Australia: Miscarriage tragedy highlights deliberate running down of public hospitals

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Jana Horska, a 14 weeks pregnant, 32-year-old woman, suffered a tragic miscarriage in the toilet of one of Australia's flagship teaching hospitals last week. In response to the media coverage of her ordeal, other people have started speaking out about their own experiences, revealing a public health system on the point of collapse.

On September 25, Horska sought help at the emergency department of Sydney's Royal North Shore Hospital (RNSH) after experiencing cramps. When she arrived at 7 p.m., 15 other people were waiting in the queue. Horska was left in acute pain for two hours, despite repeated complaints to staff by her husband, Mark Dreyer. Finally, she ran to a toilet where her partner found her screaming, covered in blood and holding a live foetus between her legs.

Dreyer told the media: "I reckon we would have got better care in a Third World country. My wife is from Slovakia. It's a relatively poor place...and it would never happen there..."

It soon became obvious that Horska's was not an isolated case. Jenny Langmaid, 43, came forward the following day, saying she had an almost identical experience at the hospital two years earlier. "I couldn't believe what I was hearing. It was my story. It was my baby in the toilet," she told reporters.

In June 2005, 14 weeks pregnant with her second child, Langmaid asked a friend to take her to the RNSH emergency department because she started to feel queasy and had already had two miscarriages. In great pain, she waited for over an hour then "felt a gush" and asked her friend to take her to the toilet. "There was a great rush and the baby came out and fell into the toilet. He was only as big as my hand. I screamed but there was no one to help, so I had to pull him out myself. They took my baby away and I never even got a photo of him."

Another case that emerged involved a family that had been forced to hire a private nurse to look after their dying father due to the lack of nurses at RNSH. The patient's wife had been asked to wash and dress 87-year-old Phil Lindsay and crush his pills.

The RNSH is a 700-bed tertiary referral and teaching hospital, located just six kilometres from Sydney's business centre, in the relatively better-off northern suburbs. A leading research and trauma centre, it also provides primary care for approximately 800,000 people living in the Northern Sydney Health Area.

Dr Tony Joseph, a chairman of the New South Wales (NSW) Faculty of the Australasian College of Emergency Medicine (ACEM), told local radio the miscarriage incident was the result of a "dangerous," overstretched system. He said the entire public hospital system was "grossly underfunded from the point of view of not enough inpatient beds ... overcrowded emergency departments and not enough trained frontline staff".

Joseph said between 27 and 30 percent of beds had been closed at RNSH over the past 20 years, putting enormous strain on doctors and nurses. Moreover, he added, the hospital lacked sufficient senior specialists to train junior doctors. While NSW Health Minister Reba Meagher claimed nine doctors were enough to staff emergencies at RNSH, Joseph referred to Australian Medical Workforce Advisory recommendations that 11 to 16 senior specialists were needed at a teaching hospital such as RNSH.

NSW Nurses Association assistant general secretary Judith Kiejda told the *Sydney Morning Herald* the hospital had 100 full-time vacancies for nurses last week, with staff working more than 3,000 hours overtime over the past month. Kiejda said wards at RNSH were severely understaffed. "We have some shifts there run without registered nurses—that's illegal. There are not enough nursing resources, and the nurses that are there are at the end of their tether and they're walking away."

Kiejda said: "I think it's related to systemic problems that are national in this country." While Horska's miscarriage was "awful," it was not unusual, she said. Staff followed definite triage procedures requiring priority be given to life-threatening conditions.

Nurses also reported being unable to deal with anything but life-threatening cases. They said overnight shifts, filled

by agency and casual staff, had been cut from ten hours to eight in order to save money. This compromised patient care, making nurses unable to hand over their patients to the next shift.

The initial media and political response to Horska's nightmare was to blame "uncaring" staff and a "dysfunctional" hospital. State Labor Premier Morris Iemma and Health Minister Meagher hypocritically declared the incident "unacceptable" and announced a narrow investigation, limited to an examination of "individual matters". They rejected calls by doctors for a statewide inquiry.

Prime Minister John Howard and federal Labor leader Kevin Rudd weighed in, hoping to score points for the looming federal election. Howard maintained that the problems in the health system resulted from mismanagement and human error. "It's obviously got flaws and makes mistakes," Howard told the media, but reiterated that there was no major problem.

Medical representatives, however, including the heads of emergency at three major Sydney hospitals, insisted that the problems at RNSH revealed a systemic failure. Dr Sally McCarthy from Prince of Wales Hospital, told the media that every emergency department was under intense pressure. The problems at RNSH were "the tip of an iceberg".

Dr Valerie Malka, head of the trauma unit at Westmead Hospital, said she was at the "end of her tether" and ready to quit. Misdiagnosis was common because junior and inexperienced doctors were left alone after hours and at weekends. "Patients are at the mercy of the system and its failures. We need a comprehensive review of the entire system of care, and it's not just the emergency departments."

Dr Andrew Singer, head of the ACEM told the ABC: "There's nowhere in the country that is not affected by these problems anymore. It certainly started in New South Wales and Victoria, probably about 15 to 20 years ago, but it has now spread right across the country and there is not an emergency department in the country that is not affected in some way by identical problems."

Dr David Mountain, emergency medicine spokesman for the Australian Medical Association (AMA), said the situation was a "national disgrace": "We have governments that were addicted to pruning beds out of the system—the only way they thought they could save money in their health systems for the last decade." According to the AMA, some Australian hospitals are operating at 120 percent occupancy, with patients treated in corridors.

After leading doctors from 10 of Sydney's busiest hospital emergency departments confronted Meagher with evidence of severe bed shortages and chronic staff shortages, the NSW government announced a ministerial task force to investigate how to end the strain on emergency departments. The announcement was another attempt to head off public anger, while covering up the underlying agenda of running down public hospitals in order to push patients into paying for private care.

One former patient, Lisa McGee, told the *Sydney Morning Herald* she had given birth to her first child in the RNSH emergency department but was "so horrified by [Ms Horska's] experience that I've made a booking at another hospital to deliver my second child in six months. This story is the final straw for me. I'm going to pay to have my baby at the Sydney Adventist Hospital now and I don't care what it costs."

Such conclusions are a direct result of the chronic under-funding of public hospitals and an assault on the very concept of universal access to public health care. With the support of the Labor Party, the Howard government, has subsidised private health insurance cover and the growth of private hospitals, with the view to creating a "user-pays" health system.

This is underscored by recent statistics. The Australian Institute for Health and Welfare estimates that the number of public hospital beds per 1,000 people plummeted by 18 percent between 1995-6 and 2003-4, despite the increasing needs of an ageing population, while the number of private beds remained stable.

According to an article published by the Victorian branch of the AMA, a Department of Human Services analysis shows that more doctors are moving into the private hospital sector. In 2000, 27 percent of specialists worked only in public hospitals, while 50 percent worked only in private hospitals and 36.5 percent worked in both sectors. By 2004, 25 percent worked only in public hospitals, 55 percent in private and 32 percent in both areas.

Free and prompt access to high-quality health care is a basic right and a social necessity. Advanced technology now exists to diagnose, treat and even prevent disease and suffering. Yet, as Jana Horska's experience shows, decent health care is increasingly available only to those who pay.

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