

Young doctor suicides point to deteriorating conditions in Australia's health system

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The tragic suicides of young doctors have highlighted the reality facing health professionals and other hospital workers. They are suffering from acute levels of physiological and psychological stress due to the dangerous conditions and excessive workloads produced by decades of cost-cutting measures by Australian state and federal governments.

In the state of New South Wales (NSW), three young physicians took their lives in the early months of this year. The most publicised case was 29-year-old podiatrist Chloe Abbott, a fourth-year doctor-in-training at St Vincent's Hospital in Sydney, who took her life in January. Speaking at a state government-sponsored conference on junior doctors' mental health in June, Micaela Abbott said her sister was "eaten alive" by the medical profession.

"It's absolutely devastating that this conversation was only generated after the loss of my sister, but we need to get these important changes in place," Abbott said. "Chloe's death can't be a waste," she said, referring to calls by her family to address the excessive hours junior doctors are forced to work, among other things.

Earlier, four junior doctors committed suicide in the state of Victoria at the beginning of 2015. A general medical intern working at Geelong Hospital died a week into his internship, while three psychiatric trainees working at St Vincent's, the Austin and Frankston hospitals, died within weeks of each other.

In NSW, Health Minister Brad Hazzard admitted in March that coronial reports indicated that at least 20 doctors committed suicide in his state from 2007 to 2016, including two senior doctors and a medical student within the previous 20 months.

This terrible toll extends beyond doctors. In a study released last September, researchers from Deakin and

Melbourne universities reported that women working in health professions have a rate of suicide more than twice that of women in other occupations. Suicide among female midwives and nurses was almost quadruple the average rate. Male nurses and midwives were almost twice as likely to commit suicide than men in other occupations.

In another report, published in 2015, the Victorian Coroners Prevention Unit found that suicide among paramedics was 35.6 per 100,000 people—almost four times higher than the average for all other jobs in Victoria.

Ostensible concern of governments for the well-being of health professionals is belied by funding cuts that have stretched public hospitals to breaking point. Waiting and treatment times in public hospital emergency departments have reached dangerous levels, due to federal health cuts under both Labor and Liberal-National governments since 2007.

As well as meeting the demands of the corporate elite for ever-deeper social spending cuts, the public hospital cutbacks are intended to coerce more people into paying for their own care, via private health insurance, driving up the profits of private hospital and health care companies.

The National Health Reform Agreement implemented by the former Labor government removed block funding for public hospitals and imposed "casemix" funding, based on each activity performed and nationally-set "efficiency" prices.

Casemix seeks to continually drive down the funding for each medical procedure. In effect, it financially penalises public hospitals, especially those treating working class, aged and psychiatric patients with complex problems and places pressure on health workers to push patients through hospitals in less time.

Same-day hospitalisations as a proportion of total hospitalisations almost doubled from 34 percent in 1994 to 59 percent in 2014, accompanied by a substantial drop in acute public bed- to-population ratios. Major public hospitals are often at overcapacity, resulting in “bed blocking” by emergency departments that can strand patients in ambulances.

The end result is that in 2017 more than half the registrars, interns and consultants in the public hospital system are working 78 hours a week, according to an Australian Medical Association (AMA) audit. The average number of hours a physician works in a shift is 18; intensive care physicians and surgeons have been recorded working unbroken shifts of between 53 and 76 hours.

Dr Tessa Kennedy from the AMA NSW Doctors in Training Committee told the junior doctors’ mental health conference in June: “Personally, I’ve worked back-to-back 16 hour shifts, 90-hour weeks and then gone home to study. I’ve felt unable to call in sick because there is no one to cover me.

“I’ve regularly stayed hours late to complete all tasks required for my patients, only to be told I can’t claim any overtime. I’ve caught myself falling asleep driving home from night shift at a rotation 90 kilometres from home ... As the doctors in the room will tell you, there’s nothing remarkable about these stories.”

Such conditions help explain why one in five medical students and one in ten doctors have suicidal thoughts. And why four in ten medical students and one in four doctors suffer some form of depression or anxiety. These figures are drawn from a survey conducted on 14,000 doctors and medical students in 2013 by the beyondblue mental health advocacy group.

Doctors in training reported high rates of burnout measured across three domains covering emotional exhaustion (47.5 percent), low professional efficacy (17.6 percent) and high cynicism (45.8 percent). These were caused by excessive workloads (25.0 percent), responsibility at work (20.8 percent) and long work hours (19.5 percent).

This is an international trend. The *Journal of the American Medical Association* (JAMA) last December published similar results from a meta-analysis of approximately 180 studies conducted in Australia, Brazil, Canada, China, France, Germany, South Korea, Sweden, the UK, the US and 33 other countries over

the past three decades.

The study found the prevalence of depression or depressive symptoms among the 129,000 medical students surveyed averaged 27.7 percent. One in 10 reported suicidal thoughts. The study also drew on other research that found a high prevalence of depression (28.8 percent) among resident physicians, indicating that physicians at all levels of medical training were affected.

Health academics and the media generally seek to blame a damaging “culture” in the medical profession. Ute Vollmer-Conna, Associate Professor in Psychiatry at the University of NSW wrote in the *Conversation* last December: “Medical training continues to reinforce the idea that the profession is demanding and that doctors should be invincible and immune from the effects of stress.”

Programs, such as the Basic Physician Trainee OK pilot program at Sydney’s Royal Prince Alfred, have been initiated to “destigmatise” the notion of seeking help among medical professionals and introduce collective debriefing techniques to learn how to manage trauma and recognise signs of stress and burnout. These programs, however, do not alter the fundamental problem.

The toxic environment has not emerged out of the character traits of highly-trained health workers or a supposedly intrinsic culture of medicine. The “culture” often consists of unhealthy coping mechanisms by doctors and other health workers trying to deal with depleted staff and strained resources.



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