

Cystic fibrosis and the rundown of public health care

**Carolyn Kennett—SEP candidate for Penrith
7 March 2015**

A lack of funding for clinics treating adults suffering from cystic fibrosis provides an insight into the deep crisis facing public health facilities in New South Wales (NSW) and nationally, and the cynical response of the major parties.

Cystic fibrosis is a debilitating, life-threatening congenital disease that causes a build-up of thick sticky mucus in the lungs. Patients invariably confront serious health issues, including major respiratory and digestive problems, and require checkups from qualified health professionals every two months.

However, significant advances in medical treatment have greatly extended the life expectancy of children born with the disease—an increase of 27 years over the past three decades. Currently there are more than 1,000 people with cystic fibrosis in NSW and, for the first time, a majority are adults.

NSW has three adult cystic fibrosis clinics: Camperdown in inner Sydney, Westmead in western Sydney, and in Newcastle. However, the growing number of adult patients has not been matched by increased staff. Cystic Fibrosis NSW calculates that to meet national standards of care 68 staff should be working across the three clinics. Currently there are less than 10.

Such is the staffing crisis that the Westmead clinic warned last October that it would have to close its books to new patients. Its director, Associate Professor Peter Middleton, said that to do otherwise could compromise the standard of care, saying the current staffing levels were unsustainable, even in the short term.

As the February deadline loomed, and the closure threatened to become an issue in the NSW election on March 28, the state Liberal government, at the last minute, announced a small annual funding increase of

\$1.4 million. The extra money will employ an extra 12 to 13 staff across the three clinics.

Not to be outdone, the main opposition parties jumped on the bandwagon. The Labor Party promised, if elected, an additional \$2 million a year for the next four years. The Greens, in lock step with Labor, also issued a call for an additional \$2 million a year.

Substantial staffing shortfalls will remain, even if the election promises are kept. Cystic Fibrosis NSW CEO Michelle Adair criticised the government decision, saying: “After waiting for years this is totally unacceptable. Westmead Hospital was only offered two staff when they had asked for four, and that’s what the minister has promised.

The funding crisis for adult cystic clinics is indicative of the far broader rundown of the public health and hospital system in NSW and nationally over decades by governments, Labor and Liberal, at the state and federal level.

The federal Labor governments under Prime Ministers Kevin Rudd and Julia Gillard pushed through regressive “health funding reforms” that replaced block funding to state governments for public hospitals to tendering for health services on a market basis. Public hospitals were forced to compete with not-for-profit organisations and healthcare conglomerates for funding.

The Gillard government introduced a system of “national efficient prices,” where hospitals within newly-assigned “local health districts” receive a set price for each medical procedure or service. Any excess costs are borne by the local health district. The effect of these “reforms” is to further privatise health care and strip money from the public health system.

The current federal Coalition government of Prime Minister Tony Abbott has made deeper inroads into

public health funding. Last year's budget slashed \$50 billion in public health funding to the states over the next 10 years. In NSW alone, it is estimated that the cuts will be \$2 billion a year over the next four years.

Labor and the Greens voted for these budget cutbacks, but, fearing a voter backlash, baulked at passing a deeply unpopular co-payment for visits to a general practitioner and for pathology tests. The Abbott government is now looking for an alternative of imposing comparable fees, which will inevitably impact hardest on low income families.

Among the worst hit will be sufferers from chronic diseases such as cystic fibrosis. A submission from Cystic Fibrosis Victoria last year pointed out people with the disease typically require 10 to 20 types of medication, daily specialised physiotherapy, extra food and nutritional supplements, and frequent visits to GPs and hospitals. It pointed out that the government's proposals would "disproportionately shift the burden of paying for our healthcare system onto the individuals and families who can least afford it."

Successive state governments have compounded the problems facing the public health and hospital system. In 2012, the NSW Liberal government slashed \$3 billion from the health budget over four years. In 2013, the health budget was not enough to cover increasing costs, leaving a predicted shortfall of about \$400 million. Last year, the lack of funding is set to leave another half billion dollar deficit in an already starved system.

The crisis is worsening. Nationally, only 68 percent of urgent cases in emergency departments are seen within the recommended time of 30 minutes. Some 33 percent of patients in all categories waited for more than four hours in emergency departments. Ambulances are frequently diverted in a bid to manage serious understaffing in emergency departments on an ad hoc basis.

In NSW, the median waiting time for elective surgery in public hospitals has blown out to 49 days. That figure is an underestimate, as it does not include the time taken to see a specialist prior to being placed on a waiting list.

What has been established by decades of systematic government underfunding is a two-class health system in which high-quality care is available on demand to those who can afford to pay while those who cannot are

forced to rely on public hospitals and health services starved of staff and resources.

The lack of staff for adult cystic fibrosis clinics is just one expression of irrationality of the profit system. Staggering advances in medical science over the past century have created the possibility of longer and healthier lives for everyone including those suffering from terrible diseases such as cystic fibrosis. Under conditions of the worsening breakdown of global capitalism, however, the essential needs of working people are everywhere and increasingly subordinated to the requirements of corporate profit.

The Socialist Equality Party is fighting in the NSW elections for the independent mobilisation of the working class in the fight for a workers' government and socialist policies. High-quality health care, including access to the latest medical technologies and treatments, is a social right that should be freely available to all. That will only take place through the reorganisation of society from top to bottom on the basis of meeting the social needs of the majority, not the profits of the wealthy few.

Authorised by James Cogan, 12-13 Bankstown City Plaza, Bankstown, NSW 2200



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact