

On the politics and ethics of strike action by health professionals

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The UK's so-called hot strike summer and autumn of action have been defined by strike action from essential workers across several sectors, including the rail service, the legal system, telecommunications, the postal service, and education. In early October, 2022, the Royal College of Nurses (RCN) began balloting for strike action, with RCN General Secretary and Chief Executive Pat Cullen recognising strikes as a “powerful tool for change”.¹ Ballot results announced on Nov 9, 2022, confirmed that many nurses across several NHS sites will go on strike for better pay before the end of the year.²

Objection to strike action by health professionals is typically articulated foremost in relation to risk to patients.³ However, no clear evidence has been found of an increase in patient morbidity or mortality during periods of strike action.^{4, 5} Regardless, minimum service level agreements for healthcare typically ensure continuity of the most urgent services.

The political motivation for strike action is clear; pay has not increased in a way that is commensurate with a deepening cost of living crisis. For public sector workers, these demands are articulated in the context of relative under-investment in essential public services and the necessary workforce. For workers in privatised sectors, these demands are articulated in the context of extreme levels of corporate profit.

The ethical justification for strike action can be more clearly conveyed when such action is articulated beyond individual pay demands. The political root cause of pay stagnation can be traced to an underfunded public health system. One of many effects is lower pay, which precipitates staff departures, which further compromises the health system. The argument becomes the pursuit of greater long-term collective benefit at the expense of short-term disruption. This is further bolstered by arguments that health professionals have an obligation

to highlight, protest against, and actively resist actions that are harmful to our collective health, such as we have seen with civil disobedience in relation to the climate emergency.[6](#)

Critically important in the months ahead is an articulation of strike demands as they relate to structural failings and political choices. Furthermore, unified action and cross-sectoral solidarity from doctors with other striking workers is urgently needed, most notably with nursing and paramedical colleagues working under the same conditions, and typically for even lower levels of pay.

References

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