

The ethics of a work strike

Zhong Ning Leonard Goh, MBBS¹, Alexis Ching Wong, MBBS¹, Sean Chern Choong Thum, MB BCh BAO², Nor Adriana Muhammad Ridzuan Tan, MBBS³, Timothy Tsin Jien Cheng, MSOrth⁴, Vijay Ganasan, MPM¹, SCoRe Investigators⁵

¹Sarawak General Hospital, Kuching, Sarawak, Malaysia, ²Universiti Putra Malaysia Teaching Hospital, Serdang, Selangor, Malaysia, ³Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia, ⁴Duchess of Kent Hospital, Sandakan, Sabah, Malaysia, ⁵SCHOMOS Committee for Research (SCoRe), Kuala Lumpur, Malaysia

The old English saying goes, strike while the iron is hot. The current situation in Malaysia as of writing is as heated as it gets. Faced with the onslaught of the Delta strain of the SARS-CoV-2 virus, coupled with years of underfunding and understaffing of our public healthcare system, Malaysian hospitals are buckling under the immense pressure. Complicating things is the fact that the vanguard of the country's COVID-19 response teams is mainly comprised of junior doctors. Being employed on a contract basis, these junior doctors face job insecurity, a lack of career prospects, and unequal welfare benefits despite their unwavering service and sacrifice for Malaysia.¹

The Section Concerning House Officers, Medical Officers, and Specialists (SCHOMOS) of the Malaysian Medical Association (MMA) has been actively engaging various governmental bodies and representatives to work towards the resolution of these issues, though progress was admittedly slow. Dissatisfaction with contract employment terms and plummeting morale consequently grew rampant among the ranks, against the backdrop of a rising COVID-19 daily death toll.

To show solidarity with contract doctors, SCHOMOS organised a 12-day Code Black movement from the 1st July 2021, which culminated in Black Monday on 12th July 2021. Participants were encouraged to change their profile pictures on social media to monochrome for the duration of Code Black and wear black clothes to work on Black Monday. The colour black was chosen to symbolise the mourning of the bright young talents whom Malaysia had already lost to other countries, in addition to mourning the slow death of hope for contract doctors in Malaysia.^{1,2}

Two weeks later, a group of contract doctors operating independently from SCHOMOS staged a symbolic walkout from the wards on 26th July 2021 to protest the longstanding maltreatment by the Government of Malaysia. The walkout garnered coverage from international and national media outlets, heavily publicising the plight of contract junior doctors in Malaysia. Its organisers have since issued a statement after the event expressing hope that these issues would be resolved soon, failing which there would potentially be a second demonstration sometime in December 2021.

The walkout on 26th July cannot be considered an actual strike despite the initial characterisation as such; it would be

better categorised as a peaceful demonstration. Nevertheless, with the promise of a work strike on the horizon, it is perhaps timely for the Malaysian medical fraternity to ponder upon the ethics of the strike – is it ethical for doctors to strike, especially during a pandemic?

Ethics of a strike

Industrial action and strikes are not new to the medical profession and have occurred around the world for various reasons.³ However, industrial actions are rarely undertaken in Malaysia. The last industrial action organised in the Malaysian healthcare sector would be the work-to-rule led by SCHOMOS in 1983, which successfully pushed the government to recognise HOs as civil servants.⁴ This resulted in better remuneration and welfare benefits for the HOs.

The umbrella term of industrial action encompasses several types – from a slowdown at work to an all-out strike. Such movements are generally organised to mount pressure on the authorities and force them to capitulate to stated demands.⁵ It usually requires that a third party be adversely affected, so that they act as a proxy in the standoff between the authorities and the workers and increase pressure on the former. In the medical fraternity, this third party would invariably be our patients.³

At first glance, conducting an industrial action would appear to directly contravene our code of ethics. *Primum non nocere*, or do no harm, is the oft-repeated mantra drilled into medical students from their first day of medical school. Any form of industrial action would require doctors to impose major inconveniences on their patients. In the case of work strikes, skeleton crews would be severely limited in their capability to respond to medical emergencies. Such industrial actions would therefore, in theory, result in spikes in patient mortality and morbidity rates. It would then seem that going on strike is morally wrong. Studies into healthcare workers' strikes in other countries have however demonstrated the contrary – there were no significant differences in mortality rates as a consequence of the strikes.^{3,6}

Nevertheless, strikes in the aforementioned studies did not occur during crises such as the current COVID-19 pandemic. At present time in Malaysia, even after roping in doctors at all levels of training (including house officers), hospitals in the latest pandemic epicentre of the Greater Klang Valley are still finding themselves severely shorthanded.⁷ A work strike

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Corresponding Author: Zhong Ning Leonard Goh
Email: LGZN92@gmail.com

by doctors in our Malaysian public hospitals at this critical juncture would be catastrophic.

