

Striking Doctors



We are indeed living in interesting times! True to the meaning of this often quoted Chinese curse, “may you live in interesting times”, interesting times usually has an ominous tone in South Africa. Just as we finished a peaceful general election in the country we were hit by the very unusual and upsetting news of an impending strike by doctors in Mpumalanga in April 2009. Strikes are certainly nothing new in our

labour union dominated country, but doctors striking? This very soon had everyone’s attention, including that of the government, the Health Professions Council (HPCSA) and a very tardy South African Medical Association (SAMA).

The root of the cause seems to be the long overdue salary increases, more specifically the delay in implementation of the Occupation Specific Dispensation (OSD), but working conditions certainly also played a role. The government has promised the medical profession an OSD (including a pay rise) by mid 2008, and the doctors are angry that, 12 months later, still nothing has materialised.

The situation in the South African public health sector has indeed been critical for a long time. There are serious staff shortages in all categories of health professionals and poor working conditions. The government is attempting to address the situation with the introduction of the OSD. The purpose behind this move was to improve government’s ability to attract and retain ‘skilled’ employees in the public health sector through improved remuneration. The OSD is also supposed to put in place a proper career-path model for all occupational categories. Such a career-path model is not an automatic salary increase but a forward-planning framework to systematically increase salaries after predetermined periods based on specific criteria such as performance, qualification, scope of work and experience. The OSD was introduced in 2008 for nurses and generally resulted in at least a 20% improvement of salaries for all categories of nurses. Doctors are frustrated that the agreement signed with government in 2007 has not shown any benefit for them. As a result many have chosen to go for greener pastures, and it was reported that 3 550 certificates of good standing were issued by the HPCSA during the past twelve months. This probably amounts to 10% of the total medical workforce in the country, and more than double the annual output of newly qualified doctors in South Africa. Clearly something is wrong and drastic measures need to be taken.

The government is certainly to be blamed and needs to clean up the mess before it is too late. But were the actions of doctors to strike, picket and go-slow appropriate and indeed ethical? There can be no doubt that many patients would have suffered as a result of their actions. Indeed this fact was reportedly acknowledged by one of the strike leaders, Dr Rapipe Malatji of George Mukhari Hospital. The public was baffled by this action and the HPCSA issued a stern warning on 26 March 2009

that the strike was illegal and unethical, and warned that the HPCSA would not hesitate to take action against striking doctors. Time will tell, but don’t count on it.

There can be no doubt that denying/refusing care to patients in need, through act or omission, goes against the centuries old ethical principles of the medical profession, embodied in the Hippocratic Oath. Legislation also prohibits doctors from striking in South Africa. And yet in spite of all this a strike was mooted by the SAMA leadership, says Prof Mac Lukhele, SAMA Executive Committee member and Chairman of the Committee for Public Sector Doctors: “However, we put our patients first and organising a strike would be a last resort.” Last resort? How can a strike put patients first? The fact that a strike was even contemplated is shocking to say the least. Two wrongs do not make a right, and the government’s feet-dragging in the implementation of the OSD and poor working conditions do not make a strike by doctors any more legitimate or ethical. Striking public sector doctors not only add to the suffering of the poorest of the poor but also add to the tarnishing of the profession’s image. In the long run the damage to the profession will be more than the gain. There are other ways to make your point. The marches by (hopefully off-duty) doctors, although somewhat denigrating for professionals, is one way of doing that. By the way, would private sectors strike for higher fees?

This journal emphatically rejects strike action by public sector doctors because their patients will suffer. Politicians and public sector administrators may get some egg on their faces as a result of such a strike, but that will only stick for a while. The damage suffered by some patients, however, will be permanent and may lead to further untold suffering. There is no way to justify that.

It is time Health Minister Aaron Motsoaledi, Deputy Director-General in the Department of Health, Dr Percy Mahlati and the SAMA leadership sit down to sort out this atrocious state of affairs that led doctors to do the unthinkable, to strike. It is also sadly true that the profession, through its medical schools and associations, needs to do some self-examination and re-confirm its commitment to the principles of the Hippocratic Oath and truly put their patients first.

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