

The junior doctor's pay dispute is existential

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A four day junior doctor's strike will start tomorrow. After a long holiday weekend tomorrow would usually be a day of excess demand in the NHS, with everyone and everything stretched to its limits. What this strike means is that the resources to meet that demand will simply not exist. There is no point pretending otherwise: people will suffer and some might die as a result.

Except that is true every day in the NHS now. Recently, excess deaths (i.e. deaths above average rate seasonally and population adjusted) have been running at up to 10% a week. Many have been due to Covid. Others have probably been related to it. The government's reaction is to actually refuse to make Covid vaccines available to most people, to cancel data collection on the issue and to pretend the problem no longer exists. That is not normal behaviour in the face of a medical crisis.

Just as it is not normal to let 7 million people be on waiting lists requiring medical appointments and to pretend that nothing can be done about that.

And as it is not normal to try to run hospital services in buildings that are falling down, like that in King's Lynn is, and to pretend that forty new hospitals are being built, but not in King's Lynn.

Nor is it normal to refuse to make a reasonable pay offer to those you employ and on whom you are utterly dependent when you know that they have the option of leaving and working elsewhere, even if Canada and Australia are currently the preferred alternates.

None of this is normal. But nor too has the financialisation of doctor's pay arrangements been normal. Of all professions outside the church many, including doctors, thought that their work was a vocation. Pay mattered, but the calling was what distinguished the profession.

And then doctors were charged up to £100,000 for their training. They began to come out of medical school burdened with interest charges designed to be penal and with

excess tax charges of 10% likely to persist for much of their careers. Just as their senior colleagues were burdened with excess tax charges on their pensions, junior doctors were penalised with them for simply choosing the career.

To top that, and to break what Tories saw as the power of overpaid consultants, politicians have since 2010 pursued a policy of deliberately underpaying junior NHS doctors. The aim was to reduce their status. They were to be put in their place. They were to become the fodder for recruitment by private medicine that would offer them more pay to break the NHS. The real decline in pay exceeds 25 per cent. That was not accident. It was design. The Tories thought they could trap the junior doctors into being the agents of change. Their hope was that the frustration of those doctors would break the NHS.

To some extent the Tories were right. Junior doctors realised they cannot afford to work for the NHS and enjoy anything like the lifestyle that their older colleagues did at the same stage in their careers. The financial placed burdens on them, and the deliberate underpayments, guaranteed that.

But the junior doctors aren't stupid. That's hardly surprising. They are recruited precisely because they are not stupid. They worked out the game. They saw that the end point was destruction of the NHS. Even now they are winning the PR game with Steve Barclay, the health secretary, precisely because they are able to call out his refusal to make a pay offer to resolve the dispute simply because they have more wit than him.

For that sane reason they can see that the Tory end game is the destruction of universal, high-quality health care for all, free at the point-of-supply. They have fought to defend this. I applaud them for doing so. That is why I support their strike this week. They are striking to save the lives the government threatens week in, week out.

But junior doctors are also people. And they can do the sums. The burden being placed on them is intolerable, as it is on most young people. The financialised obligations of debt, high costs of housing, high taxation and the cost of living have eaten into the fabric of their lives. It is staggering that somehow this burden is accepted by so many.

I think this strike is pivotal because my suspicion is that it is the signal that this acceptance is over. Doctors have never wanted to strike. It goes against all they want to do. But they are doing so, and I suspect support for the strike amongst doctors and in the public will be very high. That is because what they are saying is that they have had enough. This time it is pay up or they quit. They will go and work in finance, and take the money that goes with it. Or, more likely, they will leave the UK and never come back. Their need for a life demands that, and the government is proactively denying them that life.

The conflict is actually quite simple in that case. It is between the goal of financialising

everything, and everyone, and the chance of a life well lived. The doctors see no chance of that life well lived, in or out of work. The government thinks money is everything. The dispute is about clashing philosophies. There is the belief that life is there to be lived, opposed to the belief that we are just slaves (I use the word deliberately) to servicing finance.

That conflict is existential. That is why this dispute matters. It matters most because there is no sign that either major Westminster party shows the slightest sign of understanding how badly they have got their approach to this issue wrong, with noises from Labour being almost as inappropriate as those from the government.

This dispute is about saving lives. But that is an issue much bigger than providing care to those in hospital beds this week.