Funding crisis shuts hospital emergency wards in Australia's largest city

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Emergency wards were shut down to all patients, except those with immediate life-threatening illnesses, for 24 hours at five major teaching hospitals last Monday in Sydney, Australia's largest city. The closures, which were denounced by doctors and other health professionals, are another clear indication that the public health system, after years of budget cuts, hospital shutdowns, bed and ward closures and jobs losses, is on the point of collapse.

Prince Alfred, Prince of Wales, St George, St Vincent's and Westmead hospitals, the most important city hospitals, four of them within a five-kilometre radius of the inner city, issued "life threatening only" (LTO) admission directives to staff and ambulance drivers last Monday when patients exceeded the number of available beds. This meant that people with appendicitis, eye injuries, pneumonia, broken limbs and other healthcare problems were turned away. Those scheduled for chemotherapy, neuro-surgery, hip replacement and other treatments had to have their procedures rescheduled.

Several doctors told the media that the Carr Labor government should simply erect signs outside major public hospitals saying "only the dying need apply for entry." The New South Wales branch of the Australian Medical Association (AMA) described the state of Australia's public hospitals as "a national disgrace" and called for the immediate injection of government funds.

As one doctor from St Vincent's explained, "At the moment, we have patients sitting in corridors in wheelchairs with drips running. They should be in a bed, but we can't get them in. Even people with excruciating pain are being sent home. We can't give them the doses of morphine we'd like to because we can't supervise them—so people are suffering."

Professor John Dwyer, head of medicine at Prince of Wales Hospital said: "We're on bypass—closed to all except life threatening cases for, on average, 10 hours a day. We have to have an injection of cash into the system to supply urgent services at the moment."

While some news reports have claimed that the shutdowns were precipitated by the closure of "winter beds"—the cost cutting practise of closing wards during the warmer months—last Monday's crisis was not caused by a sudden increase in flu, but the systematic run down of the public health system.

In fact, NSW hospitals have been forced to close emergency wards to non life-threatening cases for some time—for as much as 30 hours a week, in the case of the Royal North Shore and Nepean hospitals. Budget cuts have also forced St George Hospital's emergency ward to close for several hours, twice a week this year. Last September Westmead Hospital, in Sydney's western suburbs, was closed to all but life-threatening cases 52 percent of the time, and in October about a third of the time.

Beginning with the Hawke Labor government, federal spending on public hospitals has decreased in real terms over the last fifteen years, falling from 1.07 percent of Gross Domestic Product in 1984-85, to 0.90 percent in 1998-99. Despite some minimal increases in health funding in NSW, the state government has forced the closure of public hospitals, wards and slashed health staff numbers. Since 1993, Westmead Hospital alone has cut 1,000 staff, including about 150 doctors out of 500, and closed more than 150 beds, while the Prince of Wales Hospital has lost 250 beds and 270 staff over the same period.

Just to meet this year's budget Westmead is closing 30-40 beds. Prince of Wales has 62 fewer beds open than at the same time last year. Royal Prince Alfred is closing 30 beds, of which only five are winter beds, and St George Hospital has eliminated seven emergency ward beds.

These measures are not confined to NSW. Health adminstrators and state governments around the country are being forced to implement similar severe cost cutting measures. In South Australia 14,000 elective surgery procedures will be cancelled this year whilst in Queensland, the Royal Brisbane, the state's largest hospital, is closing surgical theatres and medical wards in an attempt to cut $12 million from its $300 million annual budget.

Ninety procedures have been eliminated from Royal Brisbane's operational activity, two wards, with a total of 80

beds closed, 40 consulting outpatient sessions cut per month and staff who resign not replaced. The hospital has no Director of Orthopaedics. Royal Brisbane is also directing emergency cases to smaller local hospitals, many of which cannot cope with the increased work load or skill levels demanded.

Meanwhile, a Senate Committee has begun an inquiry into public hospital funding. The inquiry has received over 60 submissions many of them sharply critical of the funding cutbacks. Dr Steven Doherty, an emergency physician at Tamworth Base Hospital told the inquiry that funding inefficiencies in rural critical-care wards were "costing lives and causing significant morbidity." He said he reviewed 37 cases of patients who should have been transferred to bigger hospitals but were not. "Many of these died, many suffered adverse outcomes. My review highlighted a medical disgrace." The hospital system, he said, was "administered to death, yet starved of clinical staff."

Other damning evidence includes reports from the Medical Consumers' Association of NSW showing that tight hospital budgets and demanding work schedules for nurses were preventing them from assisting patients unable to feed themselves. Food items given to these patients were taken back untouched, a few hours after delivery. The submission also reported that some cancer patients were handed chemotherapy drugs to take home with minimal explanation, an elderly female patient was placed in a male ward, and that there were cockroaches in some hospitals. A submission from the AMA also criticised the unacceptably long waiting times for patients in public hospitals—in some cases up to eight hours for admission—inadequate facilities and what they described as impossible demands on staff to produce more with less.

In the wake of Sydney's emergency ward closure AMA federal president David Brand said public hospitals were being "kept together by the goodwill of doctors and nurses" who were working long hours and putting themselves at risk to make sure that patients received decent care. "We need to make sure that our public hospitals are properly funded, funded in a way that will give the general public confidence in the system, funded in a way that will make sure that doctors and nurses aren't working extraordinary hours," Brand said.

The AMA's NSW president Kerryn Phelps told the media that dwindling funds from state and federal governments for public hospitals over the past 20 years had produced this week's crisis. "The hospitals have put in place all the efficiencies that they possibly can... now they need some funding," Phelps said.

But these appeals have fallen on deaf ears. Federal Health Minister Michael Wooldrige claimed the NSW state government had received an extra $95 million in funding this year from the Federal government but put $43 million of it into the Olympic Games. The NSW government denied the claim.

Some sections of the media, the *Sydney Morning Herald* in particular, have given wide coverage to the public hospital crisis. Behind this, however, lies a definite agenda: the privatisation of the health system and the introduction of a "cash for care" co-payment plan where public hospital patients would be forced to pay a percentage of hospital costs.

A day after the emergency ward closure the *SMH* published an article claiming that 70 percent of Australians supported the co-payment system. Professor John Dwyer from Prince of Wales Hospital told the newspaper that "health care isn't free" and that "If [a] patient [pays] $200 toward their bypass, it's the bargain of the century." The following day, a *SMH* editorial referred to Dwyer's remarks and called for more discussion on the user pays co-payment hospital fee.

Two days later, Alan Jones, a radio commentator and well-known advocate of private health care, feigned concern over the ward closures while demanding the introduction of an access fee. "Surely it's time," he declared, "to accept that the current system can't work and won't work while anyone can front up at a public hospital for free treatment."

Technically, basic health care in Australia is free and universal through Medicare, the government subsidised fee-for-service system. In reality, public hospitals, increasingly starved of government funds, are finding it more and more difficult to provide even the most rudimentary service. Only those patients with top level private medical insurance are guaranteed access to hospitals and decent health care. As last Monday's events demonstrated, the health system is "public" in name only.