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Strikes are a grim prospect, but a broken NHS is worse

Many junior doctors who are striking fear for the NHS's future, writes Jennifer Darlow

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At a time of constant news reports in the UK of different professional groups taking industrial action, a doctors' walkout could easily be lost in the clamour to be heard. Yet the decision, as with any health professional choosing to strike, is multifaceted and never simple.

When it comes to the junior doctors strike happening from 13 to 15 March, it is easy to be whipped up into a frenzy by social media, hospital WhatsApp groups, and other lobbying emails, which can present a one sided view—quoting salaries of only the least well paid among peers, comparing statistics of dubious validity, and suggesting that doctors are among the most hard done by in society. If I'm honest, some of these views don't sit comfortably with me. People's lives are potentially at stake. I work in a large paediatric hospital where many of the patients I see daily rely on food banks, have little stable income, and cannot afford to heat their homes. How can a doctor tell a patient who suffers such financial hardship that their care has been cancelled due to a strike as my already above average salary is not enough?

The truth, however, is that unless something changes, the level of care patients have come to expect will become increasingly unsustainable. Even among public sector workers, doctors have experienced particularly harsh pay cuts, losing 25% of their salaries in real terms from 2011 to 2020.¹ This is not a biased number, just a simple fact. The consequences of this are considerable. It has contributed to a huge recruitment and retention problem. Why would anyone want to work in the NHS when they are paid far more for the same work elsewhere? Staffing problems are leading to delays, an overstretched workforce, and an unsafe NHS.

Of course, for some doctors the strike will solely be about pay. But while the dispute is primarily a disagreement about salaries, to me it is more about what the money represents.

Morale is at an all time low in the NHS and it is easy to see why. We have seen growing waiting lists for elective care,² problems retaining the medical workforce, and the worst waiting times for emergency care on record.³ I have seen many colleagues, both junior and senior, sobbing behind closed clinic room doors, as they try to tackle the ever increasing daily challenges. As I near the end of my registrar training, there have been days when I have covered as consultant, registrar, and SHO due to a lack of staff. Like so many who are asked to do the same, this entails high levels of stress, early starts, and late finishes. There is no time back in lieu, no extra pay, and usually no thanks from managers. It is simply an expectation that this is the norm. Sometimes

emails are sent asking what can be done to change this, placating replies are received, shoulders are shrugged, and we are back in the same situation once again.

Everyone should feel valued when they work. I don't want to feel daily trepidation about how often I will have to apologise to patients for the delays in their investigations or treatment, or how overbooked the clinics will be. I want to arrive when I am supposed to, take breaks in the day, and leave on time so I can be with my family.

Not long ago I was a hero—alongside all my NHS colleagues. We were honoured on Thursday evenings as people stood on their doorsteps in the chill March air, applauding those who bore the responsibility of saving lives. In April 2020, our then prime minister Boris Johnson said the NHS was “the beating heart of this country . . . powered by love.”⁴

Now, according to the government, my value is 26% less than what it was in 2008.⁵ While MPs' pay has remained roughly the same,⁶ they are happy for staff in an increasingly broken NHS to respond to greater demands for less pay.

Due to pre-arranged annual leave, the decision to strike has been taken away from me. From the comfort of my home, I expect to see reports of anger at the strike, with many well made points about the advantages of being a doctor. Some doctors understandably want increased pay for its own sake, yet for many of my colleagues, the strike is symptomatic of a deeper sense of exasperation after years of working in an exhausted system that seems to have little respect for patient safety or the welfare of its workforce.

Now that the claps have faded, an NHS once “powered by love” has seen a loss of heart. A strike is a horrible thing—affecting thousands of people and limiting healthcare. Yet for many of those striking it's the longstanding feeling of our work being undervalued and our concerns about service provision being disregarded that is driving this. Many of us fear how much further healthcare standards will fall before anything changes. As the morale, goodwill, and number of junior doctors declines, it brings down the NHS around it, and we all come tumbling down.

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