

Australian hospitals unable to cope with major emergency

Carol Divjak
15 May 2007

A report published in the *Medical Journal of Australia* last month by three leading trauma physicians in Sydney and Melbourne concluded that hospitals in Australia and New Zealand could be overwhelmed in the event of a major disaster, whether natural or man-made.

In the absence of established preparedness standards in the two countries, the survey of 88 hospitals had to rely on US criteria established in the wake of the September 11 terrorist attacks. The benchmarks were established by US Department of Health and Human Services and the US Center for Disease Control and Prevention.

The American model requires all US states to be prepared to treat 500 persons per million above usual capacity. In the event of a disaster in metropolitan Sydney, this would be equivalent to just 1,900 extra patients. This rather conservative benchmark could be exceeded in the event of a bird flu epidemic, a major industrial accident or terrorist attack.

The Spanish Flu pandemic of 1918-1920 killed some 50 to 100 million people worldwide in just 18 months. In Australia, an estimated 10,000 people died. Typically influenza kills infants and the elderly but in this case the strain affected young adults and otherwise healthy people. Symptoms appeared suddenly. Within hours, victims were too feeble to walk. Many died within 24 hours.

The research study compared the physical assets in Australasian hospitals with what would be required to deal with a major emergency. The findings make disturbing reading. In the event of a major disaster, the report established that between 59 and 81 percent of critically injured patients would be at risk of being denied immediate access to operating theatres in Australia. In New Zealand, the figure was even

higher—between 70 and 87 percent.

The proportion of critically injured who would be denied immediate access to intensive care beds (ICUs) ranged from 31 to 69 percent in Australia and 51 to 78 percent in New Zealand. Overall, the shortfall of available x-ray machines was 38 percent in Australia and 60 percent in New Zealand.

As one of the report's authors pointed out, emergency departments in many hospitals are already stretched to the limit. Dr Anthony Joseph, Director of Trauma at Royal North Shore Hospital in Sydney, told the *Sydney Morning Herald* that intensive care units run at 98 percent occupancy and most hospitals would struggle to take more than 10 to 20 extra patients with major injuries.

While the report dealt with physical resources, personnel shortages mean that doctors, nurses and other staff are seriously overworked. A survey of public hospital doctors by the Australian Medical Association in May 2006 found that 62 percent were working unsafe hours—classified as at high risk or significant risk.

One doctor reported an unbroken shift of 39 hours. Even doctors in the lower risk category were working shifts of up to 18 hours. The most stressed discipline was surgery where 85 percent of doctors fell within the significant risk and higher risk categories.

The *Medical Journal* report is only the most recent warning. Professor Danny Cass, chairman of the College of Surgeons, declared in 2005 that hospitals were totally unprepared for a major emergency. "We have difficulty meeting the nightly emergency demands in most public hospitals, but somehow we are supposed to deal with a terrorist bombing or a new strain of influenza," he said.

Dr Anthony Bergin from the Australian Strategic

Policy Institute told the *Sydney Morning Herald* last month that research was impeded by the unnecessary secrecy surrounding disaster preparations. “It is absolutely critical to set national minimum standards and to publicly release them ... the public deserve to know how well we would be prepared for a major disaster,” he said.

Bergin was critical of those who cited the Australian response to the Bali bombing in October 2002 as a sign of success. While 66 critically injured patients arrived in Australian hospitals in a period of 21 hours, there was a crucial time lapse that allowed for preparations to be made. Mass trauma events in an Australian urban environment would create a flood of patients over just four hours with the majority of casualties arriving in the first 60-90 minutes.

According to Bergin, a report on the evacuation of casualties by air has still to be released. In the case of the Bali bombing, the lack of a national plan resulted in some centres being inundated while others were under utilised. There was little co-ordination between the different Australian states and delays in chartering aircraft because the cost was not promptly authorised.

Federal health minister Tony Abbott, along with state and federal officials, quickly dismissed the *Medical Journal* study. Abbott declared his confidence in the hospital system, saying that it could cope with “the sorts of things that we could reasonably expect”. Having slashed spending to public health over the past two decades in the name of greater efficiency, state and federal governments—Labor and coalition—are not about to fund the expansion of facilities needed to deal with a major emergency.

This response makes clear that for all of the propaganda about the “war on terror”, the state and federal governments are not concerned about protecting the population from a terrorist attack or any of the other potential catastrophes that could suddenly affect thousands of people.



To contact the WSWs and the
Socialist Equality Party visit:

wsws.org/contact