

Trying to Save a Health Care System: Colombian Residents Go on Strike

It was mid morning on Tuesday, October 29. We had just finished rounds at the Hospital Universitario del Valle (HUV) in Cali, Colombia. To my surprise, the resident, Diego, turned to me and said, "I have to go now—the strike is beginning."

He grabbed a rolled-up hand-painted banner and, along with nearly every resident in the hospital, headed out to the street. At the same moment, thousands of residents all over Colombia, from Cali to Bogotá to Medellín, stepped away from morning rounds to begin a nationwide strike.

Unlike many resident strikes that have happened globally, this strike was not in protest of poor working conditions. Instead, the residents were protesting Colombia's new health care legislation, which meant to privatize the management of the country's public health care system. If enacted, it could restrict access to diagnostics, treatment, and funding for medical education at public institutions.

In response to the proposed law, the Asociación Nacional de Internos y Residentes called for a strike. The evening news showed throngs of doctors in scrubs and white coats marching down main boulevards and gathering in major plazas around the country, demanding that the legislation be revoked. They sang songs and carried huge banners shaped like white coats and signs declaring, "Health is not everything, but without it, everything else is nothing."

The strike was not sudden. The debate about the proposed legislation had been building for some time. As the law neared final approval, those who opposed it organized.

At HUV, the largest public tertiary care center and teaching hospital in the region, the preparations were visible. Legions of all types of hospital employees wore matching T-shirts declaring in Spanish, "I am the hospital." They hung banners and posters opposing third-party management of the hospital. One poster showed a cartoon skeleton visiting a doctor and being denied treatment.

A few days before the strike began, a rally took place inside the lobby of the hospital itself. The shouting could be heard from many floors above.

The new law intended to privatize the government's public health care system overseer, Entidades Promotoras de Salud, in an effort to keep health care costs down and public hospitals open. However, doctors and patients feared that the overseer would restrict access to life-saving diagnostics and therapies.

Although the country's public hospitals are tertiary care centers of academic excellence and residency training, their resources are severely limited. They serve the poorest patients in the country, those who cannot afford to buy private insurance.

These limited resources also restrict the salaries of faculty and specialists at public hospitals. Most earn a pittance working part-time teaching and attending to patients at these hospitals and spend the rest of their professional time at profitable private institutions. Residents, who must pay to do a residency, have felt the effects of these compromises on their education.

A few days after the walkout, I texted Diego to find out whether he would be returning to work. He replied in English, "We don't have work 'cause we are in strike." Despite his absence, I walked over to the hospital to assess the situation.

The changes in the hospital were striking. Inpatient wards were half-empty, with a small group of supportive attendings agreeing to care for the remaining patients while the residents were away.

The one attending on the women's ward, Dr. D, sat at a nearly abandoned workstation with a tall pile of patient charts to one side and a line of nurses on the other, collecting his written orders. He barely had time to look up from his rapid scrawling of notes to speak with me. Many other attendings went along with the strike, making elective procedures and consults essentially unavailable.

Wards in the ED were overcrowded, with a backlog of admitted patients waiting for beds. I saw a 19-year-old man in the ED with a seemingly straightforward asthma exacerbation on the first day of the strike still sitting on the same stretcher in the same location 3 days later. He recognized me and beckoned me over.

"How are you?" I asked.

"I'm not getting any better," he declared, looking slightly winded through his nonrebreather mask. "How is the strike?"

I could tell him only that I didn't know because I was struggling to understand it myself. In the next room sat a woman with swollen legs who had heart failure with a ruptured mitral chorda tendinea. Under normal circumstances, she would have had her heart surgery several days ago, but she still waited to be seen by a cardiothoracic surgeon. When I asked the ED attendings about it, they shrugged sadly.

With Dr. D working solo on the medicine ward and the residents gone, I was unsure of my role. To me, it was clear that patients were suffering. Even my home cleaning lady declared, "People are dying at the hospital!"

How could I allow that? Would I seem like a scab if I helped out? As a guest in Colombia, I was not sure whether the debate was my struggle to fight. Yet, I was being hosted and supported by the very residents who chose to take up the cause. They remained adamant that the results of their actions would justify the means and that the few

doctors working were sufficient to avoid complete patient abandonment.

I also questioned how much I could really be of any help, trying to function in a broken hospital system in a foreign tongue. Dr. D was personally calling consultants and begging them to see patients. With mixed feelings, I remained neutral, perhaps passively in support of the cause through my lack of action.

I left HUV and began working with an infectious disease attending at a private teaching hospital not affected by the strike. Although the residents at this institution were working, they wore black armbands over their white coats in a show of solidarity with their colleagues.

In the early days of the strike, public debate raged. One day, a group of medical students boarded a bus and handed out informational pamphlets as one stood at the front giving an impassioned speech about the strike. Several people nodded and read the pamphlets carefully.

One newspaper published an exposé on physicians' inadequate salaries at public hospitals. Government officials published articles denying accusations that patients in need would be deprived of essential therapy. From many people I spoke with, I sensed that most directed their anger about the terrible situation at the government, not the striking doctors.

Two weeks into the strike, Diego saw me eating lunch in a restaurant near HUV and joined me. He was just returning, sweating and sunburned, from another protest. I asked him about the progress of the strike.

"Just the same," he said. "The head of the Asociación Nacional de Internos y Residentes met with the government today, but there is no news." Then I asked him about the patients at HUV, probably with some concern in my voice. "Dr. D is still seeing the patients," he replied somewhat defensively.

When I finally left Colombia 4 weeks into the strike, the residents still had not returned to work. They remained steadfast in their demands that the legislation be retracted. Discussions moved slowly. With its census steeply declin-

ing, the hospital continued to lose large amounts of money.

As an American, a major strike was nothing I could have imagined. The idea that doctors would walk away from patient care for weeks was unfathomable to me, even if justified. In the United States, many strikes occurred as recently as the early 1990s, but most were in protest of working conditions and pay and lasted a few days at the most. Although this strike involved physician reimbursement in a larger sense, its goals somehow seemed loftier, with direct concern for patients.

But when is a strike by health care workers no longer justifiable? After 1 day? After 1 week? Never? Can a physician bargain one patient's well-being as a negotiating tool for that of future patients?

Imagine if every doctor who felt opposed to some aspect of the ACA walked off the job. What would that look like at our hospitals? Would the patients tolerate it? Would the government listen?

Five weeks into the strike, the Colombian government relented. They agreed to retract some aspects of the law and put others on hold for further debate. The residents returned to work. But even now, months after the strike's end, many issues remain tabled during the president's re-election campaign. No legislation has been passed.

When the legislation finally comes up for discussion again, how will the medical community voice its opinion? Is another strike probable? Will this strike be remembered as the one that saved Colombia's public health system, or the one that destroyed it?

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