

Australia:

## Deaths in Sydney hospitals used to boost private health care

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Over the past four months barely a day has passed without media reports detailing one horror story after another of terrible deaths and mishaps within public hospitals in Sydney, the capital of Australia's most populous state.

It is becoming increasingly apparent that after initially covering up the worst of the cases in order to get through the March 2003 election, Bob Carr's state Labor government—with the assistance of the media and the Liberal Party opposition—is now utilising the tragedies to further undermine confidence in the enfeebled New South Wales public hospital system and accelerate the pushing of patients into the private health sector.

The worst of the reports to come to light thus far concerns the deaths of 19 patients in four years due to inadequate care at Camden and Campbelltown hospitals, which service the sprawling working class suburbs on Sydney's southwestern outskirts.

More than a year ago, in November 2002, a group of hospital nurses, including Vanessa Bragg, Nola Fraser and Sheree Martin, went to see Craig Knowles, the former state health minister, to allege negligence leading to patient deaths at the two hospitals.

Knowles and his officials responded with a mixture of intimidation and stonewalling, culminating in a whitewash report three months later, just before the state election, from the government's health care watchdog, the Health Care Complaints Commission (HCCC). The report completely exonerated the Macarthur Area Health Service, which administers the hospitals.

Despite being victimised and removed from their jobs, the nurses refused to be silenced and were joined by others in making their allegations public. Once the election was over, a deluge of reports of hospital disasters and mismanagement followed, including the findings of a

further HCCC investigation into the Camden and Campbelltown hospitals. The second HCCC report documented misdiagnosis, delayed surgical reviews of patients, delays in transferring patients to larger hospitals and failure to identify deteriorating or critically ill cases. It referred the 19 deaths to the state coroner.

Among the victims was a woman suffering from a severe asthma attack who was told she would be okay and sent home. She died the next morning. In another fatal instance, medical staff at Campbelltown hospital failed to diagnose a post-natal infection. The woman's husband was told not to worry, because his wife simply had the flu. She died after being rushed, too late, to the larger Liverpool hospital. A third death documented by the HCCC was that of a 55-year-old patient, diagnosed with cardiac failure. When she arrived at Campbelltown Hospital no contact was made to an on-call doctor. The woman was given no emergency treatment until five hours later when she was recognised as critically ill and transferred to the resuscitation room. She died soon after being transferred to a larger hospital.

According to nurse Nola Fraser, the 19 deaths represent merely the tip of an iceberg. "In reality, we're talking about hundreds of deaths and thousands of cases of people who've received gross negligence and gross mismanagement in their cases and who are just lucky to be alive today."

Recent reports have widened the hospital scandal, with claims of further deaths due to inadequate care at other metropolitan hospitals, including the Prince of Wales hospital, one of Sydney's largest. Liberal Party state leader John Brogden has listed "serious allegations" about improper medical care at seven Sydney hospitals.

The growing death toll is only the latest symptom of a public hospital system that is collapsing under the weight

of a two-decade assault by Liberal and Labor state and federal governments. Starved of funds, public hospitals have been shut, emergency wards and beds closed, hospital waiting lists lengthened and jobs cut. Record numbers of nurses have quit.

But there has been no suggestion by the media or any state or federal politicians that the public hospital system requires an urgent increase in resources. On the contrary, the current state Health Minister Morris Iemma brushed aside accusations of government under-funding and dismissed claims by Brogden that spending on NSW health had been cut by \$140 million over three years. Likewise, after weighing into the scandal to call for Knowles to be dismissed, Prime Minister John Howard ruled out any rise in federal funding. Both he and Iemma claimed that health budgets were at record levels.

Iemma has dismissed two senior health officials as scapegoats, promised funding for a grand total of four new beds and a relative handful of additional hospital staff. Camden Hospital has been downgraded, reducing access to critical care for tens of thousands of residents.

Other comments by Iemma have been designed to lead ordinary people to conclude that if they want decent health care, they must purchase health insurance to cover private hospital treatment. Cynically downplaying the deaths, he declared that it was “unrealistic” to expect that accidents would not occur in a large hospital network. “Occasionally, in a system which has 17,000 patients being treated each day, mistakes will happen,” he said. He also attempted to blame hospital workers. “We are talking about people dealing with people.”

Outraged by the official responses, 10 of Campbelltown’s senior doctors risked their jobs to publicly denounce both the Carr government and the Liberal state opposition. They were appalled that the tragedies at Campbelltown and Camden were not placed in the context of a local health system coping with a rapidly growing population but ill-equipped with medical staff, particularly registrars, the middle-level doctors who are essential for emergency hospitals.

Dr Andrew Gatenby, a surgeon with 25 years’ experience, told a reporter: “If there was any negligence in all of this ... it might be that we should have marched on Macquarie Street [state parliament house] several years ago and shouted ‘Campbelltown, the forgotten hospital’ ... then, we might have got somewhere.”

At a crisis meeting last week, the doctors revealed that Camden Hospital was dangerously ill-equipped. The Carr government had only reopened the hospital—against all

medical advice—in a bid to win the local parliamentary seat at the last state election.

The doctors accused Brogden of willingly damaging the public hospital system to score points against his political rivals. Dr Andrew McDonald, a director of pediatrics, said Brogden regarded health care as “the bullet in his gun” while being quite happy to see public hospitals “go to the wall”.

While both state and federal governments continue to pay lip service to supporting the public hospital system, they are speeding up the process of privatising health care. The latest Australian Bureau of Statistics yearbook records a decline in the number of public hospital beds nationally from 3.1 per 1,000 in 1996-7 to 2.7 beds in 2000-2001.

This is despite greater demand for public hospital beds as a result of the federal government’s creeping dismantling of the “bulk billing” system, whereby general practitioners send their patients’ bills direct to the government, effectively allowing patients free access to medical care. The number of doctors bulk-billing has fallen from 73 percent to 67 percent over the past four years, forcing patients who cannot afford to pay doctor’s bills to queue in public hospital emergency wards.

At the same time, the number of private hospital admissions continues to soar. In a media release several months ago, Howard announced that public hospital admissions had fallen “for the first time in the history of Medicare, while private hospital admissions increased by 12 percent”.

Howard lauded the rise in private admissions, now 37 percent of the national total. “Indeed,” he continued, “private hospitals accounted for over 82 percent of the overall increase in the number of patients treated in hospital between 1997-98 and 2000-1 and they now assume a major share of Australia’s hospital workload.”

Having created a disaster zone in public hospitals, the Howard government, assisted by the Carr Labor government, is now exploiting the suffering that has inevitably resulted in order to accelerate this shift.



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