

Doctors' strikes in Europe

Minimum healthcare services
and an effective right to strike

A comparative analysis of selected European systems

A SHARED CHALLENGE

**Patient
protection**

**Effective
right to strike**

Why a European comparison?

How should minimum healthcare services be regulated during a doctors' strike?

01 THE TRIGGER

Constitutional Court decision

Renewed relevance of the debate on minimum services in Slovenia.

02 THE PERSPECTIVE

Comparable European experience

A comparison of documented national arrangements.

03 THE PURPOSE

A future Slovenian framework

A professional basis for discussions with the Slovenian Government.

10 other systems, alongside Slovenia

10

OTHER EUROPEAN SYSTEMS

+ Slovenia

FEMS questionnaire

Additional input through ENMCA
and with the assistance of the
Medical Chamber of Slovenia

SYSTEMS REVIEWED

Romania

Estonia

Slovakia

Germany

Lithuania

Italy

The Netherlands

Northern part of Cyprus

Croatia

Spain

Responses: trade unions, medical chambers,
competent authorities and ministries

Minimum services: how the scope is defined

SLOVENIA

Statutory list of services and patient categories

Including specified administrative duties during a strike.

CRITERIA REPORTED IN OTHER SYSTEMS

- Medical urgency
- Protection of patients' life and health
- Professional judgement
- Prevention of serious harm

Clinical need and vulnerable patients

GERMANY

Medical urgency

The response focuses on urgency and risk of harm. Paediatrics may be protected through an agreement.

THE NETHERLANDS

Patient safety

The reported minimum covers urgent care and services that cannot be postponed safely.

LITHUANIA

Individual needs

The needs of vulnerable patients may inform the agreed minimum, without a separate fixed category.

No fixed patient-category list does not mean no protection for vulnerable patients.

Social dialogue has a concrete role

In several countries, the scope of services is not exhaustively prescribed by law.



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Different ways to organise minimum services

GERMANY

Agreed emergency cover

Union and employer agree emergency staffing.
Elective cases are outside emergency duties.

THE NETHERLANDS

Sunday-service model

Non-urgent care is postponed; urgent and safety-critical care remains covered.

ROMANIA

At least one third

A quantitative minimum of normal activity, with protection of life and health.

ITALY

Essential services + staffing

A statutory framework and collective agreements define services and required staffing.

Routine administration: a limited role

REPORTED IN SEVERAL SYSTEMS

**Routine administration
is not automatically
part of the minimum.**

Italy and Lithuania: urgent-care continuity
and safe discharge can require documentation.

EXCEPTION

**When directly
necessary for**

Urgent care

or

Patient safety

Presence can be linked to assigned duties

GERMANY / LITHUANIA / THE NETHERLANDS

Attendance for assigned minimum services

The responses generally link attendance to emergency or minimum-service duties, rather than to every striking doctor.

ITALY

Staff designated for essential services

Doctors assigned to the minimum staffing contingent must be present.

Not a Europe-wide rule: other responses report different attendance obligations.

European cooperation. Evidence for national dialogue.

A comparative basis for discussions
with the Slovenian Government.

ISSUES FOR A FUTURE FRAMEWORK

**Constitutional
compliance**

**Patient
protection**

**An effective
right to strike**

Thank you to our FEMS colleagues for contributing.

FIDES analysis, 11 Sep 2026, pp. 13, 15-16 | Responses received by 10 Sep 2026