

Doctors on strike: a legitimate last option

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The frequency of doctors striking work has generally reduced over the last decade. This has coincided with the marked reduction in trade union strikes over the same period. This interesting parallel suggests that in some way liberalisation and globalisation policies have affected the medical profession in India too.

Till recently, the main medical organisations resorting to strike were resident doctors' associations and unions. Their demands were usually for pay rises, against fee hikes or against the mushrooming of private capitation medical colleges. There have also been agitations against violence on doctors by ruffians or by relatives of patients.

The recent strike in Bihar (1, 2, 3) was much more broad-based, and called by the Indian Medical Association. The IMA encompasses all grades of allopathic doctors, from family physicians to consultants and super-specialists. It is the largest medical body in the country. The issue this time was the murder of an eminent surgeon, allegedly by extortionists, as well as the kidnapping of another doctor by criminals.

A strike by doctors is always a contentious issue, since it goes against the grain of the profession, which is to save lives and alleviate suffering. There are those who argue that doctors should never strike work, whatever the provocation. But they do not offer any alternative solution. The available alternatives – protest letters, memoranda, wearing black badges, sending representations to the relevant authorities, and so on – do not yield substantial results. At best they may lead to the appointment of an enquiry committee. We know the fate of most enquiries – long-drawn out affairs which eventually peter out without any tangible outcome. In fact, sometimes doctors' unions have been advised (unofficially) by the authorities themselves to launch an agitation, in order to enable the authorities to take action.

Let us look at the agitation by the Maharashtra Association of Resident Doctors against the setting up of private capitation fee medical colleges. This long strike ended after the court issued orders for regular quality control checks at the new colleges. These "rural" colleges were also supposed to set up affordable health care facilities for the rural population. But in the last two decades since this judgement, many more private medical colleges have mushroomed in Maharashtra, mostly in the "rural" suburbs of major cities and towns. Not only have these colleges not provided free or cheap hospital care, some of them have used government or municipal hospitals for teaching their students. Overall, this has lowered medical standards and increased the commercialisation of medicine. This was a predicted outcome. Now, the strike did not prevent this, but it was the only available protest option at that time.

Similarly, the recent Bihar strike was likely the only action which would have spurred the authorities into quick action. At least it helped in the release of one kidnapped doctor and in some arrests. Otherwise, threats and extortion were regularly faced by the medical community, which is perceived as a "soft" target.

Doctors are generally under stress. In previous years the primary stressor was the outcome of very sick patients. Nowadays other issues have also become "burdens" – cut-throat competition, hospital pressures to generate more work, higher expectations from patients (this stress is not necessarily a bad thing), and, now, kidnapping and extortion. You first need to protect and secure yourself before you can help others. In this light I feel the Bihar strike was justified.

References

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