

The struggles of Spanish doctors including strike actions during the global pandemic

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The Spanish healthcare system has always been considered a worldwide reference, based on the premises of universal healthcare for all citizens. This recognition however is in fact based on a system of low cost efficiency and reflects a reduced investment. Spain's health system includes 13,000 primary care centres which attend up to 234 million medical consultations per year and approximately 13 million yearly home visits. It includes 468 hospitals with 112,000 beds and supports a health expenditure of 74,000 million Euros per year, which means around 1,594 Euros per person. How has it been sustainable? This has been possible due to an increasing private healthcare that serves as a support to a saturated public system.

Whenever the public system is overloaded, tests, surgeries or even treatments are held on private hospitals at a lower cost for the national health system. This will occur specially whenever waiting lists have to be reduced or even in a systematic manner in order to avoid them.

The Covid pandemia has demonstrated an overloaded system no longer sustainable. Colleagues are no longer willing to accept and suffer this situation anymore. Our main problems include lack of stability, low wages, work overload, lack of recognition of the medical profession and a reduced investment on Research and Development. It all makes a rough combination that forces some of our younger doctors to leave, in



search of better opportunities and how can it not be so, when our elder colleagues work in such undesirable working conditions? Some of our colleagues have been signing monthly contracts during more than ten or even twenty years.

These younger doctors, after undergoing 6 years of medical degree, a state exam (MIR) and 4 to 5 years of specialization in the public health system decide to leave, taking with them the state's investment in their training years and our future. But we can not blame them.

The number of medical doctors that undergo their state exam (MIR) yearly doubles the number of vacancies offered. In 2019 over 14,000 medical doctor underwent the state exam (MIR) in which only 6,797 vacant places were offered. Presumably in

the following year around 8,000 vacancies will be offered. This state exam (MIR) for which you prepare yourself during almost a year, allows you to begin your medical specialization you choose, whether general practitioner, a radiation oncologist as is my case, or any other. This specialization would make you fit to work as specialist in the Spanish healthcare system.

We do have an inflow of colleagues that undergo college in medical schools abroad (specially from Latin America) and undergo this state exam (MIR) every year, and are able to specialize within our public health system. However these number are not enough. When vacant places offered are so low in number, we limit the possibilities of covering the vacancies that will be coming up in the following years due to the retirement of our

older colleagues, therefore work overload is never reduced. We do need job vacancies, but we too need an improvement in our working conditions, we need our doctors to have recognition for the role they are playing as professionals having wages that match the responsibility taken. If this is not taken into account our situation will only be endured and the continuous exodus will continue.

During this crisis, we have seen ourselves unprotected, with unsuitable, or even insufficient material to protect ourselves during the first wave. Over 86,000 health workers have been infected, 1,628 only during the last week. This represents 5.28 % of the total number of cases in Spain. If we compare ourselves to other European countries, numbers startle us even more. The first wave caused over 50,000 health workers infected in Spain when in France there were around 30,000 and in Germany around 15,000.

Infection has been detected in all kinds of centres within our health system not only in hospitals where Covid patients are directly attended, but in primary care centres, social centres and elsewhere. On different occasions during the last months, different politicians have questioned whether the health workers that had been infected had been so during their free time, thus questioning our behavior,

commitment and social responsibility. Our professionalism has been questioned and this has generated an increasing sense of frustration as we not only felt exposed and unprotected but pointed at.

What solution has the Government found to confront the situation and help us? On the 29th September 2020, the Spanish government published the approval of a law that allows the different autonomous communities and the National Institute of Health System management (INGESA) to hire both medical staff and non medical staff in an extraordinary manner, in order to face the COVID 19 crisis. The government considers this law to be useful in reducing the overloaded public system as they estimate 10,000 doctors would be hired and it will allow the different regions in Spain to move and relocate our colleagues in other departments of their choice, in order to cover the needs, or even give our hospital nurses the authorization to develop tasks normally carried out by general practitioners. This could all to be authorized independently from your capability or suitability. It allows doctors that do not have the speciality degree convalidated by the European Union to work as if they do. It thus devaluates the medical profession in our country, it considers equivalent a medical degree that has not been convalidated enough. Medical students that have passed



the previous state exam (MIR) but did not obtain a vacancy, can begin to work as specialists, so experience and training become unnecessary and superficial.

It favours the development of intrusion in our health system, reducing the security of our patients and devaluates the training of our future specialists within the programme known as “Formación Sanitaria Especializada”. It is not improving the working conditions of those colleagues working on front line during all these years and during pandemic. It will not favor the returning of our own doctors and specialists. It simply covers assistance without considering if it´s done in a safe manner. We consider it reduces our

assistance quality and in the end exposes our colleagues to a larger working load in order to supervise such a unique situation.

Spanish doctors have demonstrated by far their commitment. We consider that this law not only devaluates our profession but does not solve the problem of an overloaded system. It has been approved without taking into account the opinion of doctors, without considering other alternatives that could improve our working conditions and that could help improve patients care. For this reason we have began a national strike with the suspension of non essential activity on the last Tuesday of every month from the 27th October onwards, so far being followed

by 85% of our colleagues. We are proposing the development of an OPE (Oferta Pública de Empleo) to consolidate our working places and to reduce the continuous infringement of eventual workers rights, for approximately 80% of our doctors have been hired during years following procedures in law fraud. This fact being recognized by the European Court of Justice on the sentence of 19th March 2020. We need a framework statute to be developed, that takes into account all the

particularities of our profession in order to maintain adequate conditions, so that we can assist our patients with optimal standard of care. We need to be heard and gain respectability, for at this moment, we are only considered replaceable and relocatable. We are not willing to continue with the strikes, but we understand that we need to declare our complete rejection to this law and can no longer accept this situation.

