

Ireland: Health care cuts claim child's life

Steve James
11 July 2003

Two-year-old Róisín Ruddle from Limerick died July 1 shortly after being sent home from Our Lady's Hospital for Sick Children in Crumlin, Dublin because of a shortage of nursing staff.

The girl, like 100 other sick children in Ireland, required urgent heart surgery to cure a congenital heart defect. But the hospital, the only one in Ireland able to carry out the planned operation, has only 13 intensive care places currently available, despite having 21 beds in the unit. This as a result of budget constraints imposed by the Fianna Fail/Progressive Democrat coalition government.

Shay McConnell, a spokesperson for campaign group Heart Children Ireland, warned of a "return to the bad old days when children had to be sent abroad for life-saving heart operations".

Róisín's avoidable death highlights a growing crisis in the Irish republic over the disruption of the country's health provision, intensified by budget cuts imposed in the aftermath of last year's re-election of the coalition government. The November 2002 budget increased the health budget by 4 percent less than medical inflation, abolished grants to new home-buyers, slashed housing spending despite a huge increase in demand, cut capital spending in schools, cut the arts, tourism, and agriculture budgets and abolished thousands of places in state work schemes.

The cuts imposed by Finance Minister Charlie McCreevy were aimed at defending Ireland's position as an investment location for firms seeking access to the European market. During the investment boom of the 1990s, which led to Ireland being described as the "Celtic Tiger," the government offered the lowest tax rates in Europe to companies seeking to export from there to Europe. The government was still able to concede some increases to public spending on the basis of economic growth rates of over 10 percent annually, and consequent increases in tax revenue.

With the end of the boom this strategy fell apart. McCreevy described Irish growth rate as likely to be around 2 percent in 2003, with consequent large gaps

between predicted and actual tax revenues. In 2001, McCreevy anticipated a 12.5 percent increase in tax revenue, but by early 2002 the annual rate of increase was down to 3.2 percent and falling. The coalition, which explained none of this to the electorate in 2002 when it won re-election, is now defending corporate profitability and the interests of a narrow layer of extremely rich people in Ireland—a country of 15,000 US dollar millionaires—by squeezing social provision.

The core of the attack is on health spending, which despite the country's relatively new-found wealth and per capita incomes higher than the UK, remains at low levels compared to its Western European counterparts. According to a 2002 survey by the World Market Research Centre, 1,309 euros are spent per capita compared with 1,890 euros in Belgium. Belgium topped the survey of 175 countries, compiled on the basis of a basket of health indicators. There are 3.58 physicians per 1,000 people in Belgium, compared to 1.49 per thousand in Ireland.

Budgetary targets have so far been responsible for hundreds of beds being lost, a dearth of new building, maintenance being cut, and intensifying staff shortages across all areas of health provision.

Dublin's major hospitals are facing a 100 million euro shortfall this year. The James Connolly Memorial Hospital in Blanchardstown has 32 beds unavailable for patients, while Tralee General has 30 unavailable.

Numerous other wards have been closed, with 800 beds expected to go before the end of the year and 100,000 people waiting for operations. The capital's hospitals have threatened to completely close their waiting lists for ear, nose and throat operations because of delays. The health authority for the Dublin area is seeking to clamp down on what it terms derisively "health tourism," whereby patients travel to Dublin for treatment unavailable in their own areas.

Thousands of people have waited years for speech and language therapy because of a shortage of trained speech therapists. According to the Irish Association of Speech

and Language Therapists, up to 40 percent of new and existing posts are vacant.

Delegates at recent conferences of the Irish Nurses Organisation and public service union SIPTU highlighted numerous individual situations. In Tallaght Hospital, Dublin, waiting times in the Accident and Emergency department were averaging between 16 and 22 hours. One 103-year-old woman had been left on a trolley for four days.

A nurse from St Joseph's Care Centre in Longford, a 170-bed care home for the elderly, complained of conditions in which 51 female patients were held in a ward with only two baths and no privacy. Union official Kevin O'Connor pointed out that there was a modern 2.8 million euro elderly care centre close to St Joseph's that could not be opened because of a lack of cash.

In addition to simple spending pressure, the government has set out to totally restructure public health. It aims to destroy thousands of administration jobs and reorganise the entire health service to subordinate spending directly to government dictates.

Historically, Ireland's health service has had a considerable degree of autonomy, with local health boards winning political influence on the basis of their success in attracting decent facilities to their area. In June, following the publication of a Prospectus Report, Health Minister Micheál Martin announced his intention to sweep away the existing system and replace the local health boards with a central Health Services Executive.

The Hanly report proposes reorganising the country into 12 areas with one existing hospital in each area being expanded into a general regional hospital, while the rest are downgraded into ancillary units or closed. In the Western Health Board region for example, Galway will host the regional hospital, while three or four of Castlebar, Ballinasloe, Roscommon, Ballina, Belmullet, Clifden and Swinford hospitals will likely close.

Another report proposes opening all areas of public health to the demands of "financial accountability". This means that the costs associated with every action of every region, every hospital, every practice, every ward, even every patient will be ruthlessly scrutinised for potential cash savings. This is being presented by the media and government as an attack on consultants who have a relatively powerful and privileged position within the current system—they are able to treat private patients, spending far less time with public patients, while still drawing large salaries.

In reality, the new system will do nothing to erase the

low standards that force 1.6 million people in a population of only 3.8 million to take out private health insurance. It will deepen inequalities between the private and public sectors and open up more areas of public health provision to private investment.

The spending squeeze and the government reorganisation have generated considerable opposition. Public health doctors went on strike earlier in the year over pay and conditions. Nursing unions have threatened a work to rule, refusing to take extra patients, midwives have picketed local health boards and disability rights groups have demonstrated outside the Dáil Eireann, the Irish parliament, demanding emergency funding to continue support for the 120,000 people with mental and physical disabilities. Waterford city and council officials travelled to Dublin to demand better radiotherapy equipment for their area. In early July, nurses at a health centre in Dublin went on strike over the deteriorating physical condition of the building and equipment.

Despite voluble criticism of Health Minister Martin, none of the major political parties offer any alternatives and have restricted themselves to sniping at particular facets of government policy. Enda Kenny, leader of the conservative opposition Fine Gael, even called for more attacks on health workers through productivity deals, while calling for doctors to choose to treat non-smokers in preference to smokers.

The Irish Labour Party complained about individual hospital and bed closures, while agreeing that "value for money" should be the guiding principle. Sinn Fein called for more pressure on hospital consultants. Faced with the huge public anger over the issue, the Irish Congress of Trade Unions eventually agreed to a demonstration some time in autumn, while approving of the general thrust of government policy.



To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact