To care, or not to care: is that not the question?

In today’s “Die Burger” (20 August 2010), the leader article grabs your attention: “Seven people die in hospital whilst strike goes on”. Two babies died in the Natalspruit Hospital because they were not fed for a full day. In the same hospital, a nurse was forced out of an operating theatre, leaving the surgeon and anaesthetist on their own during the operation. Another baby died in the JS Moroka Clinic in Mpumalanga because the mother giving birth did not receive any assistance. Strikers are intimidating fellow workers who dare to continue working and threaten to set fire to ambulances.

It was only the second day of the nationwide strike of public service workers. The strike includes hospital workers such as cleaners, porters, and even nurses. They strike to negotiate a better wage, and the difference between the employer’s (state) offer and their demands is a mere 1%. For a worker earning R60 000 per year, it means an increase of R600 per year, and for someone earning R120 000 per year, it means an increase of R1 200 per year. A sizable portion of such a salary increase will go to a range of taxes in any event, so the difference is minimal.

Many people have a fundamental problem with workers in the health sector striking (education is another example), mainly on humanitarian and ethical grounds. People suffer and die because they do not receive medical care, because workers strike, that is a fact. The sad story is that even doctors and nurses have resorted to strikes in South Africa, even though healthcare is an “essential” service, so we cannot point fingers. But not all of us agree on the matter and we need to debate it.

The workers (including nurses and doctors) argue that they have no other remedy to “force” the employer to give in to their demands for better pay. The fact that it means harm to the people they are supposed to care for, the patients, the mothers in labour, the newborn babies in the incubators, the helpless people on the operating table is of secondary importance (collateral damage?).

In our constitution and labour law, the right to strike is balanced by the right of the employer to lock out workers from the workplace. But is that realistic in the health sector? Will the state ever lock out health workers knowing that it will harm patients? Because of this imbalance in bargaining power existing in the health sector, health workers and their trade unions have a special burden of responsibility to act fairly and carefully balance their own needs with those of the patients they are serving as state employees. On the face of it, they have not done so in this instance. The offer of the state exceeds the inflation rate and inflation is on a downward trend. Coupled with the fact that 30% of people are jobless in this country, one stands utterly amazed at the arrogance, audacity and lack of compassion of the striking state employees.

The most worrying aspect of the strike is the complete lack of respect for life and the cold heartedness of the strikers. To leave a baby without food in an incubator, or to pluck a non-striking worker from an operating theatre during an operation, is tantamount to cold-hearted murder. These actions must be investigated and the offending persons must face the full consequences of the law. However, one cannot be blamed for being sceptical of the possibility that this will actually happen.

There is a deeper question: what happened to caring in the health service? To work in the health service (and education service for that matter) is much more than a job. The mere fact that one has a job in this country is already a privilege. The fact that the job usually pays well is something to be deeply thankful for, but to serve the sick and the weak is an honour. The health service is a caring profession, and it is time that health workers ask themselves the question if they are truly committed to care for their patients. If the answer is no, they do not belong in this noble profession.

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