Proponents of a strike argue that it is precisely because of the expected devastating consequences that an industrial action conducted now would have the greatest chance of success. Their supporters go on further to argue that in the long run, the failure to act now is equivalent to allowing our public healthcare system to be undermined further by the ongoing political squabbling, doing more harm cumulatively. Only something as drastic as a strike, they opine, would be able to force the authorities to focus on urgent rehabilitation of our healthcare system. As advocates of our citizens who depend on public hospitals to receive medical care, the organisers and supporters perhaps view it as their duty to strike.⁸ The sensationalism of a strike in the Malaysian setting also aids in dramatically increasing public awareness and discourse regarding our healthcare system.⁹

The ethics of a strike therefore seem to boil down to a cost-benefit analysis – will the benefits outweigh the immediate dire repercussions of a strike during this pandemic? If the evaluation is limited to the short-term, a strike would be unethical. Yet from the long-term perspective, if the strike provides an impetus for extensive reform in our healthcare system, then it may be viewed to be ethical.⁶ We would only be able to comment definitively on hindsight, with the benefit of the 20/20 vision it affords.

That said, strikes are almost always executed as a last resort after diplomatic talks have failed or come to an impasse.³ SCHOMOS and MMA remain steadfast in their attempts to engage the government in moving towards swift resolution of these matters. It is the fervent hope of the authors that these attempts prove successful, to avoid the need for a strike by this independent group.

What remains undiscussed are the legal considerations and ramifications of a strike. The authors feel that these aspects are best left to the advice of legal experts.

The need for urgent healthcare reform

Regardless of the individual's stance on a work strike, it remains uncontentious that our healthcare system needs major reform urgently. Our specialist-to-population ratio of

3.23:10,000 is drastically lower than that of 22.4:10,000 in member countries of the Organisation for Economic Co-operation and Development.² At the same time, we can expect increasing reliance on the public healthcare system for specialist care, with more Malaysians slipping below the poverty line.

The first step towards increasing that ratio would be to retain our talents and prevent brain drain. That can only be achieved via revising our healthcare financing policies to ensure adequate funding of our public hospitals and better treatment of the backbone of the entire system – our healthcare workers.¹⁰

REFERENCES

1. MMA SCHOMOS. FAQs for the Malaysian public on Code Black (1/7–12/7/2021) and Black Monday (12/7/2021) – a movement to save the healthcare system of Malaysia. Malaysia: SCHOMOS, Malaysian Medical Association; 2021.
2. Planning Division. Human resources for health country profiles Malaysia (2015 – 2018). Malaysia: Planning Division, Ministry of Health Malaysia; 2020. ISBN No. 978-983-44156-7-9 (KKM No. MOH/S/RAN/178.20(AR)-e).
3. Toynbee M, Al-Diwani AAJ, Clacey J, Broome MR. Should junior doctors strike? *J Med Ethics* 2016; 42(3): 167-70.
4. MMA SCHOMOS. A report on the role of SCHOMOS in the Malaysian healthcare system: SCHOMOS 2017/2018. Malaysia: SCHOMOS, Malaysian Medical Association; 2018.
5. Chia B, Kwang WW. Industrial action in Malaysia: a legal overview. *The Global Employer*, Baker McKenzie. 2009.
6. Frizelle F. Is it ethical for doctors to strike? *N Z Med J* 2006; 119(1236): U2037.
7. Ministry of Health Malaysia, Putrajaya. 2021. Garis panduan pelaksanaan program Pegawai Perubatan Siswazah (PPS) semasa pandemik COVID-19 (versi 3.0): penglibatan PPS dalam aktiviti pencegahan, pengesanan dan perawatan kes COVID-19. Reference No. KKM.600-1/3/258 JLD 4(18).
8. Neddokhan. #HartalDoktorKontrak. Twitter; [cited Sep 2021]. Available from: <https://twitter.com/neddokhan/status/1409401196146618376>.
9. Jamaluddin J, Baharum NN, Jamil SN, Mohamed Kamel MA. Doctors strike during COVID-19 pandemic in Malaysia: between right and wrong. *Voices in Bioethics* 2021;7.
10. Aidalina M, Aniza I. Factors associated with the brain-drain phenomenon of doctors from the public sector to the private sector in Selangor and Kuala Lumpur. *International Journal of Public Health and Clinical Sciences* 2015; 2(1): 46-60.