

Australia: Labor's “world class health system” leaves thousands of Victorians waiting for treatment

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Just over 11 years ago, when voters in the Australian state of Victoria threw out the Liberal government of Premier Jeff Kennett, a key factor was disgust with its brutal assault on the public health system, which included the closure of 17 hospitals in just six years. Voters heading to the polls at the state election this Saturday now face a hospital network even deeper in crisis, overseen by the Labor government of Premier John Brumby, and its predecessor, the Labor government of former premier Steve Bracks.

Despite intensive cover-up efforts by the government and health department chiefs, it is now clear that last year hundreds of thousands of people across the state were unable to access essential medical treatment within clinically desirable timeframes. Tens of thousands of patients experienced long delays in emergency departments, waiting for ward beds to become available. Ambulances were either turned away from over-full hospitals or forced to queue for an average of 50 minutes, in order to hand over sick and injured patients.

In an effort to head off public outrage, both Brumby and Liberal opposition leader Ted Baillieu have issued cynical last-minute promises to provide hundreds of new beds over the next four years. But their pledges are woefully inadequate to make up for the beds lost over the past two decades, let alone provide for a growing and ageing population.

Yesterday, in the latest revelation, Ambulance Victoria data showed that overflowing hospitals in Melbourne, the state capital, are turning ambulances away at a far greater rate than the government's official “bypass” reports. The statistics, obtained via freedom of information laws, revealed that while Melbourne's 14 largest hospitals were formally on bypass for the equivalent of 76 days between July 2009 and April this year, they also used the Hospital Early Warning System (HEWS) for 165 days between them.

The early warning system allows hospitals to tell ambulances they are nearly full and that all non-urgent patients should go elsewhere. Doctors said this was a de facto form of bypass that helped hospitals meet a state government benchmark, which requires them to limit bypass time to less than 3 percent of each year.

A major suburban hospital, the Monash Medical Centre, used the bypass and the early warning systems on 40 days over the 10 month period. This meant the hospital diverted ambulances for 13 percent of the time, exceeding the government's target by more than fourfold. Royal Melbourne Hospital was on bypass and HEWS for 25 days or 8.5 percent of the time, followed by the Austin, Frankston and Dandenong hospitals, which all used the systems for 22 days or 7.5 percent.

Overall, there is a vast gulf between the government's election spin and the daily reality experienced by hospital patients and the overworked medical professionals attempting to save lives and alleviate suffering. The electorate has been bombarded with claims that Victorians enjoy “a world class health system” that is “the most efficient” in Australia. In the government's election policy statement, *Let's keep putting patients first*, voters are patronisingly told the “strain on our health system” has merely led to “frustration for some Victorians” as though waiting in pain for vital medical treatment is a minor inconvenience.

The truth is that, as in all other aspects of life, the health needs of working class people are subordinated to the profit requirements of business. The systemic crisis of the public hospital system is the inevitable product of decades of cost-cutting, implemented by successive Labor and Liberal governments at both state and federal level, in order to reduce taxes on business and make Australian capitalism “internationally competitive” in the global economy.

No matter who wins the election, this process will only intensify as the “casemix” funding system, introduced by the Kennett government and continued under Labor, is extended nationally under the federal Labor government's Health and Hospital Network plan. In the guise of “reform”, both state and federal Labor governments are setting out to substantially cut long-term health spending. Under the national plan, which Brumby signed up to just before the formal election campaign began, all hospital block grants will be replaced by payment according to “efficient national prices” for each service hospitals provide. This casemix system caps funding according to pre-determined workloads, irrespective of actual demand, forcing hospitals to bear the costs if they run over budget. The system places enormous pressure on hospital administrators, doctors and nurses to reduce costs to avoid

financial penalties, even if it means compromising the quality of care.

Already, financial bonus and penalty systems linked to performance benchmarks have led to perverse outcomes, such as the fudging of data. Earlier this month, a survey of emergency doctors by the Australasian College of Emergency Medicine (ACEM) revealed that hospital administrators had prevented doctors from activating ambulance bypass procedures, so as not to miss the 3 percent benchmark. One doctor said “we have had a number of disasters because of this situation, including arrests and deaths because there is nowhere to move patients and no access to trolleys or staff”. A third of doctors “admitted” patients to non-existent “virtual beds” to improve their hospitals’ statistics.

At the centre of the crisis is a lack of acute and sub-acute hospital beds. Having been slashed by the Kennett government from 3.5 beds per 1,000 people in 1991-92 to 2.5 beds per 1,000 in 1998-99, the ratio rose slightly to 2.6 between 2000 and 2002. But it has continued its fall during the past eight years of Labor government, and now stands at 2.3.

Most critically affected are the overcrowded hospital emergency departments. The government’s own *Your Hospital* report showed that, in 2009-10, almost 90,000 patients, or 32 percent of emergency department patients ultimately admitted to a ward, faced emergency departments waits of more than 8 hours for a hospital bed. In the same period, more than 20,000 emergency patients, or 19 percent, were not treated within the clinically desirable 10-minute treatment time. Almost 104,000 urgent patients, or 31 percent, were not treated within 30 minutes, while 36 percent (154,130) of semi-urgent emergency patients were not treated within the recommended time of one hour.

Further data obtained by the *Age* under freedom of information laws revealed that between July 2009 and June this year, more than 40,000 patients waited over 16 hours for admission to a ward bed, while 1,012 patients were left languishing for more than 24 hours in emergency departments. Two patients waited 87 hours, or more than three days, for a hospital bed. ACEM Victorian chairman Simon Judkins told the newspaper that emergency department stays of longer than 24 hours “were probably the most significant factor in a dysfunctional health service”.

Far from being simply frustrating, the consequences are deadly. A study commissioned by ACEM estimated that there was a 20-30 percent “excess mortality rate every year” due to access blocks and emergency department overcrowding in Australia.

So-called elective surgery waiting times are even worse. Other reports showed that 63 people requiring urgent surgery to prevent potentially life-threatening conditions were not admitted to hospital for treatment within 30 days. More than 20,000 patients suffering significant pain and dysfunction, requiring semi-urgent surgery, were not treated within 90 days. Many patients requiring “non-urgent” surgery had spent years on waiting lists.

The Brumby government has now promised a “record” \$1.5 billion health package if re-elected. This is little more than a band-aid. As part of the package, the government has promised 941 beds over four years—198 beds short of the 1,139 beds the Australian Medical Association called on the government to provide in its April budget submission, just to return to the level of 2003. The opposition Liberal Party has promised 880 new beds.

Whatever promises have been made, the public hospital system will inevitably deteriorate further. In response to the demands of business and finance capital, governments worldwide are implementing austerity measures directed at making the working class pay for the global economic crisis sparked by the financial crash of 2008. Australia is no exception.

Having kept silent about its plans during the recent federal election campaign, the minority Labor government of Prime Minister Julia Gillard has committed to major structural “reform” that will mean deep cuts to public spending on health, education and public sector jobs. State governments, which are responsible for a large proportion of this spending, will be instrumental in implementing the cuts.

High quality health care, including access to the latest medical technologies and treatments is an essential social right in modern society, and must be guaranteed free to all. Billions must be spent to expand and upgrade hospitals and train thousands of additional health workers. Such measures can only be achieved, however, through a fundamental reorganisation of the Australian and world economy on the basis of human need, not profit. To carry this out, the working class must take political power and establish a workers’ government to implement socialist policies. That is the perspective for which the Socialist Equality Party is fighting in this election.

See the SEP’s election website at www.sep.org.au

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