Australia: Camden Hospital nurse speaks out over inadequate healthcare

Erika Zimmer, Leanne Jones
28 January 2004

Over the last five months newspapers in Sydney, Australia's largest city, have published a number of articles about increasing incidents of accidental deaths in the public hospital system in the state of New South Wales. One of the most alarming reports concerned the death of 19 patients caused by inadequate medical care at Campbelltown and Camden Hospitals in Sydney's outer western suburbs.

Evidence of the tragedies came to light after several nurses, including Sherree Martin, Nola Fraser, Vanessa Bragg, Valerie Owen and Yvonne Quinn, decided to confront NSW health minister Craig Knowles in November 2002 over the deaths.

*While Knowles and the state Labor government responded to the nurses' concerns with a series of denials and threats, the nurses, who were victimised and forced out of their jobs, refused to be intimidated and spent the next year fighting to expose the issue (See: "*Deaths in Sydney hospitals used to boost private health care *").*

Unable to prevent public discussion on the Campbelltown and Camden Hospital deaths, the Carr government, aided by the media and the Liberal Party opposition, is now attempting to scapegoat hospital personnel and discredit the public health system. At the same time it has convened several limited investigations into the deaths at Campelltown and Camden hospitals, including an inquiry by a barrister, Brett Walker.

Sherree Martin recently spoke with WSWS reporters Erika Zimmer and Leanne Jones. She began by explaining that although she started work at Camden Hospital as a casual enrolled nurse in May 2001, it was not until she took up a permanent part-time position at Camden Medical Ward in May 2002 that a clearer picture of the sub-standard practices at the hospital emerged.

Sherree Martin: I saw practices I didn't like. For example, a full day's medications, even antibiotics, would be given out in the one go when you are supposed to have them every six hours. When a patient's blood pressure drops below 90 systolic, it's mandatory to press the bell and call the Medical Emergency Team [MET]—a doctor and nurse from the Intensive Care Unit—who provide acute care. But this was not being done. Nurses would position patients with their head down and feet elevated until their blood pressure reached 91, when it was not longer mandatory to call the MET team. Their low blood pressure was not being recorded.

Patients found not breathing were not being resuscitated, even though they didn't have a Not For Resuscitation [NFR] order. I remember the distressed son of an elderly patient being reassured by the doctor on the phone, "We'll do all we can." I remember him being so grateful.

But the truth was horrendous because the doctor was trying to get the woman to sign the NFR order. He was saying to her, "You don't want me to put a big tube down your throat do you? Or be jumping on your chest and pushing on your heart. It's time for you to go isn't it?"

The patient was saying, "No, I don't want to die, doctor" and the doctor would reply, "You can't take up a bed. We've got no beds in Intensive Care." I was standing there and she was holding my hand and asking, "You won't let me die, nurse?" I said, "No. We'll do everything we can" but I was just a liar because I knew this doctor.

This woman was admitted after having a heart attack. She had a letter from her doctor confirming this but they put her in a medical ward because there were no beds in the Intensive Care Unit. She went into cardiogenic shock because she was not being treated for heart attack but for a urinary tract infection. Three times I called the MET and three times they said there was no bed. This woman would not have died had she received the right care when she was admitted.

One case I can talk about because it has been documented concerned Dawn Alexander, a 40-year-old lady. She had a baby, went home, felt unwell and had a temperature. All this should ring alarm bells—a post-partum mother with a temperature indicates an infection. The hospital said, "You've got the flu. Go home. There's nothing wrong with you."

But her temperature was 40, her limbs were swollen and she was shivering. She came back to the hospital the next day but was sent home again. The next day she returned with a letter from her GP and was admitted but for the first 24 hours nothing was done for her.

She called her husband and asked him to get her out of the hospital. By the time he arrived she was critically ill and was rushed to Liverpool Hospital by helicopter. By the time her husband drove to Liverpool with his four children she was dead. I don't know if Mrs Alexander would have survived but I do know that she wasn't given the opportunity to live. For three days she tried to get medical assistance and for three days she was denied medical assistance.

After a while some of the nurses began to resent me because I'd question their decisions and would press the emergency bell. Things became increasingly difficult and if I came to the desk

© World Socialist Web Site

they'd say, "Quick, cover up the MET bell. She's probably going to press it." They wouldn't speak to me and friends I had on the ward started saying they couldn't work with me because the others were making it so hard for them.

