-Try to maintain a vision of how medicine could be in the future, and work towards that (Dr Jackie Blue)

-Consistency, tenacity, and scrupulous fairness are just as important leadership qualities as intellect (Dr Michael Shackleton).

-Challenge the orthodox (Sue Kedgeley)

-Always practice with compassion (Ron Paterson)

-The success of minorities in a group being led is a good indication of the leader's ability. These groups should not be forgotten. (Associate Professor Papaarangi Reid)

The keynote presentations were interspersed with breakout sessions with speakers and allowed time for questions and debate. There were four themes for these sessions; Leadership in Medicine; Health Leadership in New Zealand; Maori and Pacific Island and Rural Health; Medical Education, and the Workforce.

Media training was a particular highlight. This session had input from a doctor with extensive media experience, Dr Peter Foley, and also from a media representative, Ms Nikki MacDonald. Dealing with the media turned out to be a lot more complex than what we pick up from listening to radio or television interviews. I think the tricks you can use when being interviewed for the media surprised and intrigued the audience.

For me, the most important theme of the weekend was awareness. It brought to my attention the fact that it is we, today's medical students, who will one day be filling the medical leadership roles in this country. An awareness of the political issues affecting our profession and our patients is vital. These are not things which can simply be relegated to bureaucrats and politicians; We have a professional and clinical responsibility to advocate for our patients. These issues - such as workforce structure and access to healthcare - will affect our patients' experiences immeasurably. In the light of an aging population, increasing levels of chronic disease, rising waiting lists, the limited capacity of the health dollar, and a shortage of doctors, our system needs to be as efficient as possible, and it is our present and future responsibility to try and achieve this.

This awareness also extends to issues that are affecting us and our education currently - potential introduction of domestic full-fee paying students was discussed at the seminar. This could bring a real change to New Zealand medical education, we need to form a collective medical student opinion on this issue.

It is clear that MLDS was a valuable and well-received experience: it provided practical advice, leadership role models, an insight into international and national medical issues, and a chance to meet future colleagues to share and discuss ideas. This was recognized in the August edition of NZ Doctor, where Peter Foley commented that the seminar "gave me confidence the future of medical leadership in New Zealand will be in excellent hands [however it also gives] cause to lament that such an important initiative had not been offered many years ago".[1]

Another incarnation of MLDS will be eagerly anticipated by students in 2007. In Dr Michael Shackleton's address, Walt Littman was quoted: "the final test of a leader is that he leaves behind him the will to carry on". The large number of applications, and enthusiasm from participants, suggests that we will be able to continue some form of MLDS in the future. We must hope that this makes medical leadership less of an accident and more of a conscious skill. On behalf of all attending students, thank you to the NZMSA 2006 organising committee for this valued experience. Conceiving and implementing this inaugural event displays leadership in its own right. I hope that your example provides future students with an opportunity to be involved in similar events and develop our new level of awareness.

REFERENCE

1 Foley P.
Editorial.
NZMA GP Council Newsletter: New Zealand Doctor. 09 Aug 2006.

The place of industrial action as a tool for health professionals

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It is almost universally agreed that it would be better if strikes were never necessary. More contentious is whether strikes are ever justified and, even then, whether they are ever productive. With the recent strike action of junior doctors it is appropriate that we consider the place of industrial action as a tool for health professionals.

Workers of the World Unite?

A strike by junior doctors is a very different thing to a strike in a steel works. Traditionally a strike was a battle of wills between an essential but undervalued workforce and a wealthy but misanthropic capitalist who personally stands to lose money from lost production. If the strike ran smoothly then said capitalist would realize it was better to have his factory running and so would forego buying a second yacht so that the workers would be able to afford bread to feed their families. Junior doctors are not struggling to feed their families and there is no-one in the health system piling away money at the workers' expense. Rather, the doctors are rebelling against the effects to them and to patients of their current workloads and of changes to their contracts that may further increase the already excessive hours that they work.

Who to strike against?

It is extremely difficult in New Zealand's semi-regulated system to identify a clear target for public sector industrial action. Decentralized administration, with centralized policy setting and funding means that no-one is forced to respond to the strike; the government can call the strike an issue between employer and employee, and the DHB can call it a result of government policy and under-funding. One of the key aims of industrial action is to send a clear message to some-one able to respond, but often in public sector strikes no-one puts up their hand for this role. With this in mind, we can see another point of the recent action; the increased flexibility of the proposed contract changes would further limit doctors' ability to effectively organize to protest about their conditions. As with the Post Primary Teachers' Association strikes of the 1990s, a threat to workers ability to organize is seen as justification for industrial action; people will strike to preserve their ability to strike.

