A letter on the worldwide plight of heart patients

29 January 1999

Dear editor,

I am writing in response to an article posted on the *WSWS* on 5 January from Sri Lanka: *Heart patients under a heartless capitalism*. It exposed the desperate plight of heart patients under Sri Lanka's public health system and revealed the lack of facilities that exist.

The plight confronting working people in Sri Lanka in terms of the crisis ridden public health system is fundamentally no different to that which confronts the working class in advanced capitalist countries such as Australia.

What is ironic about the problems confronting people in Australia is that in many cases the facilities, technology and equipment exist, yet is underutilized and in some cases not operating at all due to budget shortfalls for hospitals.

In Australia heart and blood vessel disease is the leading cause of death. According to figures published by the National Heart Foundation of Australia heart disease claims a life every 10 minutes, or 144 Australians every day.

The Heart Foundation report released in 1995 stated that coronary heart disease rates are higher in blue collar workers than among people of higher socio-economic status, and that evidence shows that people of lower socio-economic status are more at risk of heart and blood vessel disease because of higher blood pressure, cholesterol, smoking levels and because more are overweight.

Waiting lists for basic cardiac procedures and coronary artery bypass graphs (heart bypass surgery) have increased.

I wanted to make a few comments of my observations and experiences working as an allied health worker in a Cardiac Catheterisation Unit over a two-year period in one of Sydney's major hospitals located in the south-eastern suburbs. The unit carries out cardiac angiogram and coronary angioplasty procedures to determine diagnosis of heart problems and provide interventional coronary ballooning and stenting to discover if patients require heart bypass surgery, or whether through the process of ballooning or inserting coronary stents the need for surgery can be prevented.

In the two years I worked there I witnessed a dramatic decrease in the activity level of this unit due to budget restrictions. Many patients in conversation would tell you that they had been waiting for months for a procedure that is urgent in providing diagnosis and preventing a worsening of their condition.

The impact of these budget cuts also had a quite noticeable impact on staff morale and their attitude towards patients. (In public hospitals around Australia patients are now referred to as customers and clients!)

On many occasions you would hear comments such as: "Why are we providing these costly services, equipment and material to an 80 year old when there are younger people on the waiting lists that would benefit more?" No doubt these comments and questions arose out of the frustration and disillusionment that they felt due to the limitations that governments imposed. There is a certain desensitisation emerging affecting doctors, nurses and other healthcare workers, and a growing concern about what is taking place, but as yet no real perspective of how to tackle it politically aside from appeals to bourgeois politicians and the capitalist press.

I can recall listening to a discussion between two cardiologists and the nurse unit manager from our department who had just returned to the unit after a meeting with hospital administration and the financial administrator in regards to discussing the next year's budget and projected activity levels.

They were discussing the incredible question asked by the financial administrator who was concerned about

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the cost blow-out in regards to coronary stenting procedures.

A coronary stent is a small stainless steel-type coil that is inserted in a coronary artery that is clogged with plaque. A tiny balloon is inserted in the artery and blown up at the point of the blockage. It serves to push back the plaque to the lining of the artery wall. The coronary stent is inserted after the balloon is deflated to provide a scaffolding which then allows increased blood flow through the artery to the heart. It is a procedure, which is being utilised increasingly to prevent a patient having to undergo risky and costly heart bypass surgery.

The stents, which are no more than 1-2cm long and a few millimeters wide, cost approximately $AUD2, 000 and are produced and imported from the United States and Europe. One of the manufacturers of this product is the transnational corporation Johnson and Johnson. I've often wondered why these tiny stents, which are not all that complicated in structure, cost so much. No doubt it would have something to do with medical companies acquiring patents on their products, giving them a virtual monopoly on production, distribution and sales, and enabling them to charge literally what they want.

Getting back to the conversation between the cardiologists and the nurse manager.... They began to laugh at the ridiculous question asked by the finance manager. He seriously asked one of the doctors if it were possible that these coronary stents could be split or cut in half to be used more efficiently.

This provides a tragic example of the state of public health and the imperatives driving hospital management to be constantly looking for more areas to cut back on to cope with the shrinking budgets and a public hospital system in systemic crisis.

As the article on the conditions in Sri Lanka concludes: " Modern science and technology that can treat and cure heart disease and other ailments has undergone a vast development in recent years, However, under the private property system these medical advances are utilised in the service of profits, not for the needs of mankind. Wealthy heart patients in Sri Lanka and other countries can receive needed operations upon demand, while the poor face delays and resulting hardships or even death."

If you have at least $AUD10, 000 in Australia--the private hospitals and even the public hospitals starved of funds have a waiting cardiac surgeon and cardiac intensive care bed. If you don't--you take your chances on the waiting list. No doubt this is an international problem taking place more and more in which the conditions confronting the vast majority of people resemble conditions in the poorest of nations.

JL
Australia

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