

New Zealand doctors prepare nationwide strike

Tom Peters
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About 3,300 Resident Medical Officers, known as junior doctors, employed at public hospitals across New Zealand, are preparing to strike for 48 hours starting tomorrow. The members of the Resident Doctors' Association (RDA) also voted last week to hold a second two-day strike on January 29–30.

The strike was called after 10 months of negotiations between the union and the country's 20 District Health Boards (DHBs) failed to reach a new agreement on pay and conditions. Last-ditch talks mediated by government representatives last week failed to reach a deal to call off the strike.

DHBs are pushing for major attacks on working conditions. In November DHBs reached a sellout pay deal with the recently-formed union Specialty Trainees of NZ (STONZ) covering about 100 doctors. It included pay rises of 2.5 percent and 3 percent over two years, essentially freezing pay against the cost of living. The deal also lengthened the number of consecutive days doctors can be rostered to work from 10 to 12.

The RDA says DHBs also want the power to extend shifts beyond 16 hours and to force doctors to relocate to any hospital in the country, regardless of where they want to work.

The doctors' strike is part of an upsurge of working class struggle internationally in opposition to brutal austerity measures imposed over the past decade. Last week tens of millions of workers held a two-day general strike in India against privatisation, poverty wages and other pro-business policies. In France, hundreds of thousands of workers have taken part in "yellow vest" protests, which emerged independently of the trade unions, demanding large wage increases and greater social equality. In the US, 33,000 Los Angeles teachers are preparing to strike, following a wave of strikes in several states last year.

In New Zealand 2018 saw major strikes by tens of thousands of hospital workers, teachers, public servants and transport workers in opposition to ongoing wage freezes and other austerity measures under the Labour Party-led government.

The Labour Party-NZ First-Greens coalition came to power in October 2017 promising to resolve the crisis in the healthcare system. Last year's health funding, however, was not nearly enough to keep pace with the growing and ageing population and address the unmet needs. Thousands of people are unable to access vital surgery and specialist care due to a severe shortage of staff and facilities (see: "New Zealand's public healthcare crisis worsens").

Following two junior doctor strikes, in 2016 and early 2017, DHBs reached a deal with the RDA which both parties claimed would address unsafe work rosters. In reality, however, many doctors are still working lengthy shifts, often over 60 hours a week, in understaffed wards, inevitably putting patients at risk.

According to the Health Quality and Safety Commission, DHBs reported 631 "adverse events" resulting in serious patient harm in the 12 months to June 2018—up from 542 the previous year. Almost half of these incidents were caused by clinical management failures such as delayed diagnosis or treatment.

On December 5, the RDA told the *New Zealand Herald* that one or two junior doctors were frequently left to run emergency departments unsupervised by senior colleagues. A doctor from Wairarapa Hospital "often worried about someone dying under his watch because he didn't have the necessary experience." He told the newspaper "emergency medicine is a speciality of its own, so to be staffing doctors that do not have that training is dangerous and unsafe."

In September, DHBs reported that nationwide there

were 260 junior doctor vacancies—undoubtedly well below the number actually needed to meet patient demand. In addition, a recent survey by the Association of Salaried Medical Specialists, the senior doctors' union, found a specialist shortage of 20 percent, or about 1,000 specialists.

A health worker who asked not to be named told the *World Socialist Web Site* the radiology department at Northland DHB was “hundreds of hours behind in reporting X-rays and CT scans. Many of these reports are critical for timely interventions. [The DHB] are neglecting their duty of care for these patients. I shudder to think of the adverse outcomes as a result of these delays.”

On December 30, Radio NZ reported that many cardiac patients in South Auckland had waited almost a year for potentially life-saving ultrasound scans due to a shortage of specialists.

Thousands of doctors and other health workers are determined to fight back against the worsening crisis. The main obstacle they confront is the trade union bureaucracy.

The RDA has limited itself to opposing the major clawbacks to working conditions accepted by STONZ. It has not claimed any increase in staffing or funding to resolve the already existing crisis. The RDA called for a pay increase of just 3 percent per year, the same rotten deal given to nurses last year, and not enough to match the increased cost of living. In the 12 months to October, official price inflation was 1.9 percent, housing costs went up 3.1 percent and transport 5.6 percent.

Workers must learn the lessons of the struggle waged last year by 30,000 nurses and healthcare assistants, which was sold out by the New Zealand Nurses Organisation (NZNO). The union deliberately dragged out the dispute, cancelled one of two strikes, and recommended one sellout offer after another.

The union bureaucracy echoed the Labour-led government's false claim that there was “no more money” to increase the pay offer and resolve the staffing shortage. The NZNO ignored widespread demands from health workers for a pay increase of 18-20 percent and staffing ratios of one nurse to four patients. Following the sellout, NZNO leaders lashed out at criticism from its members on social media.

Like the NZNO, the RDA is led by highly-paid

bureaucrats whose role is to enforce austerity within the health sector by preventing any unified political and industrial campaign against the government. The unions have kept the nurses' and doctors' disputes isolated from each other and from thousands of anaesthetic technicians, midwives and ambulance workers who took industrial action last year.

New organisations are needed—rank-and-file committees controlled by workers themselves. In opposition to the unions, such committees should break the isolation imposed on workers and unite doctors with other health workers, teachers—who are preparing for a nationwide strike—and other sections of workers.

A real fight against austerity can only be based on a socialist perspective in opposition to the Ardern Labour government and all its supporters, including the unions. The needs of health workers and patients should not be subordinated to what the ruling elite claims it can “afford.” The billions of dollars thrown away on tax breaks for the super-rich, military spending and hiring thousands more police officers must be redirected to hospitals and other essential services.



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