

Thousands of New Zealand doctors hold second strike

Tom Peters
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About 2,500 resident doctors in New Zealand participated in a two-day strike on May 16th and 17th, following a 25-hour strike on May 7, which was their first nationwide strike in five years. A third two-day strike has been called for May 30th and 31st.

More than half the junior doctors working in the public hospital system, members of the Resident Doctors' Association (NZRDA), were involved. A rival junior doctors' union, Specialty Trainees of New Zealand (STONZ), with 2,000 members, did not join the strike.

Since the last strike, the government agency Health NZ Te Whatu Ora has been in talks with the NZRDA, mediated by the Employment Relations Authority, without any resolution.

The strikes were endorsed by 97 percent of NZRDA members, who rejected an offer that would have cut pay for about 300 doctors—including a \$12,000 cut for trainee general practitioners—with modest pay increases for other doctors.

The National Party-led coalition government is carrying out a drastic austerity program, supported in all essentials by the opposition Labour Party. As it prepares to release a budget at the end of the month, the government claims there is no money to fix the crisis-ridden healthcare system, while it diverts billions of dollars to expand the police, prisons and military.

Health NZ has already ordered hospitals to make budget cuts by cracking down on working conditions, including reduced cover for sick staff and restrictions on hiring. This is despite thousands of unfilled vacancies across the hospital system, including 500 junior doctor vacancies and 600 senior doctor vacancies across the country.

Paediatric registrar Dr James Anderson, the NZRDA's president, told the WSWs that Health NZ's

latest offer was a slight improvement but “not sufficient to address the problems that we’re going to have in the future with those workforces.” The union and Health NZ have not released any details of the ongoing negotiations.

A delegate for the Wellington region, Dr Kerry Appleton, told the WSWs the workforce crisis was the major issue in the dispute. “We are constantly losing people out of the workforce to places like Australia, or leaving medicine, which is really concerning.” Having a sustainable workforce in New Zealand required “fair pay for every doctor” and guaranteed positions for doctors who finish their training.

A major issue was long working hours, with doctors working an average of 55 to 60 hours a week, leading to burnout. Appleton said because of the staff shortage, doctors found it “incredibly difficult” to access their annual leave, despite it being written into their contract.

Speaking about conditions in hospitals, she said: “The emergency departments are always busy, and they’re getting busier. It’s for a variety of reasons, including people not being able to access primary care.” This meant people were coming to hospital later than they should, or presenting with conditions that could be treated by a GP.

A government health survey released in December last year found one in five adults were struggling to get an appointment with a GP due to long wait times. One in eight people reported not seeing a GP because they couldn’t afford the fees.

Lydia, a doctor at Hutt Hospital, told the WSWs she had just finished working 10 days without a break, including shifts on Saturday and Sunday that lasted from 8:00 a.m. to 10:30 p.m., i.e. nearly 15 hours each day. This was standard, she said.

“I got home last night and I couldn’t remember if I’d

eaten dinner, and I couldn't remember if I'd had a shower. And I was thinking: how on earth am I making clinical decisions about life or death? It's very dangerous.

"We're horrifically understaffed and we can't cut down on the hours because we literally don't have people to fill them, because people don't want to." She said she loved her job, but could understand why doctors would leave. She had seen "heaps" of her colleagues leave the job in recent years, with many going to Australia. Often there would be only temporary replacements by doctors from Britain, and the workforce gaps were not filled long-term.

Successive governments have starved hospitals of the resources and staff needed to keep up with population growth and increased levels of illness. The last Labour government's decision in late 2021 to end the COVID-19 elimination strategy and the subsequent removal of public health measures has led to more than 4,000 deaths and 39,500 hospitalisations, placing immense pressure on the system.

Under Labour, repeated strikes by nurses, doctors, midwives, laboratory workers and allied health workers were kept isolated and limited to one or two days by the union bureaucracy. The unions pushed through deals that failed to address the staffing crisis, unsafe working hours, and low pay.

There has been no effort to unite the struggles of healthcare workers, teachers, university staff and other public and private sector workers—all of whom are affected by soaring costs for housing, food, transport, and chronic under-resourcing.

Anger among workers is building up. On May 9, hundreds of members of the New Zealand Nurses Organisation (NZNO) protested across the country to highlight the shortage of 4,000 nurses and to demand safe nurse-to-patient ratios. Official figures show 26 percent of nursing shifts were below target staffing numbers last year. Understaffing was worst in neonatal units, children's wards and cancer wards.

Speaking to TVNZ, NZNO leader Kerri Nuku issued a "plea" to the government to "invest in wellbeing, invest in the system, to bring about better outcomes."

Such statements are meant to deceive workers. The unions know full well that the upcoming budget, likely to contain some of the most savage cuts in recent memory, will exacerbate the crisis across all public

services. The union bureaucracies will be tasked with diffusing anger with isolated strikes and protests and persuading workers that nothing more can be done.

A real movement against austerity requires the unification of workers across all sectors and industries, in a rebellion against the pro-capitalist union apparatus. The situation calls for new organisations: rank-and-file committees in hospitals, schools and other workplaces, independent of the unions and the established political parties.

The demand for a high-quality healthcare system must be taken forward as part of the political struggle for the socialist reorganisation of society. The mostly untaxed wealth being hoarded by the billionaires, and the public money squandered on preparing the armed forces for war, must be redistributed to meet urgent human needs: including to rebuild and expand public hospitals and train thousands more doctors, nurses and other staff on high wages.



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