

# New Zealand doctors vote for nationwide strike

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New Zealand's resident doctors, including junior house officers and senior trainee specialists, have voted to strike for 48 hours on October 18. Doctors last took industrial action in 2008, when two 48-hour strikes were held.

The doctors' claim to reduce working hours is part of negotiations for a collective employment agreement with the country's 20 District Health Boards (DHBs). Strike notices were given to the DHBs by the NZ Resident Doctors Association (NZRDA) on Monday. The nationwide strike by 3,200 doctors is in pursuit of demands for what the NZRDA says are "safer rosters and safer hours."

The doctors are joining a groundswell of opposition by health sector workers internationally to the assault on working conditions and the destruction of public health. Tens of thousands of doctors and nurses from the USA and Britain to Papua New Guinea, have recently moved to strike over excessive workloads and attacks on pay, along with deteriorating conditions in hospitals. In every case, these struggles have taken place in defiance of governments driving through austerity measures in collaboration with trade unions which have manoeuvred to call off strikes and impose sell-out settlements.

Resident doctors in New Zealand's public hospitals work rosters that can include seven nights in a row and 12 days in a row. The union wants DHBs to agree to replace the seven nights with a maximum of four nights in a row followed by three days off, and change the 12 days in a row, followed by two days off, to rosters with a maximum of 10 days followed by four days off.

The action was called after mediation failed following 10 months of negotiations.

The DHBs offered to reduce the number of consecutive night shifts from seven to four over the

next two years, and committed to "reviewing" the maximum number of consecutive day shifts over the next two years. A DHB spokeswoman ingenuously claimed the offer would deliver "some of the best hours of work in the world."

NZRDA national secretary Deborah Powell said the offer did not go "far enough," with no guarantee that the reduction of consecutive night shifts would be permanent and no guarantee of recovery time between four consecutive night shifts and the following day shifts. The DHBs denounced the planned strike as "a pay claim in the guise of a health and safety issue."

Doctors told the media they voted to strike because they have "no choice" and the exhaustion caused by long working hours is putting patient safety at risk. According to a survey conducted by the union, 1,182 doctors said they had made mistakes at work due to fatigue, and 275 had fallen asleep driving home after work.

One doctor, Helen Saywell, told Radio NZ's "Checkpoint" program that the fatigue which hits after a week of consecutive overnight shifts should be "of concern to everybody." After her first run of seven night shifts in a row, she fell asleep on the job at 3am, and was so "bone-tired" that she didn't wake up when her pager went off. "It also made me question how I could possibly be making safe judgment calls if I was literally hanging onto consciousness by my fingernails," she said.

Richard Chen said he was currently working 12 days straight, with two 15-hours shifts in the middle—roughly 115 hours on duty between "weekends." The dispute was never about pay, he said. Chen explained that any reduction in working hours would result in a loss of salary in most cases.

The atrocious conditions have been imposed over

three decades by governments of all stripes, abetted by the trade unions that have negotiated and enforced successive employment contracts while suppressing any struggles over draconian working hours.

A DHB spokesperson, Julie Patterson, noted that the present system had been in place since the 1980s. In this period, the Labour government launched its pro-market assault on the working class, which included sweeping attacks on public health and education on behalf of big business.

The protracted erosion of funding has produced a deepening crisis in the health system. According to the OECD, the rate at which NZ performs elective surgery is less than half the rate of most advanced countries—and around a third of the rate of Australia, Canada and most of Europe.

New Zealand also ranks poorly on indices for access to diagnostic tests, time taken for treatment after diagnosis, and time taken to see a specialist. The average wait for joint replacement surgery, the most common procedure among the elderly, has risen to 304 days. An estimated 174,000 New Zealanders in need of publicly-funded surgery are not even on a waiting list.

This situation has worsened since the onset of the 2008 financial crisis. The Council of Trade Unions estimates a funding shortfall in government health expenditure of at least \$NZ1.2 billion since 2009. The Canterbury DHB revealed this week that it is \$35 million in debt, with budget deficits forecast every year until at least 2021. With access to public treatment now far from assured, those who can afford it are increasingly being forced to turn to private healthcare.

There is widespread sympathy in the working class for the struggle of the resident doctors and the defence of public health more generally. The ruling elite is therefore looking to the union to quickly settle the dispute within the existing funding and workload framework. After warning that patients would “bear the brunt” of the strike, the *Dominion Post* absurdly declared that to resolve the roster impasse, “funding priorities need to be looked at,” and some doctors’ duties should be “picked up by experienced senior nursing staff or distributed widely to other health professionals.”

The NZRDA is indicating that it will collaborate to impose a settlement acceptable to the government, big business and health authorities. The NZRDA’s own

claim, for a start, does nothing to resolve the chronic workload issues facing doctors and other staff within the hospital system.

The NZRDA leadership is already seeking to make a deal with the DHBs. Interviewed on TV One last Tuesday, Powell declared that she had been involved in negotiating doctors’ employment conditions for “nearly thirty years,” and was confident that a settlement could be reached.

In the event of the strike going ahead, a so-called Life Preserving Services agreement previously negotiated with the health unions ensures non-striking staff, including senior doctors, nurses and 300 residents who are non-union members will keep the hospitals functioning. Ian Powell, executive director of the senior doctors union, the Association of Salaried Medical Specialists, said members would be expected to work longer hours to ensure no patients are “harmd as a result of the strike.”

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