

In the Leburton Law, medical fee schedules were limited and fixed by collective conventions which could be extended to all doctors if they were individually agreed to by more than 60% of the profession (including 50% of specialists and 50% general practitioners), or by individual agreements signed directly on the instance of the social security organizations; fee schedules were to be fixed by Government. In this system fees are paid by the patient to the doctor and 75% is reimbursed (except that widows, disabled, pensioners and orphans get 100% back). The objections of the profession were based on the following points:

1. *Managing Committee.* The Managing Committee for Sickness Insurance was to include representatives of employers, employed, insurance organizations and physicians. Physicians, however, could not be represented by their medical associations unless the latter invited their members to sign the conventions. Doctors did not wish to be involved in management of insurance schemes and in any case were only to be given consultative status.
2. *Technical and scientific advisers* and the supervisory service should have their complete independence guaranteed.
3. *Nomenclature* for fee schedules should be established by an independent medical board.
4. *Prescribing* should be unrestricted except in cases of fraudulent abuse.
5. *Medical records* should remain secret. According to the law they were to be made available to supervising physicians and inspectors.
6. The *penalties for breaches of the law* should not be heavier than in ordinary law. This refers to failure to send all documents to the supervisory physicians, failure to give sickness certificates, failure to give receipts for services, failure to set down fees in the health records, etc.
7. *Free choice of doctor.* There should be no discrimination in reimbursement schedules. The law had fixed reimbursement at a 25% lower figure for a physician who had not signed the convention.
8. *Individual engagements* are to replace conventions, as the result of an agreement between Government, subscribers, insurance and the profession. The law states that from 1 January 1965 no physician can charge more than the conventional schedule unless 50% of general practitioners

and 50% of specialists have signed the convention.

9. *No sanctions* are to be imposed on physicians participating in the conflict; this refers to salaried physicians employed by insurance organizations.

The So-called 'Strike'

It is a fact that the Belgian doctors never refused to treat patients. They organized with the greatest of care a telephone service maintaining permanent contact with a medical group. Medical care services functioned day and night in the civil hospitals and various social institutions. In this way all calls for help were responded to, although the doctors closed their offices and a number of them left for adjacent countries. Articles in journals of certain political persuasions exploited to the full minor incidents, but in fact, the manifestation of the doctors was remarkably well organized and had no influence on the health of the Belgian population.

New Professional Medical Organization

The older professional organization in Belgium, founded in 1864, had shown signs of weakness for several years and had been undermined by internal warfare between the specialists and general practitioners. It was swept away in the dispute. Faced with an increasingly critical situation a group of younger physicians in the Liège area formed a new association involving the two French-speaking provinces of Liège and Luxembourg. This dynamic and well organized new association, with a high subscription rate, developed in the autumn of 1963 into a 'Fédération Syndicale' including the five regional associations. It was this organization which discussed matters with the Government, other organizations disappearing in the tempest.

Results Obtained

The terms of the agreement, signed on 25 June 1964 by Government and doctors, include the presentation to Parliament at its next session of a new draft bill on health insurance. This draft, obtained after 171 days of warfare between the profession and the Government and 18 days of cessation of normal working, has satisfied the doctors about several questions of principle. Medical secrecy and freedom of prescribing are to be maintained in accordance with the ethical principles of the profession. Sanctions against the physician will no longer have the disproportionate character embodied in the Leburton Law. Physicians will not take part in the management of the insurance funds except as advisers without responsibility. Doctors are perhaps less satisfied with the adjustments in fees, but the victory of the profession has been a moral victory in particular. The doctors have forced the Government to discuss with the profession its own future status and have stopped the Government from riding roughshod over the traditional rules of medical practice.

Conclusions

It is difficult in a brief survey to frame a philosophy arising out of such a dispute. However, as has been demonstrated frequently by others in different parts of the world, this test has shown once more that it is very difficult to practice medicine without the doctors, and that it is impossible to impose upon them conditions that they will not accept. In view of modern demands of society, force and cunning are ruled out and only extensive discussion leading to mutual consent and followed by respect of agreements can provide an efficient system functioning to everyone's satisfaction.

To help those responsible for professional negotiation, the World Medical Association can offer the various documents it has adopted, among which the twelve points for social security are an essential ingredient. National professional associations must, of course, be solid. The Belgian example has shown that weakness of older organizations can rapidly be replaced by a strong and effective new organization. How much better it would have been if this could have been done before threats of this gravity were on the point of being carried out. Let us not forget that governments will always hesitate to collide head-on with a strong, coherent and determined medical association. Weakness and internal division are always helpful to our opponents.