

Australia: Victorian government tries to cover up ambulance crisis

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In the lead-up to the state election in Victoria on November 27, the Labor government has sought to smother the public outcry over the deaths and suffering of patients because of its chronic underfunding of the Ambulance Victoria (AV) service.

No amount of government spin, however, can obscure what has happened over the past year. Most recently, a Melbourne man who had drunk poison died, despite nine phone calls for help, after an ambulance took three hours to arrive. Earlier, a Wangaratta woman was left impaled on a fence for 47 minutes before an ambulance came. A Yarrowonga woman died waiting for 45 minutes, a Kyneton woman had to wait 90 minutes for an ambulance a kilometre away, and a Maryborough man with a severed finger had to pay a \$300 taxi fare for the three-hour trip to Melbourne.

In an effort at damage control, on October 6 Premier John Brumby announced funding for three new 24-hour ambulance stations in outer metropolitan Melbourne, as well as another 105 paramedic positions over the next four years.

The show of government concern was soon belied by a leaked AV memo dated October 14. It revealed that the service is undergoing a second year of severe financial restrictions, with cuts to repair work, equipment purchases, staff recruitment and contract positions. All expenditure on training and seminars, repairs and minor equipment is being closely vetted.

Brumby claimed in parliament that an Auditor General's report vindicated his government. In fact the report, *Access to Ambulance Services 2010*, confirms that ambulance response times for 2009-10 were the worst since 2004-5. Emergency incidents have increased by more than 50 percent in a decade, and the number of overall cases by 25 percent since 2004-5. Yet paramedic numbers have not risen at the same rate.

Over the past six years there was only an 18 percent increase in rural staff, compared with a 31 percent increase in case load.

The report states that because of hospital delays in admitting patients, the average time that ambulance crews spent at hospitals has doubled from 25 to 50 minutes. This was a major factor in a 39 percent increase in average total case times, from initial response and clinical care at the scene to handover of the patient at a hospital. The average increased from less than 55 minutes in 2006 to more than 75 minutes in 2010.

Several paramedics told the WSWs that the ambulance system crisis is part of a wider systemic problem in public health. Because the hospitals cannot cope with their increasing workloads, ambulances are forced to wait with their patients.

One paramedic with more than 20 years' experience said: "They need to fix up the hospital systems. The main problem is all the banking up [at hospital emergency departments] that is happening. They [the government] are not facing the issue ... There aren't enough beds.

"A wait in the ambulance of one to two hours is quite common. There will be crews of four or five ambulances held up. That means they are not available for four or five trips. This is fairly general throughout the system. Everywhere seems to be having the same problems."

Another experienced paramedic said: "The only check on the system is the response times published in the newspapers. That is all the state government notices. Brumby is very media driven. AV just tries to keep itself out of the newspapers."

During 2009, the 2,500 paramedics in AV tried to take industrial action during enterprise agreement

negotiations, demanding a 6 percent annual pay rise for three years and a guarantee of 10 hours rest instead of 8 hours between their two extended shifts per week, which can each be 14 hours long. However the federal Labor government's Fair Work Australia (FWA) industrial tribunal prohibited the action, claiming it would endanger lives. Shortly afterward, the Ambulance Employees Association reached a sell-out deal with the government, imposing a nominal 2.5 percent wage increase.

In September 2009, Mobile Intensive Care (MICA) paramedics attempted to take further action through a mass resignation from their MICA positions, only to be threatened with punitive fines when FWA ruled this action illegal as well. The government-union deal paved the way for a further drive to increase productivity.

An academic study published last month showed that due to long shifts and the high stress of their work, more than 10 percent of Melbourne paramedics suffer severe or extremely severe depression. Another 12 percent had moderate depression and another 14 percent had mild depression.

Royal Melbourne Institute of Technology associate professor of psychology Andrew Francis said 72 percent of paramedics are poor sleepers due to their rosters. He pointed to high stress in their work, and the dangers of making critical life and death decisions when suffering poor sleep and possible depression and anxiety.

The union revealed that five paramedics committed suicide in 2009. The enterprise agreement signed by the union, however, provides no protection against these rosters. For rural paramedics, for example, it merely states that when allocating on-call shifts, AV "will have regard to the personal and family circumstances of employees".

The Auditor General's report states that "excessive recall may require staff to work long periods or have interrupted breaks, which may also compromise their safety". The report also notes the adverse effects on paramedics, who can be recalled at virtually any time to respond to emergency calls. The practice created the belief that AV is "too reliant on the goodwill of staff and community volunteers to fill roster gaps".

The opposition Liberal and National parties also cynically claim to be concerned about the ambulance

system. Opposition leader Ted Baillieu has promised 310 extra paramedics, but even that would be grossly inadequate. Moreover, the Liberals' track record in government speaks volumes. The former Kennett government privatised the ambulance despatch agency. A subsequent inquiry found that the private operator, Intergraph, had falsified ambulance emergency response times by making "phantom" calls that were included in response time statistics.

Whoever forms the next government, the ambulance system will only deteriorate as Labor's health care "reforms" are implemented to drive down public hospital costs, and wider austerity measures are directed against the working class to pay off the deficits incurred in bailing out business after the 2008 global financial crash.

Advances in technology that could mean improvements in public health are already being blocked. One paramedic explained that the Brumby government has refused to spend a mere \$300,000 across the state to equip each ambulance with an SAM splint to treat broken bones and fractures, even though paramedics have been trained to use them. If installed, the new splints could save 15 lives a year.

High quality health care, including emergency treatment readily available for all, is an essential social right in modern society. But it can be achieved only through the socialist reorganisation of economic life, to make human need, not corporate profit and the dictates of the financial markets, the priority. This means establishing a high quality, free health care system, socially owned and democratically controlled by the working class. Billions must be spent to expand and upgrade hospitals, clinics and ambulances, and to train many more health workers, including paramedics, so that they are not subjected to punishing rosters.

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