

A new contract that junior doctors in England believe will put patients at risk has resulted in a strike. In Norway we are also seeing a move towards tougher working conditions

Unrest in England

London-based doctor Joanne Evans published a photo on the Facebook group Junior Doctors Contract Forum one Saturday morning. The photo was taken at 07:15 and showed a deserted station on the Underground in central London. Beneath was written: #I'matwork-jeremyhuntwhereareyou (I'm at work Jeremy Hunt, where are you?). She was referring to the UK Minister of Health, Jeremy Hunt, who wishes to push through a new collective agreement for junior doctors. The proposal has brought the doctors out on strike several times this spring in protest against changes that will lead to longer working days, which they believe will result in exhausted doctors and resulting sub-standard treatment for patients.

Normal working hours for doctors in England are currently from 07:00–19:00. The new contract proposes to extend these hours to 07:00–22:00 on weekdays and 07:00–17:00 on Saturdays (1). The remuneration on offer represents a 13.5 % increase in basic salary for all junior doctors – a small amount in relation to the increased workload and absence of an on-call allowance.

Doctors in England are among the most hard-working of all our colleagues abroad (2). The majority work in the National Health Service which has several times been named as Europe's best public health service (3). The National Health Service resembles the Norwegian health service: both offer a free, comprehensive service to all their inhabitants, with advanced treatment and nationwide 24-hour emergency assistance. However, the National Health Service has been a political hot potato since the Thatcher era in the 1980s, and there is constant talk of «A truly seven-day NHS». The idea is that hospitals should offer the same service every day of the week, including at weekends. Poor weekend staffing is said to be one of the causes of additional deaths on Saturdays and Sundays, and the junior doctors must make a greater contribution than previously, according to Jeremy Hunt (4).

In the UK the authorities can introduce a new contract irrespective of the views of the British Medical Association, and they will do so from 1 August despite vociferous protests from the junior doctors. Senior consultants as well as patient organisations are in support of the protests, and opinion polls show that 60–70 % of the population also lend their support (5). Nevertheless, the dispute drags on. There have already been three days of strikes by junior doctors, and more strike action is expected. The reason is not only the unreasonable contract, but also the fact that the heavy workload will eventually impact on patients. The population of England is already facing a reduction in the quality of the health service. Why stretch something that is already at breaking point? The British Medical Association summarises this well with the slogan: «Tired doctors are dangerous doctors.»

Fortunately, we have solid frameworks around working hours in Norway, based on the Working Environment Act. However, Norwegian doctors work approximately three hours of unregistered overtime per week, and almost 60 % of hospital doctors find their

work to be stressful or very stressful (6). Measures that enable the further exploitation of the medical workforce may therefore be the wrong path to take. The employers' organisation Spekter writes in the Dagens Næringsliv newspaper: «In the years ahead we will have to turn local development work in the direction of value creation and productivity, and place less emphasis on regulations and information to employees on their rights» (7). Yes, we need value creation and increased productivity, but they should come about through proper regulation and by ensuring the rights of those who will implement these. Undermining the existing working conditions should not be a bargaining chip.

What can we learn in Norway from the battle that junior doctors are fighting in England? In Norway the battle lines are less clearly drawn, but we must work to ensure that this does not become our own reality. The continuous extension of working hours in the absence of additional resources will gradually pose a threat to patient safety and quality. All those who take an interest in working conditions and the future of junior doctors should look to England and what is happening there. We must support our English colleagues when labour rights are being downgraded and the battlefronts becoming more entrenched. This could one day become the reality in Norway.

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References

1. The BMA blog. Ten reasons why the juniors contract talks stalled. www.bma.org.uk/news-views-analysis/the-bma-blog/2014/october/ten-reasons-why-the-juniors-contract-talks-stalled [27.4.2016].
2. Smith R. Junior doctors are still working 100 hour weeks despite European laws: BMA. The Telegraph 9.4.2014. www.telegraph.co.uk/news/health/news/10818708/Junior-doctors-are-still-working-100-hour-weeks-despite-European-laws-BMA.html [27.4.2016].
3. Campbell D, Watt N. NHS comes top in healthcare survey. The Guardian 17.6.2014. www.theguardian.com/society/2014/jun/17/nhs-health [27.4.2016].
4. Sculthorpe T. David Cameron repeats controversial claim stroke victims are 20 per cent more likely to die at the weekend despite top doctors dismissing it as out of date and wrong. The Daily Mail 18.1.2016. www.dailymail.co.uk/news/article-3404726/David-Cameron-repeats-controversial-claim-stroke-victims-20-cent-likely-die-weekend-despite-doctors-dismissing-date-wrong.html [27.4.2016].
5. Majority' support doctors' strike if emergency care given. BBC news 11.1. 2016. www.bbc.com/news/uk-35288042 [27.4.2016].
6. Tveito K. For høy arbeidsbelastning i sykehus. Tidsskr Nor Legeforen 2014; 134: 1289. doi: 10.4045/tidsskr.14.0693
7. Bratten AK. Jeg velger meg april. <http://spekter.no/Jeg-velger-meg-april/> [27.4.2016].