

New Zealand's healthcare crisis worsens

Tom Peters
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Recent reports highlight the increasingly severe problems in New Zealand's public health system, caused by chronic underfunding.

Research commissioned by the Health Funds Association, released on April 11, found that 110,000 people are on the official waiting list for elective surgery and an additional 170,000 who need operations are not on the list. The survey also found that average wait times for surgery had increased by 80 days to 304 days since 2013.

The National Party government plans to spend an extra \$11 billion on military hardware over the next decade, including new frigates and planes, to assist New Zealand's integration into the US-led military encirclement of China. By contrast, the health sector is being starved of funds and tens of thousands of people are suffering as a result.

The government's 2015 budget allocated an extra \$425 million per year to healthcare over the next four years. An analysis by the Council of Trade Unions, however, found that inflation, ageing and population growth meant at least \$549 million was needed just to maintain the existing—already grossly inadequate—levels of service. Similar funding shortfalls have occurred in previous years, as the government has sought to impose the cost of the economic crisis on working people.

Health Minister Jonathan Coleman dismissed the waiting list survey, declaring in a statement: "There's a difference between surgery people actually need, and surgery people think they need." His remarks suggest that patients should be arbitrarily denied treatment. In fact, other research points to a vast unmet need, including a 2014 study published in the *New Zealand Medical Journal* showing that one in three people in need of surgery were not being placed on waiting lists.

Canterbury Charity Hospital founder Dr Phil Bagshaw told Fairfax Media the government's method of measuring unmet need by contacting general

practitioners was "a complete waste of time." He said a "large proportion of the population now don't go to their GP because they can't afford it. It's no longer just my opinion because we have figures to support it." Bagshaw's own study of the unmet need will be released later this year.

The most common elective surgical procedures are gynaecological, gastrointestinal, knee and shoulder surgeries. Those who cannot get a doctor's referral for an operation, or who face lengthy delays, are often forced to live with crippling disabilities and pain.

A Fairfax report on April 15 quoted Sharon Cooper, a 35-year-old Canterbury resident suffering complications from surgery for an injury received while working on a dairy farm. After a specialist told her she needed a partial knee replacement, she was refused an assessment by Burwood Hospital "due to the number of people waiting with a greater level of need."

Cooper "now has a pronounced limp, and is in constant pain," the report stated. "I'm pretty much at a loss," she said, adding: "It's like being in a hole you can't get out of. I know I'll get to the point where I can't work and I just think it's so unfair."

Canterbury District Health Board (CDHB) chief executive David Meates told reporters: "Could more people benefit from operations? Certainly yes. It does come down to funding."

On the same day, Fairfax reported that doctors at the region's Christchurch Hospital emergency department were "pleading for more staff" to deal with a surge in admissions. There has been an increase in work-related accidents linked to the rebuilding of Christchurch following the 2011 earthquake.

In late 2015, CDHB chief medical officer Dr Nigel Millar wrote to a Ministry of Health official saying the ministry had "not responded appropriately" to the disaster. He accused it of being "blind to the real issues and determined to drive the business-as-usual model."

Almost all the country's district health boards (DHBs) are running deficits and under pressure to cut costs.

Graham Roper, a member of the Royal Australian and New Zealand College of Psychiatrists' Community Committee, told Radio NZ on April 11 that several DHBs had diverted funding for mental health services to make up shortfalls elsewhere, with disastrous consequences. Non-government counselling and support services have also had their funding slashed.

The cuts come amid a surge in mental health problems bound up with worsening social and economic problems. According to the Ministry of Health, demand for child and adolescent mental health services has soared by 30 percent in the past five years. At Rotorua Lakes DHB, which covers one of the country's poorest regions, the number of young people seeking help has doubled. There were 564 suicides nationwide last year, the highest toll on record, with many linked to poverty and unemployment.

With patients being turned away from over-stretched services, desperate family members are often forced to call the police when a relative experiences a mental health crisis. According to Radio NZ, police received 25,500 calls for mental health-related incidents last year—more than double the figure from 2013, when they received 12,000 calls.

Roper explained: "Two thirds of people who take their own lives have no contact with a health provider in the six years prior to their death in relation to mental health problems... It's a systematic nationwide problem and tragedies will continue to occur. The police aren't the body to manage [this]." Police fatally shot two suicidal young men last year during call outs—Pera Smiler in Lower Hutt and David Cerven in Auckland.

The opposition Labour Party's health spokesperson Annette King has criticised the government for what she says is a shortfall of \$1.7 billion in health spending over the past five years. Labour and the Greens have called for an inquiry into the state of the country's mental health services.

The present crisis, however, is the result of policies pursued by successive governments, led by Labour and National. The Lange Labour government began the process of funding cuts in the 1980s, including the introduction of patient fees for prescription medications. The Clark Labour government, which was supported by the Greens, removed more than 35,000

people from the surgery waiting list in 2005–2006.

Labour's Health Minister Peter Hodgson defended the slashing of the waiting list, telling the *New Zealand Herald* in January 2007: "There will never be enough taxpayer money to fund all types of elective surgery."

Dr Bagshaw opened his charity hospital in Christchurch that year for "people who have been dropped off the waiting list," he told the *Sunday Star-Times* in 2007.

The *Star-Times* reported a vast expansion in private hospitals under the Labour government. Southern Cross, the biggest private hospital chain, grew by 20 percent in four years, while Wakefield Health Group increased its number of operating theatres by 25 percent in 18 months.

Labour openly encouraged the growth of the private sector at the expense of public hospitals. This right-wing agenda, supported by the entire political establishment, has produced a catastrophe for ordinary working people, while the rich can access the best care money can buy.



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