

Russian Doctors are Fighting for Their Rights



Russian doctors
are fighting for
their rights

US.POLITSTURM.COM

2025-03-29

24 min read

Today we offer you a short article about the struggle of Russian medical professionals for their rights. We will begin with a seemingly distracting news item — the Russian State Duma's (the lower house of the Russian parliament) ideas on obliging medical graduates to work in state hospitals. As we explore these ideas, we will examine the state's activities in the health sector, as well as the condition of the medical workers' movement in Russia.

We also slightly touched upon some aspects of trade union theory. This is only a brief overview, as the topic deserves its own article.

The deputies of the State Duma have been concerned with the shortage of medical personnel lately. In particular, the leader of the party "A Just Russia - Patriots - For Truth" Sergei Mironov reports that the country lacks 26 thousand doctors and more than 50 thousand mid-level medical workers [1]. Agreeing with him are the analysts of the Russian Higher School of Economics (HSE), who have also reached a similar conclusion [2].

The deputies see the solution in the law that forces employment of graduates, whose education at medical university was paid by the state budget. There is no ready draft yet, although Tatyana Butskaya (a deputy of the Russian parliament) made her proposal [3].

The amendments to the Labor Code that she drafted require graduates to find a job in a state health institution within one year and to work there for at least three years. Those who refuse to work will be fined twice the cost of their education.

This proposal raises many reasonable doubts in the expert community. In fact, it is predicted that the project will cause a catastrophic outflow of personnel, because, in addition to the obligation to work for three years as a medic after graduation, Butskaya proposes that all doctors with criminal convictions for crimes against life and health be barred from practicing medicine [4]. This means that, regardless of whether a court has explicitly prohibited them from working, employers will be required to suspend these doctors from their duties. This will cause a huge number of specialists to leave the healthcare system, as the rigid and bureaucratic nature of Russia's judicial system often leads to high conviction rates, even in cases where the accusations are minor or questionable.

Moreover, this proposal interferes with the established order of targeted education, where a student commits to working for a specific institution in exchange for paid tuition, and its main idea — fines — is generally prohibited by the Labor Code [5]. All these contradictions are natural, because Butskaya has nothing to do with healthcare, although she worked as a pediatrician [6]. No one involved the relevant health and labor committees in the development of the project.

Vyacheslav Volodin's proposal to limit online medical education suffers from similar drawbacks [7]. This idea sounds reasonable when said from the podium: there shouldn't be any institutions that offer you a medical degree without leaving home. But, according to experts, most specialities are therapeutic, and for these, the remote format is not only justified but often necessary [8]. This is because many medical specialities, like therapy or general practice, rely more on knowledge and theory than hands-on skills. Online learning allows students to study flexibly, especially when attending in-person classes is difficult due to distance.

Online education allows you to continuously improve your skills regardless of where you live. The latter is particularly important for doctors from the countryside, especially for those who went to work under the Zemsky Doctor/Zemsky Paramedic state program (under this program, the state subsidizes doctors who choose to work in rural areas). Such restrictions, contrary to official statements, will not improve the situation in medical education.

In addition to fines and restrictions, the authorities offer to participate in questionable actions. For example, the "Bring a Friend" program is operating in the Moscow region [9], whose goal is to encourage people to convince their friends and relatives who have medical backgrounds to work in the same workplace as them. The growth of payments under this program and some of its successes are already reported locally and in the Ministry of Health, deputy "Zabelin" writes enthusiastically about it [10][11][12]:

"In 2024, thanks to it [the program], 638 medical specialists were employed in our hospitals and polyclinics, and this year [2025] there are already 7 medical workers. Grants for those who volunteer to work in public hospitals will be paid in the Saratov and Yaroslavl regions [13][14]. The main thing to remember is that you need to get a job where the Ministry will indicate, and if you can't hold out there, then all the "support measures" will have to be returned to a penny. However, similar sanctions have been successful in other programs [15]."

However, similar sanctions have been "successful" in other programs [15]. Such "success" consisted of penalizing and persecuting already overworked doctors. One might get the impression that the authorities, in their own way, have started to solve issues of healthcare. But this is only a deceptive appearance. We already wrote about how the government creates a false image of work and commitment.

Now this thesis can be confirmed with greater clarity [16] — the State Duma, which is concerned with the problems of medical professionals, rejected a draft resolution on increasing social benefits for ambulance workers [17]. Of course, the deputies "share the concern" of healthcare workers regarding low salaries, but unfortunately, the local governments should look for money on their own, as they will not get it from the government of the Federation [18].

