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We Asked New Zealand Junior Doctors Why They're on Strike

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After four years of failed negotiations, 2500 junior doctors around New Zealand have walked off the job.

New Zealand Resident Doctors' Association national president Sara Moeke told VICE there was little option but to strike. They are demanding safer rosters by cutting the number of consecutive days junior doctors are made to work from 12 to 10, including no more than four night shifts.

The 48-hour strike, which began yesterday at 7 AM, has meant the rescheduling of thousands of outpatient clinics and non-urgent surgeries, and the public has been urged not to visit emergency departments unless a life is at risk.

While rosters haven't changed in 30 years, medicine has, which means patients are sicker, hospitals are busier and interventions are more technical, Sara Moeke explained. The concern is that after 12 straight days of highly challenging work, exhaustion is putting patients in danger.

Fatigued doctors make mistakes, either at work or on the way home, which may seriously impact patients, the public and the doctors. It's not a question of cost, as there's enough additional doctors graduating from medical school in the next two years to fill the much needed 144 positions.

Sara vividly remembers pulling over to have a nap in the car on her drive home after a 12-day stint and waking up four hours later. Then there was the time during the last two-hours of her seventh night shift that she almost missed a urine infection in a small child after misinterpreting their results. She'll never forget the devastating feeling of realising such a mistake.

"I want to do the best for my patients, and I felt terrible, and scared, that I couldn't [do my best] on multiple occasions due to mentally and physically disabling fatigue," she said.

Another junior doctor, Tom*, pines for the good old days while at medical school where he had a social life. Now, he can count the number of hangovers he's had in the last year on his hand. Tom's four years out of medical school and is often the most senior doctor working during a shift. He'll work 12 days on, two days off, 12 days on, two days off, and then five days on, two days off. Within a 12-day stretch he'll complete three 15-hour shifts, and night shifts, with much of these being much longer still, he says.

"That's the thing with medicine, you can't just leave things until the next day, like prescribing medication or talking to family members. Sick people can't be left until the next day."

"I've prescribed the wrong medical doses and that's pretty standard across the board. I haven't killed anyone yet, thankfully." —Tom

And striking for fewer hours is not about money or greed, he says. "If there's a change to a 10-day rotation and it means my salary will be reduced, I'm okay with that. None of us are doing it for the money. There's no time to spend it anyway.

"It's the indifference that's the worst," he says. "I'll be very short with nurses and staff, and I'll not want to talk to families. I once considered myself to be a good communicator. That's what I loved about the job, making a difference and helping people. But in the latter part of a shift you don't have the reserve to give the patients the time, energy and compassion they deserve."

Julian* says it's not just the hours that are difficult, it's the combination of the hours and emotional strain that's the killer.

"We are dealing with morbidity and mortality on a daily basis and, short of being a clinical psychopath, it's impossible to not get caught up in the whirl of emotions that constantly surrounds us."

While it's an amazing privileged position doctors hold, he says, the concern is that, with the stress, hours, and lack of recovery time, it's hard to not become apathetic.

He knows of a colleague who was at the end of a long busy shift who prescribed a patient medication they were allergic to. It was only when the doctor got home that they realised their mistake but it was too late, with the patient requiring acute intervention. The patient recovered, but it was still an unnecessary problem that could've been avoided had the doctor been more physically and mentally alert.

Sarah* says having worked in hospitals all over the country, hours vary depending on your rotation and location, but most problems arise due to short staffing. The flow-on effect is that there's an expectation to work more for fear of burdening the team, or an ultimate fear of jeopardising future training opportunities.

It's almost impossible to get annual leave approved, for example. "I know several of my colleagues have been unable to get leave approved for their own weddings, despite sending in a leave request a year in advance.

"Some of my colleagues don't see their young children for 12 days at a time. Imagine doing that for 10 years."

Sophie-Lee Johnston chose to be a general practitioner because she says she "just couldn't bear the thought of staying in the hospital system". Her first week as a hospital doctor she worked 72 hours. There were at least two times where she fell asleep at the wheel and almost crashed on the ride home.

Health and safety is of course an issue seeing as how exhaustion impacts people's performance, but there's also a culture that doesn't allow sick leave, says Sophie-Lee. She recalls colleagues who've come to work with gastro, which could've been passed onto patients, for example.

"There's this intrinsic pressure to go to work even if you're sick because there's not enough relievers so if you didn't go you'd be "letting the team down" or just making other people work twice as much."

Now, her hours are amazing. She works five to six half days and work is very flexible since she's just had a baby.

Her friend, Josie*, who also has a family, hasn't been so lucky. It's common for her to work for 40 hours in four days, followed by 74 hours of night shifts over seven days. She'll get two days off and then there's another 12-day stretch. She's been so tired that at the end of night shifts she's walked to her old house by mistake. She's also tried to open her own front door with her work swipe card, and gone to bed with the door wide open.

"[I've been] lucky enough to work in a unit with lovely staff, but there is a strong culture of pressure to "do more", to stay late, to arrive early, to come in on sleep days pre/post nights "for learning"—which actually feels more like service provision."

Lead chief executive for employment relations at New Zealand's 20 District Health Boards, Julie Patterson, says the DHBs are disappointed the union and members have resorted to strike action. Although not contractually binding, the DHBs have made a commitment to split night shifts and to reduce the roster to 10 days.

Patterson told VICE the strikes are being managed well by the DHBs and those who require emergency care are receiving treatment as normal. "In emergencies the public can be confident that your DHB will be able to provide you with the necessary care during the NZRDA's strike," she says.

Meanwhile, Health Minister Jonathan Coleman is urging both parties to negotiate a settlement. The union says it does plan to meet with DHB officials in the foreseeable future. But for now, Tom hopes the strike will make a difference, "I'm just so glad to have a few days to recharge my battery. I'll be having to use it to study or complete the years of life admin that's been neglected".

*Names changed on request

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