Public Relations Exercise

Public sector strikes always have a political aspect and thus are always public relations exercises as government resource allocation follows public opinion or the opinion of elected politicians. To be successful a public sector strike must spread a clear message to the public, usually via the media. Problematically, the media determines the spin on the story and thus sways the direction of public opinion, and many journalists dislike being used as advertisers. For this reason public sector strikes are inherently risky with every chance of turning public opinion against the strikers. Due to the unique role of doctors, and the importance people place on their health, this risk is especially great in doctors' strikes. On the other hand, any publicity that the health system receives encourages review of the system and possibly extra funding. Also people are likely to be willing to pay doctors more, even if they don't like them. This is, however, a dangerous gambit and any decision by doctors to strike should thoroughly consider public relations.

Responsibility and Strike as Temporary Resignation

It is better that doctors feel able to strike in appropriate circumstances than for them to leave the health system. Doctors are held more accountable for their actions than almost any other occupation. In addition doctors are widely held to have a responsibility to treat; a plumber can refuse to fix someone's pipes because they don't like them, whereas a doctor cannot. Once someone is working as a doctor, the public expects that person to do all they reasonably can to improve people's health. These attitudes and professional expectations are reasonable given the importance that people place on their health. However, because of these attitudes the public will always be less sympathetic to striking doctors than other workers; a doctors' strike is easily viewed as a refusal to treat. On the other hand, doctors cannot be forced to continue to work as doctors, nor to stay in this country. If the public and management expect doctors working in New Zealand to put up with conditions or leave, then junior doctors may simply leave the profession or the country. From a national point of view a strike is much preferable to a mass resignation. There is also an extent to which excessive expectations of junior doctors have precipitated the recent strike. Perhaps today's worker is less job-focused than yesterday's, but it is today's worker that the New Zealand health sector must attract. If doctors are expected to be doctors at the expense of all else, then quality people will leave or not enter the profession. A strike signals that many junior doctors feel strongly enough to temporarily cease work and that strength of feeling holds the inherent threat of a more permanent step.

Strike as terrorism

Imagine the headline "Resident Doctors' Association Leaders in Terror Plot." Absurd as it sounds, organizing to significantly disrupt health services falls within many current definitions of terrorism. This somewhat reflects too broad definitions of terrorism but strikes, especially public sector strikes, and terrorism have much in common. Both are driven by more or less specified demands, both seek to affect a change through major disruption, plus when patients are worried about their care both can end up trading in fear, whether or not this was intended. Response to terrorism and strikes are also similar; people are loathe to negotiate with strikers or terrorists for fear of encouraging further action, but both strikes and terrorism can be very effective in changing government's budgets.

Impact

Doctors' strikes must both maintain care and achieve impact. In traditional strike situations the disruption caused by the strike is a key measure of its success—if ships go unloaded then management will be desperate for a resolution. However, if patients die or are in prolonged discomfort then public blame falls squarely on the striking doctors who could have helped. On the other hand if there is no disruption to services then the public will remain disinterested. The effect of the recent strike was a postponement of elective procedures and non-urgent consultations, with a resultant backlog after the strike. Whether this was 'just right' or indeed whether it is possible to bother a patient just enough for them to blame government or management rather than the striking doctors is an open question. What is clear is that width of this zone of appropriate disruption depends on public opinion.

Solidarity

Strikes cannot be successful without most workers participating. The necessary proportion depends on the purpose of the strike. Strikes whose purpose is public relations require a very high participation because the media tend to seek out interesting minority views and present them as significant; one story of a junior doctor so committed to patients that she couldn't possibly strike undermines the position of hundreds of striking doctors. Also striking is generally considered extreme so that even if eight tenths of doctors strike it is easy for the media to portray that majority as an abnormal fringe group. Achieving a united front with today's freedoms and media is almost impossible, and thankfully so. However, this does mean that strikes should only be considered with almost complete support from the work force.

Desperation

Desperation is perhaps the best reason for doctors to strike. If all other avenues have been exhausted and one truly believes that the brief disruption caused by striking now will prevent a future degradation in the standard of patient care then one is surely justified to strike. However, successfully changing the system, or maintaining current standards, still requires garnering of political will via public opinion and so public relations remain paramount. Successfully spreading the message that 'we're striking for the future of your health care' would lead to wide public support if only the media could be brought onside.

Conclusion

Doctors are justified to strike in extreme circumstances, especially with the purpose of safeguarding patient care. The question of whether or not the recent junior doctors' strike was such a case is here left open. Even justified industrial action can be unsuccessful if the media and subsequently the public are unsympathetic. Strikes are rarely justified and even less frequently successful but remain an important tool as they are sometimes the best and sometimes the only available action.

Being targeted at medical students as future doctors I have focused here on the side of those weighing up whether or not to strike. On the other hand, workers and especially doctors do not take the decision to strike lightly. Any strike reflects problems in the current organization of a work place, or as in the recent strike a perceived threat to that work place. The real solution is to address those problems. It would be far better if doctors' strikes were unnecessary, let us hope that this recent strike was at least productive.