And all this even though the situation is the worst in the emergency medical services (EMS). In Petrozavodsk, paramedics are forced to remove the snow from the driveways themselves, in Klinty, workers are trying to get overtime pay and compensation for the psychological strain of their work, and in multiple regions, all employees have left the EMS stations [19][20][21][22].

Optimization aggravates the situation. In Samara, for example, 26 paramedics were dismissed, and all paychecks were reduced for those who remained [23]. The dismissal, as expected, was carried out based on orders from above, and the employee allowances were considered unnecessary after another "special assessment of working conditions" (a mandatory evaluation process in Russia that determines workplace safety and employee benefits).

At the Central Regional Hospital of Gazimursky Zavod (Trans-Baikal region), there are only 8 out of 22 doctors on duty, the maternity ward is closed, and women in labor have to travel 550 km to Chita [24] The State Duma deputy Gurulyov, after whose visit the situation became known to the public, stated that "endless optimization and saving of funds, and the lack of will on the part of officials" were to blame for everything [25]. However, these loud words were not followed by any actions.

All this is typical of the healthcare sector in a capitalist country. Very often representatives and authorities limit themselves to formal measures, such as visits

and warnings.. An example of this is the experience of St. Petersburg, where the chief physician received a warning from the Prosecutor's Office for forcing employees to work overtime [26].

There is only one conclusion to be drawn from all this. The state is deeply indifferent to health care problems. The deputies, instead of dealing with the problems and solving them, propose bans, fines, and restrictions, while on the ground, chaos and bureaucracy persist. Why is it so?

The main problem of health care, according to analysts, is in market relations [27][28][29]. State medicine does not fit into the rigid framework of efficiency and is gradually being replaced by private healthcare. As the figures show, the profitability of commercial medicine is enormous [30].

Under the conditions of the contemporary economy, we cannot hope for a complete solution to the pressing problems. But it is possible to change the vector of development. This can be done only by medical professionals themselves: doctors, nurses, paramedics, orderlies, and other healthcare workers.

After all, the deterioration of health care affects everyone, not just one specialty. This brings us to an examination of the state of the medical labor movement.

Like workers in other sectors, medical workers are disorganized and tend to act spontaneously and infrequently. This was most evident in the actions of the EMS collectives last April [31].

Therefore, at this stage, it is impossible to change the situation in the whole sphere. The struggle for public health care is a political struggle, while the workers today are not even ready for a simpler, economic struggle, i.e. the struggle for decent working conditions.

The economic struggle implies an organizational struggle. The doctors, like all workers, must get rid of disorganization, inaction, and spontaneity. Lack of organization is the main enemy of the labor movement.

As long as the workers are divided, as long as they are bound together only by their immediate needs, they can do nothing to meaningfully oppose the employer. The movement toward organization is therefore a movement toward the independent association of workers that fights for future improvements on the basis of a permanent shared interest. This commonality of interest can be found in the fact that all workers, regardless of position, wages, and other factors, experience all the hardships of modernity: inflation, debt, bureaucracy, and the chaos of government institutions.

This unification must take place independently. The benefit of the workers' organization will be seen only when the collective itself bridges the gap between the mere sum of its elements and an organized system. It is possible and necessary to learn from the mistakes of others, it is possible and necessary to learn from their experiences. But it is impossible to adopt or declare the unity itself, it is born only in the collective.

The organization of the collective is deeply intertwined with its activities. It must be understood that organizing does not happen by itself. People must come together to act.

That is why, in addition to big tasks, such as preparing for collective actions, we need to work on small ones. Constant work hardens and strengthens the spirit. Working together on one thing gives birth to the whole.

But the activity shouldn't be a one-size-fits-all affair, either. Random, ill-considered decisions can only do harm. Therefore, it is necessary to strive for consciousness, for everyone to participate in the development of a plan, a common strategy. The joint study of the organization's characteristics and joint development of the plan strengthens consciousness. This allows the team not only to act but also to think as a whole.

But could it be that all of the above is fiction that has no real basis? Let us consider a case that refutes such doubts.

