

Should doctors strike?

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Resident Medical Officers (RMO) around the country have balloted in favour of further strike action, on the heels of a two day strike in October. How did we get to this point? The current impasse between the junior doctor's union, Resident Doctors Association (RDA), and the District Health Boards (DHB) stem from ten months of failed negotiations. The RDA and all 20 national DHBs entered a collective bargaining to secure a Multi-Employer Collective Agreement (MECA). The term for that agreement has lapsed, and is due for renegotiation. The centre piece of the RDA's proposal is the Safer-Rosters initiative: cutting the maximum number of consecutive days worked from 12 to 10, and the number of night shifts reduced from seven to four. The DHBs have rejected the proposal, saying it is unfeasible without additional government funding or a substantial cut in pay; required to hire additional staff to fill the gaps created by the new rosters.¹ However, RMOs salaries are based on categories of pay, calculated by the amount of hours they work. The proposed RDA 'Safer-hours' roster will reduce the total number of hours RMOs work and hence reduce pay. The counter claim made by the DHB's spokesperson is that they have already made a committed to improve rosters.¹ So it seems the two parties are in agreement in principle, but like most wicked problems, the devil is in the detail. The teams negotiating the agreement are locked in bitter battles over the planned implementation of the deal: including the duration it will be implemented, concessions for working unsocial hours and disagreements surrounding the system for penal rates.

The current dispute has similarities to other industrial actions. New Zealand has a long history of workers, from miners to maritime workers, banding together to demand change in working conditions. Our country has an equally long tradition of employers contesting such rights. Where the similarities thin however, is the nature of our job; we are directly responsible for the health and lives of New Zealanders. Is it ethical for doctors to strike then? During the recent withdrawal of labour, there were cancellations of outpatient clinics, elective surgeries and other non-urgent services. It is difficult to argue this had no negative impact on patient care and so would be at odds with our ethical maxim to do no harm. Nonetheless, the ethical guidelines for industrial disputes give provision to redress this situation. The New Zealand Code of Ethics recommendation states the decision to take industrial action can be made when there is a "reasonable expectation" that the outcome of industrial action will result in improvements in patient care.² Our duty of care is primarily to the individual patient in front of us, but also to future patients that we will care for late at night, towards the back end of a 12 day stretch. Doctors too deserve safe care. If the goals of the strikes are to improve the health of patients, through safer rosters for the clinicians responsible for delivering that care; it not only becomes ethical but becomes a duty to advocate for this change.

Medical students are not immune from the fallout of this dispute. Disruptions are likely to spill over into teaching time, as Senior Medical Officers cover striking doctors. You might be asked or even expected to contribute more towards your team, especially if you are a final year medical student, but hospital staff are notoriously unable to tell the difference between medical students of different levels. Remember, you are there only to learn, and any clinical activities you undertake must always be supervised by a qualified doctor. If you feel unsupported or pressured to work beyond your capacity, seek help from academic supervisors and contact your university!

Finally, I implore you to remain engaged in these debates. The problems of junior doctors today, will become your problems tomorrow. We medical students have fresh eyes to view the medical system. So note what is unjust, unkind or inappropriate and try to fix it; before experience or experience teaches you to rationalize the situation. As I approach the end of my medical school training, I have filled my kete with as much knowledge as possible, I only hope I haven't drop my more prized possessions along the way.

My tenure as Editor of the New Zealand Medical student journal has come to an end. I would like to thank my fabulous team of reviewers, editors, designers and production staff for their excellent work and tireless commitment. And to our readers, it has been a joy to publish this journal and I hope you enjoy reading it.

REFERENCES

1. Brown, K.
Junior Doctors Strike.
Retrieved 16-Nov-16 <http://www.radionz.co.nz/news/national/315878/junior-doctors-strike>
2. New Zealand Medical Association.
NZMA Code of Ethics (2014).
Retrieved 16-Nov-16 https://www.nzma.org.nz/__data/assets/pdf_file/0016/31435/NZMA-Code-of-Ethics-2014-A4.pdf