

Serious overcrowding in Irish hospitals

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The recent budget issued by the Fine Gael/Labour government includes a further €543 million in health cuts, which will sharply erode health care in Ireland.

According to the Irish Nurses and Midwives Organisation (INMO), this year's cuts will immediately cause a further reduction in acute beds, as departing staff are not replaced. Some 3,100 nursing posts have been lost over the last three years. Closures of community nursing units will impact long-term care to the elderly, whose home care will also be reduced.

A recent Freedom of Information report indicated that there were a total of 60,000 people on outpatient waiting lists for medical care in Irish hospitals in 2011. Some patients were waiting up to two-and-a-half years for first appointments with specialists.

Yet Health Minister James Reilly recently remarked, "Nobody is going to die because of health cuts. That is a certainty."

The falseness of Reilly's comment can be seen by visiting any hospital in the country. Over the last period, the practice of leaving emergency patients queued on hospital trolleys in accident and emergency wards has become pervasive. The Irish financial elite have squandered untold billions, and the social cost is being transferred directly to working people. The "trolley crisis" is one of its most visible and painful expressions of this.

Earlier this year, a man aged 35 died at the Mid-Western region hospital in Limerick while waiting for two whole days to be transferred from one hospital to another. He was suffering from the inflammatory bowel condition Crohn's disease, but was viewed as a "minor case." The man suffered a massive heart attack 10 minutes before the transfer was to take place.

A young Latvian girl also passed away unnecessarily at the Mayo General Hospital as a result of lack of attention. Her parents stated at the inquest, "We can't understand why her symptoms were not diagnosed

earlier and why a healthy girl would die so quickly."

The president of the Irish Association for Emergency Medicine, Feargal Hickey, reporting in August 2011, noted, "There could be as many as 350 excess patient deaths in our hospitals each year as a result of emergency unit overcrowding."

From January 2011, records were being set, with a total of 569 people waiting at one point on trolleys in hospital emergency wards. More than 46,000 people spent time languishing on trolleys in the first six months of 2011. This marked a 20 percent increase from the same period in 2010 and a 37 percent increase from 2006, a time when trolley admittance was declared a "national emergency" by then-Minister for Health Mary Harney. In 2007, temporary emergency measures were put in place, but were later withdrawn.

Tony O'Brien, chief operations officer of the Department of Health, admitted, "No guarantees can be given that the record high number of patients on trolleys will not be repeated this winter."

In response to the crisis, the government is seeking new measures to save money and pass the cost of any alleviation of the trolley crisis onto patients. One provision in the recent budget will force private patients placed in public beds to pay private bed charges. Fully half of the people who go through accident and emergency wards in Irish hospitals are private patients because public provision is so poor.

On December 20, the *Irish Examiner* reported that a private consultancy firm was being brought in to oversee the work of Health Minister James Reilly's "special delivery unit." Reilly's unit was specifically created to address the issue of patients on trolleys. The consultancy report will undoubtedly place more demands on health workers, whose numbers continue to fall.

In addition, the government's proposed cuts to nurses' pensions, set to be implemented at the end of

February, have resulted in a further 2,600 experienced nurses applying to leave their posts. Reilly's response to the exodus was to declare: "450,000 people unemployed. The country is facing a struggle. I would like the Irish Nurses and Midwives Organisation to come up with solutions around that. Different solutions in different parts of the country. It does not necessarily have to be one size fits all."



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