In 2022, 5 nurses of the Kolomna Perinatal Center (KPC, a maternity hospital in Russia) went on hunger strike [32]. According to the plan, one nurse was to join the action every five days. Natalia Trukhina was the first to refuse food; on February 7, Yulia Shatskaya joined her [33]. The nurses were going to go on hunger strike until the head physician of the hospital, Tatyana Shavrak, agreed to open a dialog with them. In parallel to the hunger strike, the Ministry of Health and the Prosecutor's Office conducted official inspections at the KPC.

"After the uproar over this situation, without any written order our workload was quietly reduced. Apparently, it was done only verbally. And it is understandable — the commission should not see any problems and overwork. In particular, since the changes, nobody has shown up in the emergency room after 20:00. However, when I come into the department of pathology of pregnancy in the morning, I see that the work at night "was in full swing". It turns out that our work has been transferred to midwives".— said one of the participants of the hunger strike [emphasis put by Politsturm].

Unfortunately, the collective did not unite before the strike. The hospital management quickly found a replacement for the hunger strikers. This is a great loss because it not only reduces the effectiveness of the hunger strike but also divides the workers of this medical center. For the management, it is a precedent solved with a proven method, and for the medics, it is an obstacle on the way to unity.

In addition, as expected, the superiors began to exert pressure on the discontented: one by one, the nurses were summoned to personal meetings with the head doctor. After one of these meetings, Yulia Shatskaya's blood pressure rose and her health deteriorated. This had a negative effect on the hunger strike [34].

The hunger strike ended nine days after it began, on February 11 [35]. The acute shortage of staff, which forced nurses to work 12 hours with a 15-minute break, persists. However, the nurses found hope because the Ministry of Health and the Prosecutor's Office took over the inspection of working conditions, and Sergei Mironov, Russian politician, took personal control of the situation.

What was the result of the hunger strike? It was reported that "measures were taken to relieve the nursing staff of additional workload", and it was planned to "assign nursing positions to certain departments". However, the latter is impossible, as the official documents show that the prosecutor's inspection was of a "preventive" nature and did not lead to any concrete changes. The announced measure was not implemented, and employees continue to face the same issues as before [36].

Nothing is known about the specific actions of the parliamentarians. The "Unified Register of Control (Supervisory) Measures" shows that the inspections carried out in the KPC did not result in anything significant [37]. This result is in line with the general practice we wrote about at the end of last year [38].

And this is not just a singular case; this is happening all over Russia. Disorganization prevents the workers from achieving their goals. The employer is doing everything

possible to suppress all protests and to divide the discontented because it has a vested interest in it. The management acts coherently and confidently, while the workers are dispersed and wary.

It could be argued that healthcare workers are hesitant to take action due to their responsibility for patients' health, and in the case of KPC — the well-being and lives of newborns and mothers are at stake. In this light, the idea that the best way to protect the rights of healthcare workers is to go on strike looks even more inappropriate. How can health workers even go on strike? Hospitals would close, ambulances would not be available and there would be a collapse.

All this is undoubtedly true, but we need to look at the situation from the other side. We have found that public healthcare is being destroyed and it is becoming increasingly difficult to provide quality care. And if it is unethical to deprive a patient of care, it is equally unethical to neglect the quality of that care. Patients deserve good care, so it is the doctor's duty to fight for it.

The “ethical argument” is even more dubious if we compare public and private medicine. The latter, as noted, is developing rapidly, more and more specialists are employed in private clinics, and their turnover is constantly growing [39]. It, also, cannot be called affordable by any stretch of the imagination.

The respondents of the Russian online newspaper "T-J" mention the figures of 50 and 100 thousand rubles, which is beyond the means of the majority of the country's residents [40]. In 2025, the price of medical services will increase by 12-18%, on average, but so far this is only within the framework of voluntary health insurance (a paid service that allows you to receive medical care in various medical institutions, expands the possibilities of free insurance) [41].

It turns out that despite the peculiarities of the situation, medical workers can and, if we talk about ethics, should fight for the quality of public medicine. It is impossible to maintain this quality if a single nurse works 12 hours while replacing whole teams.

In the end, the militant workers will always find a way out. Workers have a range of protest methods. One such method is the Italian strike (also known as a work-to-rule action), where employees meticulously follow every rule, regulation, and procedure to the letter, without any deviation or flexibility. By refusing to take shortcuts, work overtime, or perform tasks outside their strict job descriptions, workers can significantly slow down operations and expose inefficiencies in the system. This approach is particularly effective because it operates within the bounds of the law, making it harder for employers to penalize participants while still applying pressure for change.

