Should doctors go on strike? The ethical dilemmas facing the Civil Disobedience Movement in Myanmar

Phyu Phyu Thin Zaw, Thein Min Swe, and Su Myat Han

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The three of us recently conducted a virtual meet-up in order to discuss what is transpiring in our homeland of Myanmar. We are all Burmese healthcare professionals who reside in three different locations — Japan, Hong Kong, and Myanmar. In particular, we wanted to find ways to help our medical colleagues throughout Myanmar. We were informed that warrants had been issued for the arrest of many of our senior and junior colleagues in the healthcare profession — at least 300 so far, with more expected in the coming days. The health workers who spearheaded the Civil Disobedience Movement in response to the February coup have been systematically targeted by the military; some of our colleagues have been shot at, and others killed, while providing medical assistance to injured protestors and bystanders.

But working conditions for health workers in Myanmar were highly unsatisfactory even before the coup. Our international colleagues are typically shocked to learn Myanmar physicians are paid as little as US$200 per month on average in public hospitals. As the general strike now enters its third month, it’s not hard to imagine the duress many of our colleagues and their families are experiencing.

Myanmar’s public health system now faces a three-fold crisis: the COVID-19 pandemic; the military coup itself; and the ruthless crackdown on health workers by the military. The second wave of the pandemic has already had devastating consequences on the fragile health system in Myanmar, where
health spending is one of the lowest in the world. Despite the odds and meagre resources, Myanmar doctors tried valiantly to fight against the COVID-19 outbreak and the country managed to control the pandemic relatively well. In the ASEAN region, Myanmar the third country to begin a national vaccination program (after Singapore and Indonesia). But all the hard-earned success was destroyed immediately after the coup and now healthcare workers are hiding for their safety.

What to make, then, of the role health workers are playing in the Civil Disobedience Movement? Around the world, doctors’ strikes are not uncommon. In Nigeria, for example, doctors are currently striking to protest poor working conditions and pay. Earlier this year, public health specialists from Ireland planned to strike against their lower pay scale compared to that of hospital consultants. In August last year, South Korean medical students went on strike over controversial national health policy reforms. A month before that, doctors in Sierra Leone decided to leave their workplaces due to the government’s failure to pay allowances and provide necessary protection in COVID-19 treatment centres.

Many of these strikes last only days — in extreme cases, months — because governments have to take the demands of doctors seriously. They would initiate a process of negotiation and try to reach some agreement before patients feel the effect of the strike. After all, medical professionals are generally regarded as an indispensable human resource for any country.

Not only are our colleagues in Myanmar facing the threat the military violence, they also confront a profound ethical dilemma. How can they reconcile their obligations to their patients and to those in need of medical assistance, with their opposition to the coup and their commitment to democracy? They are trying their best to continue to provide essential services to the public through the private sector or by means of make-shift community clinics. Many are providing complimentary health services to the poor, and are even risking their lives by tending to emergency cases of protesters wounded by brutal military countermeasures.

In our view, the behaviour of the striking health care workers in Myanmar is not only selfless in their care for those in need, but benevolent in their commitment to nonviolent civil disobedience after the model of Gandhi. How could they continue to lend their tacit support for an undemocratic, ruthless military regime by working under its auspices? We have therefore been surprised to read the posts or comments by the military-backed media in Myanmar, stating that many people have lost their lives because of the participation of medical professionals in the Civil Disobedience Movement (CDM).

Consider this: between 23 March and 21 May 2020, six people died from COVID-19; by comparison, 573 people were killed by Myanmar’s military junta between 1 February to 1 April 2021. Many doctors lost their lives on the streets during the emergency care and rescue missions, and many more have been imprisoned for treating protesters — to say nothing of those in hiding on account of warrants for their arrest. These CDM doctors and medical professionals are not being selfish; they are selfless and self-sacrificial for the sake of freedom and justice. We were delighted to receive the news that the Civil Disobedience Movement in Myanmar was nominated for the 2022 Nobel Peace Prize by a group of professors from the University of Oslo.

So, is it ethical for doctors to go on strike? We would argue that the ethical questions should be directed, not to the doctors, but to Myanmar’s military dictator, Min Aung Hlaing, who should respond to the doctors’ courage and their plea for justice by restoring power to the elected civilian government. Is it ethical to destroy these precious human resources in such callous way? The population of Myanmar has been traumatised by the February coup and its violent aftermath. Is it ethical for a politician to cause such severe political and social unrest in the middle of a pandemic? These are the pressing ethical questions. And the nonviolent, courageous, sacrificial behaviour of our colleagues in Myanmar ensures that these
questions aren’t forgotten or swept under the carpet. When the dictatorship becomes a fact, then nonviolent revolution is a right.

Phyu Phyu Thin Zaw is a Lecturer at the School of Public Health in the Li Ka Shing Faculty of Medicine, University of Hong Kong.

Su Myat Han is a postgraduate researcher in Tropical Medicine and Global Health at Nagasaki University, Japan, and in the Institute of Tropical Medicine, London School of Hygiene and Tropical Medicine, UK.

Thein Min Swe, like Phyu Phyu Thin Zaw and Su Myat Han, is a health care professional. All three are members of International Society of Myanmar Scholars and Professionals (ISMSP-MM) —an association around the world working together for justice in Myanmar.