

# Western Australia: Children's deaths expose health crisis

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20 October 2010

The tragic deaths of three children in regional Western Australia have highlighted the crisis of the public health system in country areas. The children died in the towns of Northam, 97 kilometres east of the state capital Perth, and Geraldton, a port city in the state's mid-west region. All three fatalities followed unsuccessful attempts by their parents to access medical treatment at the emergency departments of the town's hospitals.

Sixteen-year-old Andrew Allan was found dead by his mother on the morning of September 17, after failing to receive treatment at the Northam Hospital's emergency department. He was diagnosed as suffering from gastroenteritis by a nurse, given a pain reliever and sent home without seeing a doctor, despite staggering into the hospital and collapsing on a couch. He had symptoms of high fever, vomiting and breathing difficulties, according to his mother.

Northam Hospital is a 48-bed-facility that serves a population of around 6,000 people in the region. On September 17, its emergency department had no doctor present. A recent autopsy revealed that it was most likely that Andrew Allan died of swine flu. His parents, Kylie and James, told reporters that if he had been seen by a doctor it was possible that he would still be alive.

Andrew Allan's death resulted in two more families revealing their own tragic losses, due to the inadequacies and under-funding of the state's country health services.

Sarah and Phillip Hughes, also of Northam, took their 12-day-old baby Lachlan to the Northam Hospital on August 9 after he had fallen ill with breathing difficulties. He was coughing badly and bringing up phlegm. He was sent home, but his parents returned the next day as his condition was not improving. The infant was seen by a

doctor and a nurse but was once again discharged home. He died 32 hours later.

The third death involved six-year-old Sebastian Parman who was suffering a rash and high fever but was sent home twice from the Geraldton Regional Hospital, despite the concerns of his parents, who are both registered nurses.

His mother, Samantha Piani, then took Sebastian to her own doctor as his condition was worsening. The doctor immediately diagnosed his symptoms as scarlet fever and wrote a letter advising his immediate treatment in hospital with intravenous antibiotics. Sebastian subsequently died the next day of heart failure due to the build-up of fluid in his lungs.

His mother believes that Sebastian would still be alive today if he'd had been diagnosed, admitted and treated earlier. "Scarlet fever is so easily cured by antibiotics," the mother told a reporter.

Following the deaths, media reports have revealed that one third of patients who present at accident or emergency departments at country hospitals are not seen by a doctor. Figures published in the *Sunday Times* newspaper on September 26 showed that while there are 80 regional hospitals, health centres and nursing posts throughout regional Western Australia, only seven regional hospitals have a doctor on site at all times.

When questioned about the deaths in the state parliament on September 21, the state Liberal health minister Kim Hames callously declared: "It is physically not possible to have a doctor on site at many of those smaller hospitals. We do not have enough doctors to do that. It would be an absolute waste of resources."

Hames' statement exposes once again the myth that the so-called "minerals boom" in Western Australia is producing general prosperity for the whole population and trickling down across the state and the country.

The increased government revenues at both the state and federal level from the royalties and taxes on the vast profits being made by the mining companies are not allocated to improve essential social services such as public health. Instead, they have largely been used to reduce debt, fund infrastructure demanded by the mining industry and other corporations and provide tax cuts for business.

To spend money hiring and training doctors to staff regional hospitals is considered a "waste", because it does not assist a tiny financial and corporate elite generate even greater wealth.

Mining giant BHP Billiton's annual profits, for example, have more than doubled from the previous year to \$US13 billion, on the back of increased iron ore exports. Rio Tinto, another mining giant involved in iron ore exports, has forecast a rise in profit to between \$US4.7 and \$US7 billion.

The personal wealth of Fortescue Metals owner Andrew Forrest's soared this year to an obscene \$4.8 billion, an increase from \$2.37 billion last year, elevating him to the position of Australia's second wealthiest individual after media magnate Rupert Murdoch.

The working people by contrast, in both urban and regional areas, confront inadequate services and infrastructure and sharply higher costs-of-living. The state Liberal government in its recent May budget imposed further massive increases in utility charges and other state taxes and duties.

The crisis in regional health is symptomatic of the state of public health throughout Australia. In 1983, Australia had a population of just over 14.6 million. At the time, the number of public hospital beds stood at around 74,000. Almost 30 years on, with a population of 22.4 million, there are just 54,000 public hospital beds. This represents a decline from 4.8 acute beds per 1,000 people to just 2.5 beds per 1,000—a 48 percent reduction.

According to the federal government's own National Health and Hospital Reform Commission report published earlier this year, some 4,550 patients die each year in public hospitals due to "avoidable adverse events". The report equated these figures to "the equivalent of 13 jumbo jets crashing and killing all on board".

An Australian Medical Association of Western Australia (AMA-WA) report published earlier this year found that the state's public hospital system required an extra 400 beds immediately to cope with demand. AMA-WA state president David Mountain told the press last month that up to 300 people could potentially die unnecessarily in Western Australian hospitals this year because of under-funding and overcrowding.

Mountain stated: "We're working in hospitals that are clearly not safe because we don't have the beds and resources to deal with patients appropriately. There are a lot of patients who are assessed in waiting rooms and delayed admission into hospital. We're at breaking point."

In the final analysis, three children are dead because under the capitalist profit system the interests of the financial and corporate elite take priority over the needs of the majority. The allocation of the vast profits and individual fortunes of the mining magnates to social need could overcome not only the shortage of doctors in regional areas, but also a myriad of other pressing social problems.



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