Another effective strategy is the intermittent strike, where only a portion of the workforce—such as a specific department, shift, or team—goes on strike at a time. This method allows workers to disrupt operations in a targeted way, causing delays and inefficiencies without completely halting work. By rotating strikes across different groups, employees can sustain the protest over a longer period while minimizing the risk of severe backlash.

The ban on strikes for health workers cannot be considered a sufficient obstacle. As practice shows, doctors have been and are still on strike [42][43][44][45]. It should be understood that strikes are not held because they are allowed, but because it is the most effective method of struggle because endless staff cuts and attempts to save money lead workers to extreme desperation, from which there is only one way out [46].

However, one might argue: why should the responsibility for this struggle fall solely on healthcare workers; shouldn't they be helped by patients? This is the next point.

The struggles of health workers would, in fact, be more effective if they were joined by patients, and much of the success of the struggle depends on solidarity between health workers and other professions. This means that the struggles of health, education, and other vital workers will not be very effective as long as the labor movement as a whole is divided and lacks interprofessional solidarity.

This interprofessional solidarity is the highest form of solidarity in the workers' movement. In order to reach the highest form, one must first pass through the lower forms: the formation of trade union cells (solidarity at the level of the collective), then the formation of a trade union (solidarity at the level of the profession).

And speaking about the unity of the whole workers' movement and its issues, it is once again important to point out the importance of self-reliance. Trade union "organizers" act as an external force to the working collectives. They play a supportive role in the labor movement by providing guidance, resources, and solidarity, but they cannot create or sustain the movement on their own. The true strength of the workers' struggle lies in the ability of workers to organize, educate themselves, and take independent action. Workers must develop their own capacity to defend their interests and resist the empty promises of "yellow" trade unions — those that prioritize compromise over genuine worker empowerment.

By building their own organizational skills and political awareness, workers can ensure that their struggles lead to meaningful victories. This self-organization and education are essential steps toward creating a stronger, more unified labor movement capable of acting effectively and decisively.

In the long term, this foundation of self-reliance and collective action will enable workers to organize at a higher level, paving the way for leadership by a true Workers' Party — one that genuinely represents their interests to the full extent and fights for their liberation.

As long as there is no such self-reliance and the willingness to organize, workers' movement will continue to be disorganized and be unable to act effectively.

To conclude, solidarity is neither unattainable nor an abstract ideal — it often emerges naturally in the face of shared struggles. The potential for unity and collective action exists within the Russian labor movement, including among medical workers, who face systemic challenges such as understaffing, overwork, and inadequate resources.

While the road to a stronger, more organized movement may be long, the foundation for progress lies in fostering consciousness, self-reliance, and a sense of shared purpose among workers. By cultivating these qualities, workers can move beyond fragmented efforts and build a movement capable of defending their rights and achieving meaningful change.

From what has been said, the following conclusions follow:

1. The modern workers' movement is in decline, in order to protect their rights it is necessary to build independent primary organizations, and further - trade unions.
2. The struggle cannot rely solely on the support of the state. Objective facts, not political prejudices, demonstrate that today it is not worth waiting for government support.

3. Workers' unity should be based on the consciousness of common interests, and practically it can be carried out only through joint work.

4. Workers' associations must be organized and planned; spontaneity is a guarantee of failure.

Sources:

1. Medicinskaya Rossiya — "Mironov proposed to bring back the system of forced employment of doctors«— January 16th 2025

2. Kommersant — Doctors have been diagnosed as deficient — May 23rd 2024.

3. Medicinskaya Rossiya — The State Duma has drafted a bill on compulsory three-year service for doctors — January 14th 2025.

4. Medicinskaya Rossiya — A. Zuev's opinion — January 20th 2025.

5. Medicinskaya Rossiya — V. Ledovsky's opinion — January 15th 2025.

6. Wikipedia — Butskaya, Tatiana Viktorovna — January 23rd 2024.

7. Medicinskaya Rossiya — State Duma to discuss limiting online learning in medical education — January 20th 2025.

8. Medicinskaya Rossiya — T. Petrovskaya's opinion — January 23rd 2025.

9. Ministry of Health of the Moscow Region — official website of the "Bring a Friend" program.

10. "Krasnoznamenskaya Polyclinic" State Budgetary Institution of Moscow Region — Bring a Friend Program — January 17th 2025.

11. Ministry of Health of the Moscow Region, Payments under the "Bring a friend" program have increased in the Moscow region — January 17th 2025.

