



**Liv-Ellen Vangsnæs** (born 1972) is editor of the Journal of the Norwegian Medical Association. She is a specialist in anaesthesiology and senior consultant at Østfold Hospital.

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The doctors' strike to preserve appropriate working conditions ended in compulsory arbitration. Patient safety and the quality of health care are threatened from many sides. The requirements in the Health Care Act, stating the hospitals shall make provisions for ensuring responsible conduct, appear to have been forgotten.

## The struggle to maintain responsible conduct

«Safe hospitals and better healthcare services, irrespective of where in the country you live,» Bent Høie proclaims in the National Health and Hospital Plan (1). Better quality and patient safety is the recurring mantra. «Too many people are injured or die as a result of failures and shortcomings» (2). It is thus paradoxical to see that in recent weeks, doctors have needed to go on strike to maintain their *protection* against having 60-hour working weeks imposed on them for up to 38 consecutive weeks. Doctors are already exempted from the Working Environment Act and may therefore work for as many as 60 hours per week. The precondition, however, is that such weeks should alternate with less intensive weeks. This is ensured through rotating collective plans. Doctors are like most people; we tend to make more mistakes after working too many consecutive hours without sleep. In a population survey, nearly 70 per cent of the respondents voiced their concern that the workload on doctors may lead to malpractice (3). Our shifts run for 19 hours with no specified time to eat or rest. It may seem strange that doctors of all people, who are responsible for human life, should be exempt from the protection provided by the Working Environment Act. The arrangement has nevertheless functioned until now, because there has been sufficient time to rest between shift periods. Now, this protection is under threat.

Hospitals must be staffed around the clock all year. It is a burden to work on Christmas Eve and Constitution Day, and working frequent weekend shifts is arduous. However, this becomes more bearable when the days in question are equally distributed among colleagues. Doctors, like all other employees, thereby have the predictability needed to plan their lives outside work. The Spekter employers' organisation now wants to strip us of this predictability – they want the employers to have unlimited prerogatives. Statutory absence, such as parental leave and educational leave to attend mandatory training courses, will have to be incorporated by working more frequent shifts during the remaining weeks. Since many doctors are still temporarily employed as locums and many hospitals are characterised by a culture of fear, it is obvious that the employers will have a potent instrument of power at their disposal. A doctor whom the management deems troublesome, for example by having blown the whistle on reprehensible conditions, might be disciplined by having to work on several consecutive weekends. Doctors who work in departments where this arrangement has been introduced, report heavy workloads. Many of them burn out and choose to quit (4).

The average employee takes it for granted that employers protect pregnant women against hazards. This does not apply to doctors. A pregnant doctor is exposed to a number of potential hazards at work, including infectious diseases, unruly patients and radiation from x-ray examinations. Until now, pregnant women have been

exempt from working shifts during their last trimester, i.e. towards the end of their pregnancy they have worked only daytime hours. Under pressure from Spekter, women have now lost this right, meaning that pregnant doctors must work 19-hour shifts until shortly before they deliver the baby. This involves busy shifts with no set rest breaks, and a heavily pregnant woman must be able to run to patients who are in life-threatening situations and perform to the maximum of her abilities. This is of grave concern both for patients and the mother-to-be. Numerous studies have shown that stress in a pregnant woman may harm the foetus (5).

Responsible medical practice requires doctors who are not only up to the mark, but also professionally updated. It is thus remarkable to see that in its new regulations for specialist training (6), the Ministry of Health and Care Services proposes to remove the existing requirement for two hours of tuition per week. The ministry claims that defining the scope of tuition in terms of a specific number of hours is unnecessary. The ministry also wants to do away with the requirement for hospitals to have local training committees to ensure that specialty registrars receive satisfactory training and tuition. As hospital employees, we know from experience that the management tends to underprioritise all matters unrelated to daily running and production. When the regulations that until now have protected our tuition disappear, we have few defences left.

The Health Personnel Act affirms that «Health personnel shall conduct their work in accordance with the requirements for professional responsibility (...) that can be expected based on their qualifications, the nature of their work and the situation in general» and that «Facilities providing health care shall be organised in such a way that health personnel are able to comply with their statutory duties». Emphasis is placed on the obligation of health trusts to make provisions for ensuring compliance with the requirement for responsible conduct (7). Responsible conduct and proper patient safety will hardly be ensured when doctors are pressured into working way beyond what is defined in normal working environment regulations without sufficient rest periods, and when tuition and professional updating are items used to balance budgets. The question is whether the minister of health is quietly standing by while we are gradually developing health services where the working conditions are at odds with the intentions in the Health Personnel Act. Doctors feel a strong commitment to their patients. We are working more than 800 man-years in unpaid overtime each year (8). However, the motivation to make an extra effort relies on trust and a safe working environment. Spekter and the minister of health are blind to this fact. The erosion of trust between doctors and the management will gradually result in poorer health services.

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**References**

1. Trygge sykehus og bedre helsetjenester der folk bor. Pressemelding 20.11.2015. [www.regjeringen.no/no/aktuelt/trygge-sykehus-og-bedre-helsetjenester-der-folk-bor/id2462](http://www.regjeringen.no/no/aktuelt/trygge-sykehus-og-bedre-helsetjenester-der-folk-bor/id2462) [12.10.2016].
2. Første årlige melding om kvalitet og pasientsikkerhet. Pressemelding 12.12.2014. [www.regjeringen.no/no/aktuelt/Forste-arlige-melding-om-kvalitet-og-pasientsikkerhet/id2350974](http://www.regjeringen.no/no/aktuelt/Forste-arlige-melding-om-kvalitet-og-pasientsikkerhet/id2350974) [12.10.2016].
3. 2 av 3 redd for at arbeidspress gir feilbehandling på sykehus. [http://akademikerne.no/no/lonn\\_tariff\\_og\\_statistikk/spekter\\_helse/2+av+3+redd+for+at+arbeidspress+gir+feilbehandling+p%C3%A5+sykehus.b7C\\_wRbM1A.xls](http://akademikerne.no/no/lonn_tariff_og_statistikk/spekter_helse/2+av+3+redd+for+at+arbeidspress+gir+feilbehandling+p%C3%A5+sykehus.b7C_wRbM1A.xls) [12.10.2016].
4. De Rosa M. Advarer mot press på ansatte. [www.mosssdagblad.no/lokalt/advarer-mot-press-pa-ansatte-1.777248](http://www.mosssdagblad.no/lokalt/advarer-mot-press-pa-ansatte-1.777248) [12.10.2016].
5. Environmental Health Perspectives. <http://ehp.niehs.nih.gov/1003253/> [12.10.2016].
6. Høring. Forskrift om spesialistutdanning og spesialistgodkjenning for leger og tannleger [spesialistforskriften]. [www.regjeringen.no/contentassets/76b2157d4e154abc4ee69c429ac0b221/horingsnotat-l1026361.pdf](http://www.regjeringen.no/contentassets/76b2157d4e154abc4ee69c429ac0b221/horingsnotat-l1026361.pdf) [12.10.2016].
7. Molven O. Kravet til helsepersonell og virksomheter i helsetjenesten om forsvarlighet. [www.helsetilsynet.no/upload/Publikasjoner/artikler/2009/2009\\_helsepersonell\\_virksomheter\\_forsvarlighet.pdf](http://www.helsetilsynet.no/upload/Publikasjoner/artikler/2009/2009_helsepersonell_virksomheter_forsvarlighet.pdf) [12.10.2016].
8. Gjessing H. Legemangel i Norge? <http://tidsskriftet.no/2014/09/aktuelt-i-foreningen/legemangel-i-norge> [12.10.2016].