

Junior doctor **Jane Stratton** explains their campaign

The papers would have you believe the junior doctors' strike was about pay, but it is really about a new contract that represents a complete reorganisation of our working lives. We are already at breaking point: 68-72 hour weeks are the norm for us; our shifts often span 13 gruelling hours, barely stopping for food.

As well as ruining our sleep patterns, social lives and family lives, long hours are unsafe for our patients. As every 'militant doctor' will tell you, we really are militant when it comes to patient safety. Doctors are clear that we have to fight this contract in order to maintain our obligations to our patients.

What lies behind the new contract is that it would make it easier for the government to sell off NHS services to private providers. We currently still have contracts that provide job stability, decent sick pay, good pensions and recognition of unsociable hours as premium time.

The government knows it can't sell off NHS services with these contracts intact. To be profitable for private firms they need a de-skilled, cheaper workforce. As long as we continue to fight for our terms and conditions as workers, we continue to be a spanner in the works of privatisation.

Not so 'junior'

A junior doctor is any doctor who is not a consultant or a GP. This means we are junior doctors for different periods of time depending on what speciality path we choose to follow. We all complete two foundation years of training straight after graduation. After this we may do anything from three to 15 years before

our training is finished. Some junior doctors are, therefore, very senior.

Ten years into my career, I am now doubting whether I could commit to a further seven years of training under the new contract, and I'm not alone. Long hours, seemingly endless training and professional exams for mediocre pay will quickly cease to be worth it. As the British Medical Association junior doctors' committee chair Johann Malawana says, if faced with a choice between looking after your child, or going to work on a Saturday night when childcare is especially difficult to find,

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he would without doubt choose his two-year-old son. Every sensible doctor I know is currently weighing up the options for a move to Scotland, Australia or another job. Of course these are tough choices and such high stakes are fuelling the fight, so we may yet win.

Medicine has recently been on track to become a profession dominated by women (although senior leadership roles and medical academia are still dominated by men) but we're looking at a huge step backwards in terms of gender equality if these contracts go ahead.

This has led some to ask whether the NHS is following a common pattern where once an occupation becomes associated with women's employment it is suddenly no longer worth so much.

Very few people enter work in the NHS without a sense of solidarity towards other people. Healthcare staff have witnessed the results of austerity as people walk through our doors each day. Austerity impacts on people's health and when social care breaks down the A&E doors remain open.

We are paid to give a shit about people's lives. We are professional advocates. So of course we will fight to protect the NHS and its fundamental principles.

Help us talk to the public. Talk to each other, talk to your family and friends and convince them that this fight matters for the future of the healthcare they receive. ■