12. Official Telegram channel of M. Zabelin.

13. Medicinskaya Rossiya — "Saratov medical students will be paid 10 thousand rubles — November 11th 2024.

14. Medicinskaya Rossiya — "Yaroslavl medical students will be paid a stipend of 25 thousand rubles in exchange for three years of employment in regional medical institutions — August 13th 2024.

15. Medicinskaya Rossiya — "The Ministry of Health of the Perm Territory has sued doctors for almost a million rubles for refusing to work in the district's medical institutions — January 22nd 2025.

16. Profcenter — How workers' struggles are contained. The example of Tara and Magan — January 14th 2025.

17. Medicinskaya Rossiya — The State Duma has rejected the initiative on increased social payments for ambulance medics — January 16th 2025.

18. Medvestnik — "Labor Committee rejects initiative to increase social benefits for ambulance workers" — January 16th 2025.

19. Medicinskaya Rossiya — In Petrozavodsk, ambulance workers are forced to clear snow near the ambulance station for the safety of patients — January 16th 2025.
20. Bryanskновosti.ru — In Klinty, ambulance paramedics seek wages in court — January 16th 2025.
21. dvhub.ru — All employees have resigned from the ambulance station — January 23rd 2024.
22. Sekret Firmy — All the paramedics resigned from the Russian hospital. What drove them? — May 16th 2024.
23. 63.ru — "They threw us away as no longer needed material": why 26 ambulance doctors were fired in Samara — January 17th 2025.
24. Medicinskaya Rossiya — "Endless optimizations, cost savings, and the lack of will of officials have led to such a situation," the Trans-Baikal deputy said about the catastrophic situation in local healthcare — January 14th 2025.
25. chita.ru — "The situation is catastrophic." Gurulev was horrified by the hospital in the Trans-Baikal region, where only 8 instead of 22 doctors are at work — January 11th 2025.
26. St. Petersburg Prosecutor's Office — The employer forced the employee to do the work for a colleague — January 20th 2025.
27. 76.ru — "Doctors are being forced to deceive patients." Why are Russian doctors fleeing hospitals and how to stop them — November 6th 2024.
28. Politsturm — Problems of Russian healthcare — December 17th 2024.
29. Politsturm — What happened to healthcare under capitalism? — June 27th 2021.
30. Politsturm — Commercial medicine: profit growth against the background of degradation of public health — November 14th 2024.
31. Profcenter — Ambulance paramedics appeal to the president en masse — March 31st 2024.
32. msk1.ru — 15 minutes of rest in 12 hours. Nurses at the Kolomna maternity hospital went on hunger strike due to appalling working conditions — February 3rd 2022.
33. msk1.ru — Another nurse has started a hunger strike in a hospital near Moscow — February 7th 2022.
34. Tsargrad — Rioters in white coats: medical protests are gaining momentum — February 17th 2022.
35. Statement by the junior nurses of the Kolomna Perinatal Center — February 11th 2022.
36. The Prosecutor General's Office of the Russian Federation — "Information on preventive measure No. 77221373167001591962", — January 31st 2022 - February 1st 2022.
37. The Prosecutor General's Office of the Russian Federation — "FGIS ERKNM, EPP, request — Kolomna Perinatal".

38. Profcenter — Does the law help workers? — December 31st 2024.
39. Medicinskaya Rossiya — In 2024, the turnover of Russian private clinics increased by 16% and reached 822 billion rubles — January 27th 2025.
40. T—J — Ultrasound examination is an incredible fantasy": how much do people who are treated for a fee spend on medicine — February 17th 2021.
41. Forbs — Clinics have announced an increase in tariffs for medical services under corporate VMI in 2025 — December 17th 2024.
42. Wikipedia — «List of health and medical strikes» — January 8th 2025.
43. RBK — How a doctors' strike in South Korea led to an internal political crisis, About 10,000 doctors refused to go to work; authorities are preparing lawsuits against protest leaders — March 6th 2024.
44. Argumenty` i Fakty` — We've been driven to the edge. Doctors in Europe refuse to work because of low salaries — February 15th 2023.
45. 29.ru — Doctors of the Arkhangelsk region have gone on strike. Bastrykin became interested in the situation — January 10th 2024.
46. Profcenter — Economic relations between a worker and an employer — August 28th 2024.
47. vk.ru — DIARY OF A HUNGER STRIKE: Day six, seven, eight and nine — January 10th 2022.

Original article