A tragic death underscores decline in New Zealand public health care

A correspondent
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The tragic death of a 42-year-old man in Wellington, New Zealand's capital, at the end of last year highlights the deterioration of the country's health system following more than a decade of restructuring and costcutting by Labour and National Party governments.

Sean Collins died while waiting for an urgently needed coronary by-pass operation. He had been forced to wait for nearly three months for surgery despite suffering multiple angina attacks each day. Tests had shown that five of his main arteries were blocked--one totally, another 90 percent and the rest between three-quarters and 90 percent. He died two days before Christmas, and still a month away from the appointed date for the operation.

His widow Jill Collins bitterly attacked the government's health policies: "They have conveniently bunged people on the waiting lists and that's it as far as they are concerned. In three months they will release the latest figures. They will say the waiting list is going down and everyone assumes that operations are being performed on time. No one realises that people don't make it...".

Jill Collins explained that had the operation gone ahead, they would have been forced to mortgage their home to pay for it. Her husband, who had been an unemployed quantity surveyor, had spent 1998 at university retraining as a teacher and did not carry medical insurance.

A spokesman for Capital Coast Health claimed that funding was not a problem and that Collins was a priority on the list, having been classified for "urgent surgery" with 62 points on the scoring system--well above the 35 points cutoff point.

The Wellington hospital simply did not have the resources to bring the surgery forward.

The government has introduced a number of schemes in a bid to shorten waiting lists but like the latest--a points system to determine treatment priorities--all of them have depended on compelling overworked medical staff to work even harder rather than providing more staff and resources to public hospitals.

During January, desperate general practitioners in Auckland began telling patients turned down under the hospital booking system to camp at accident and emergency departments until they could get attention. With as many as three of their patients a week being rejected by hospitals, individual doctors are having to cope with potentially serious medical complications without the aid of specialist investigation and diagnosis.

In the working class area of West Auckland, doctors cited a number of cases:

• A woman with a history of potentially cancerous cervical cells was refused an assessment for ongoing pelvic pain. Her case was classified as "routine" by the hospital administration.

• A man with a history of heart disease and chronic indigestion, found to have gall stones, was recommended for surgery but then could not get an appointment for the operation.

• A woman with a vaginal abscess, again classed as routine, was refused treatment until the condition became acute.

• A woman with a vaginal prolapse could not qualify to be seen.

The crisis is not limited to hospital services. Last week Health Minister, Bill English was forced to announce an inquiry into maternity services. In 1996 the National Party government announced changes to the funding system for the 60,000 births occurring annually in New Zealand. Pregnant women were required to register with a lead caregiver--either a

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doctor or a midwife--who would then be bulk-funded to cover the expected costs of managing the pregnancy, delivering the baby and post-natal care. The aim was to put the onus on the lead caregiver to control costs and limit the use of services.

Reports released last week show that maternity services are now in turmoil. Many doctors are deserting the scheme because of a lack of financial incentive. Only 451 general practitioners were registered nationally as lead caregivers in the middle quarter of 1998, as compared to 845 for the same period in 1997. In some areas, the attrition rate for general practitioners is as high as 80 percent, leaving midwives as the only option for many pregnant women.

The restructuring of the public health system began under the Labour government in the 1980s. Public hospitals, now called health enterprises, are run by private sector managers and are required to operate on the basis of competitive tendering and returning a profit. The result has been hospital closures and substantial job cuts. Last year, the health authorities in the Wairarapa region, north of Wellington, decided to shed over 250 nursing and clinical jobs--half the workforce--after repeated budget blowouts.

The powerful health care chiefs are among the most highly paid executives in the country. Last week, Phil Pryke, head of the Health Funding Authority, resigned from his $NZ325,000 a year position. He is taking up an even more lucrative position with an Australian telecommunications company, where he was already a board member while running the HFA. Pryke claims to be leaving the New Zealand health funding system in a better position than he found it on his appointment 18 months ago.

But as the case of Sean Collins shows, the opposite is the case.

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