I started filling in Incident Forms when people weren't being resuscitated or when a patient's blood pressure reached a level requiring mandatory emergency care and they didn't get it. I put the forms under the Nurse Unit Manager's door but she said I was making a lot of work for her.

Nurses on the ward started following me around to catch me breaking rules and they finally found something. I was contacted by the hospital administration and disciplined for resuscitating a patient. They said that using a Liddell oxygen bag was not within the scope of an enrolled nurse and I got a first and final warning on my employment.

In the meantime, a female patient, one of those being investigated by the Health Care Complaints Commission (HCCC), died and I reported it because she was not resuscitated after cardiac arrest.

I'd had enough and went to see the Director of Acute Services. When I told her what had happened, she said, "Whoa. How do you know she wasn't resuscitated? Were you there?" I told her that I'd looked at the patient's notes and she said that this breached patient confidentiality. She said this was very disturbing and she'd have to give the matter some thought. She told me to go back to the Nurse Unit Manager (NUM).

The NUM said I wasn't fitting in and told me to look for another job. They started moving me around to give me the message. I was transferred to Campbelltown Hospital and started coming in to work feeling ill. They put me into the Intensive Care overflow ward and the two nurses that had bullied and harassed Vanessa Bragg were on the same shift. I ended up leaving in tears and haven't been back since—I couldn't do it any longer.

I started talking with Nola and Vanessa and met Valerie and Yvonne. We started putting things together and in August 2002 drafted a letter to Ian Southwell, South Western Sydney Area Health Services head. He didn't reply. We'd all been declined our workers' compensation and knew we couldn't go back so we decided to go to the Minister for Health.

WSWS: Is it unusual not to get workers' compensation for stress leave?

SM: No. When I went to WorkCover, they said, "You're not the first one. Everyone knows what you're saying and you won't be the last." They advised me to put the whole thing behind me and get another job. Nola and Vanessa were told the same thing. The nurses' union also told Valerie and Yvonne to give up. The union helped none of us. We had no representation even though we are financial members.

So, in November 2002 we saw Craig Knowles [then Minister for Health] and although he launched an investigation straight away we weren't happy with his response.

In December 2002, the Health Department audit section contacted us and in January 2003, we were interviewed by the HCCC. They took none of my evidence and didn't want my statement. In March 2003, the month of the state election, we read the announcement by Amanda Adrian, head of HCCC, that Campbelltown and Camden Hospitals had performed to all known procedures and protocols and been cleared of all charges. That was it for us and we went to radio commentator, Alan Jones.

WSWS: What do you think will be the outcome of the investigations?

SM: It's a big slanging match at the moment about who can look the best. The Walker inquiry is an inquiry into an inquiry and they're just wasting more money and time. When colleagues would ring us with further cases, the HCCC would say, "Well, we've got enough, how many more do we need?"

At the hospital I'd say 80 percent of the people know that what we're doing is right and agree with us. They say, "I wish I had the guts to do what you've done".

WSWS: You've read our article—"Sydney hospital deaths used to boost private health"—what do you think of it?

SM: I think the government would be very happy if it didn't have to run any hospitals. Mr Carr seems to have not realised that we're dealing with people's lives. I'm also well aware that if there were a Liberal state government it would be the Labor party helping me, but only for their own benefit.

Every year the Carr government cut the number of hospital beds. When I started at Prince Alfred Hospital there were 1,100 beds, then there were 1,000, 900, 800 and then 700, yet the population is increasing. There is a new hospital at Campbelltown but 100,000 people are moving into Bringelly, just down the road. The hospital can't even keep up with what it had five years ago.

I don't believe in private hospitals either. I've worked in them. They make money and if a hospital is making money, it's cutting somewhere and it's usually staff.

WSWS: What is your situation now? The press has reported that you've been offered your jobs back and compensation.

SM: We haven't been sacked and we haven't resigned. The politicians and health department officials put out a big smear campaign, saying we all had mental illnesses. Now a Health Department mediator has told us we've been vindicated and do we want our jobs back?

Even though my husband and I are one payment off losing our home I can't go back to nursing. If I saw something a doctor or nurse shouldn't be doing, I'd have to stop and think: "Do I say something and go through the living hell that I've been through over the last 18 months, or do I shut up?" If I remained silent, I'd be the kind of nurse I don't want to be.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site