



Strike action — what then?

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At the time of writing (early July) the industrial action taken by health workers continues. Statements are made almost daily by trade union officials in the national press and letters appear in *The Times* about the immediate consequences of the strike.

National and, in particular, local television carry interviews with branch secretaries and local officials who attempt to justify their action. The danger of non-medically-trained personnel taking charge during strike action was demonstrated very clearly in an incident occurring in the north of England.

A blind husband and his blind wife went on holiday and while there the husband had a stroke. On his partial recovery his wife arranged for her husband to be transferred to a hospital near home. This was at first refused by local union officials on the grounds that it raised precedents for others! The wife was travelling over 300 miles every time she visited her husband. When questioned closely the local leader said that they had also stopped holiday admissions of elderly patients because they were not essential.

In these two illustrations the concentration of the argument was based solely on the physical care of the patient. The blind man was receiving adequate medical and nursing care. It was admitted that the wife was inconvenienced. No thought entered into the reasoning that the absence of his wife would in all probability delay the man's recovery. The old person would be looked after by the relatives cancelling their holiday. No problem: except that the action could just be the last straw for some families. The effect may be that grandma has to be admitted long-term to hospital.

Perhaps the longer-term effects of industrial action are not known. Strikers build up confidence for the next strike. If doctors and hospital administration allowed branch officials to dictate admissions policy to them the union must feel it has a right to determine even stricter controls next time.

On the national level the position of the Rcn will have to be reviewed. It has achieved status by not striking but at the same time rejecting the pay offer decisively through a mechanism favoured by the present government — the membership vote.

Could it have wielded such great influence if it had been part of the TUC policy-making machinery?

Those in favour of such an alliance would say 'yes' because they believe that the Rcn would hold the key health positions within the TUC and as such would dictate policy. Opponents would respond by saying on the contrary, the Rcn's independent authority to decide its own approach would be lost. The controversial Rule 12 debate will again be raised.

What most of the membership fail to realise is that they do already have a strike clause. In essence, the present constitution says that industrial action cannot take place unless the membership in general meeting vote by two-thirds to decide otherwise. Government, health service administration, and trade unions, must all understand that once industrial action is taken it is much easier to take it again on a future occasion.

All those in authority on both sides need to sit down and seriously consider their future attitudes on these matters. Failure to reach common understanding will result in permanent lower standards of care for our patients and, in consequence, a deteriorating NHS.