

New Zealand doctors hold second strike

Tom Peters
14 September 2023

About 5,000 doctors and 100 dentists in public hospitals across New Zealand held a two-hour strike on September 13. It followed a similar action last week, which was the first ever nationwide senior doctors' strike.

The strikes point to deepening frustration and anger following decades of deteriorating conditions in the public health system and stagnant pay in the face of high inflation. They follow major strikes by nurses and other healthcare workers over the past six years of the Labour Party-led government.

The Association of Salaried Medical Specialists (ASMS), the doctors' union, will go back into talks with Te Whatu Ora Health New Zealand to try and call off a scheduled four-hour strike on September 21. The union is asking for pay increases of 6 to 8 percent over the next year, which is barely in line with current inflation and does not make up for what ASMS says was an 11 percent pay cut, in real terms, over the last two years.

As the October 14 election approaches, both the Labour Party government and the main opposition National Party are promising billions of dollars in public service cuts, which will inevitably impact on healthcare. They are relying on the union bureaucracy to keep a lid on rising militancy across the entire working class over the cost of living crisis and rundown public services.

On the same day as the doctors' strike, Labour announced an election pledge to train 335 more specialist doctors per year by 2027. Even if it is fulfilled, this will not begin to address the staffing crisis. The government estimates that there is already a shortage of 1,700 doctors and more than 4,000 nurses nationwide, and there are constant reports of healthcare workers leaving the country in search of better pay.

The situation has worsened dramatically due to the COVID-19 pandemic, which has seen more than

31,000 people hospitalised for the virus and more than 3,300 deaths, the vast majority of which occurred after Labour ended its zero-COVID policy in late 2021. Patient waiting times—for cancer, hip replacements, cardiac problems, and many other conditions—have exploded due to understaffed and overwhelmed hospitals.

Andy Davis, a lung specialist who joined the picket outside Wellington Hospital, told the *World Socialist Web Site* that doctors had to be paid enough “to keep them in the country. Our pay scales, if you compare them internationally, are not competitive. About half of our specialists come from abroad, so it's quite important for the country's health system to be able to attract and keep people.

“We're not asking for the world, we're asking for an inflationary pay rise, and we haven't had an inflationary pay rise year-on-year, and it's beginning to show.” It was not just about money, but about “actually having people to do the job.” Health NZ had shown that they were “not prepared to listen, they're not prepared to make a sensible offer. The offers they've made are sub-inflationary, and it just shows they're not serious about keeping people in the country.”

Davis pointed out that the oncology department in Dunedin Hospital “has lost its training status; staffing is the issue there. Just in the last week, in the news, we've seen incidents of understaffing harming patient care, harming the timeliness of treatment. We need to do something about it.”

Asked what he thought about the election, he said “of the parties that are likely to get in, there's nothing particularly good on the horizon from either group. National have proven repeatedly that they can't manage the health system properly, and with Labour, we had some hope, but they've not been much better either.”

Davis asked: “What type of health system do they

want? Do we want one that treats all people and manages what they need, or do we want a hacked down system that does less?"

Understaffing was the major issue, he said. "If you've got enough staff, things happen quickly, if you don't have enough staff, they don't." Patients were sometimes waiting "four or five months to be seen when ideally it would be a lot less."

Davis explained that the shortage of general practice (GP) doctors was contributing to overcrowding at hospital emergency departments, because people were finding it more difficult to get a timely appointment with a GP.

The *Sunday Star-Times* reports that nearly half of GP clinics nationwide have stopped enrolling new patients. One doctor in the Lower North Island told the newspaper: "The current government has made general practice unsustainable and unsafe. We are hanging on by the skin of our teeth."

Davis told the WSWs that while his department had caught up on the delays caused by COVID, "some departments have had massive disruption because they've had to cancel huge amounts of operations and there's lots of delay.

"There's all these nice things coming from government ministers, thanking the health service for this and commending health workers for that, but there's no action associated with it. I'd rather they said nothing and sorted it out than said all these fancy, flowery things and did nothing about it."

Helen, a senior nurse who joined the picket to support the doctors, said there had been a "dramatic deterioration" in the health system since she started her career 20 years ago. She said there was "a lack of doctors, lack of nurses, lack of midwives, lack of HCAs [healthcare assistants]." She said clinic nurses were "having to cancel clinics or cut them right back. We've got a huge waiting list of people to be seen and they're urgent cases, a lot of them. So the whole system is in crisis... I worry for patient safety, I worry for health workers' safety."

Darren, a cardiologist who has worked at Wellington Hospital nearly 10 years, told the WSWs it was his first time being on strike. He said doctors were "expected to do more and more with less and less administrative support" and "salary scales that are not keeping up with inflation. The number of hours worked seems to

steadily climb and a lot of that is just keeping on top of administration tasks.

"Patient safety is always an issue when a system is stretched like it is at the moment. There's always potential for adverse outcomes," Darren said. "We have problems with waitlists at the moment, both with initial specialist assessment, but also once people are listed for cardiology procedures some of them will wait over a year for those procedures."

He noted that the cost of healthcare treatments was increasing and the population was ageing, which placed additional pressure on resources. He said "we have seen a bit of an impact of Long COVID type symptoms" with increased referrals for several post-viral conditions.

Darren did not think the recent centralisation of the health system had helped matters. "The hope was that a centralised system would rationalise things and free up money for frontline services. That doesn't seem to have eventuated," Darren said.

Last year the Labour government disestablished the previous system, which divided the country into 20 district health boards, replacing them with the centralised body Te Whatu Ora Health NZ. As of last month, 424 so-called "back office" administrative jobs had been made redundant, with hundreds more likely to be affected in the ongoing restructure.



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