The recent industrial action by health care professionals underscores the gloomy and progressively worsening state of affairs in the health care sector. The reaction of their employer (the Department of Health) has been one of scathing criticism of a professional group who have dared to go ‘against their calling’ and the Hippocratic Oath that they took at graduation, making health care professionals vulnerable by the very noble and righteous pledges that they have made. And of course, the Department, true to its machiavellian *modus operandi*, has chosen to exploit this vulnerability and hold these professionals ransom to the Oath. Moreover, they have tried to use the Labour Relations Act No. 66 of 1995 as a legal ploy to declare the actions by the health care professionals illegal.

So the political Pollyannas, after the massive strike by the public sector in 2007, promised the Occupational Specific Dispensation (OSD) to all health care professionals – a Bargaining Chamber agreement reached between employer and employee as a result of Resolution 1 of 2007. This agreement was made public in an announcement by the then Minister of Health, Manto Tshabalala-Msimang. In terms of the agreement, the OSD would be implemented for nurses on 1 July 2007, which indeed it was, albeit in an incompetent manner. For doctors, dentists, pharmacists and emergency care practitioners, implementation would be in July 2008. This announcement was made two weeks after the end of the 2007 public service strike and was repeated two weeks later. She also stated that all other health professionals would be incorporated into the OSD plan in 2009. The practitioners waited with bated breath, and while suppressing niggling doubts as to the follow-through of the Resolution, they dared to trust their employer. And why did they dare to trust? Because trust is an integral and inefaceable aspect of human relationships. And the employer-employee relationship *is* unambiguously a human relationship. Trust is necessary in society – without it, life as we know it would be impossible to live. Fulfilment, happiness, contentment and pleasure would be replaced by frustration and disillusionment, and in the workplace, loss of job satisfaction. So when it comes to the employer-employee relationship in health, trusting in itself has added to health care professionals’ vulnerability. Trust has made practitioners dependent on the goodwill and the motivation of their ‘trusted’ employer, which, of course, the artful, crafty Pollyannas repeatedly exploit. The trust that is so basic and fundamental to their relationship has been offensively violated!

Today we see this central place of trust and professionalism in the health sector workplace become seriously doubted, become a misty illusion, or worse still be replaced by distrust. And this is not only because of the employer reneging in its promises on the OSD (which should be viewed as just the tip of the iceberg), but because the state has just not fulfilled its commitment to the nation with regard to delivery of health and other services, including the social determinants of health. Instead, employees who have dared to prick the moral conscience of the employer have been draconically victimised or even dismissed. These are the bleak realities in the health care sector that plague health care professionals’ quest to protect their patients and the public’s health. Perhaps the time has come to face realities – recognise the employers as the moral renegades they really are. Health care professionals are repeatedly reminded of their fiduciary obligations to individuals in their care and society at large. Why should their employers be spared this reminder? Is it because they, the employers, cannot be held ransom to the Hippocratic Oath and the Labour Relations Act? Do they not have reciprocal fiduciary duties to individuals and society? The time has also arrived for employers in the health care sector to take oaths that would morally bind them to the fiduciary obligations inherent to their professions.

I watched with some amusement as the employer repeatedly used the Hippocratic Oath against the doctors that went on strike. Yes, doctors do take oaths prior to practising their art. These oaths are a public affirmation that they recognise the gravity of the oaths. But these oaths, while in the spirit of the writings of Hippocrates 2 500 years ago, have evolved to keep abreast with the times. If doctors of today were to take the original Hippocratic Oath upon qualifying, they would not be able to execute several of the medical and surgical procedures that they are required to perform. Indeed, much of the content of the Oath would be obsolete in present-day South Africa.

I would like to conclude by stating that this piece by no means condones the strike action in the health care sector and its consequent morbidity and mortality. This editorial attempts to look at the omnipotent Pollyannas who have so far been the decision makers in health care delivery, Pollyannas who do not see words such as truth, responsibility and accountability as relevant when applied to them.

I end this editorial with the Hippocratic Oath, named after the famous Greek physician Hippocrates and written as a guideline for medical ethics for doctors over 2 500 years ago. I leave it to you, the reader, to decide on its pertinence in present-day South Africa.
THE HIPPOCRATIC OATH

I swear by Apollo, Physician and Asclepius and Hygenia and Panaceia and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgement this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art – if they desire to learn it – without fee and covenant; to give a share of precepts and oral instructions and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. In purity and holiness, I will guard my life and art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favour of such men that are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

Bibliography
