

# Paramedic's suicide points to crisis in Australian ambulance services

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9 July 2018

The suicide of a 28-year veteran paramedic in the Hunter region of Newcastle, a major regional city north of Sydney, further exposes the worsening situation in Australia's under-staffed and over-stretched ambulance services.

In early April, Tony Jenkins, 54, took his own life following a meeting with senior management in the New South Wales (NSW) Ambulance Service. The meeting was called to discuss alleged tampering with 16 vials of the opioid painkiller Fentanyl.

Many unanswered questions surround that meeting. Jenkins was accused of criminal acts—stealing Fentanyl—but the clear guidelines for all management-staff meetings were flouted. Jenkins was given no advanced warning of the meeting, and had no support person present. No minutes were taken of the proceedings, nor was the meeting recorded.

According to management, Jenkins admitted to theft, saying he was relieved it had been discovered because he could then seek help. Despite this, he was dropped off alone by a senior ambulance officer. Jenkins did not finish his shift. He drove straight to a local hardware shop where he purchased the equipment for his suicide.

The paramedic was still in his uniform when his body was found early the next morning in bushland near his home. Within a few short hours of his meeting with NSW Ambulance management, he was dead.

A toxicology report found Jenkins did not have Fentanyl in his system when he died. His family insists there were no prior triggers or clues to his decision to take his own life.

After almost three months of obfuscation by NSW Ambulance and a sustained campaign by Jenkins' family for answers regarding his treatment and death, NSW Ambulance Commissioner Dominic Morgan issued an unprecedented apology to “all NSW

paramedics.”

Morgan did not directly refer to Jenkins when he conceded that NSW Ambulance had “not always looked after its staff as well as it should have.” He said the service had “terribly let down some staff, and others we have completely failed.”

Morgan's televised address stated that in his discussions with paramedics during his two years in office, the three issues they said needed change were increased staff numbers, mental health support and protection against occupational violence.

It was precisely on these issues Jenkins had gained a well-earned reputation for campaigning with management on behalf of his fellow workers.

His daughter, Kim Jenkins, told the *Newcastle Herald* that the contents of her father's work locker following his death, revealed “a mountain of correspondence about Dad trying to get things changed.” This particularly related to dangerous jobs he and his colleagues were sent to attend, about which they were provided with little or no information. Jenkins felt he was “waging a losing battle” and the necessary changes were not occurring fast enough.

In the *Sydney Morning Herald*, his other daughter, Cidney Jenkins, wrote: “How could a man who preached about his good fortune, his loving family and his remarkably happy life, be driven to take his own life, without warning. Where was the depression? Where was the melancholy? Where were the signs? There were none—other than a 28-year gig with the NSW Ambulance.”

Her article made clear the lack of support provided to paramedics by NSW Ambulance. She wrote: “Many of us assume that the most traumatic part of a paramedic's job is what they find when they respond to an emergency call. What many of us fail to consider is

what happens to paramedics once they leave a scene. What sort of support do they receive? Where do they go after attending a fatality? More often than not, their next stop is another job.”

Jenkins’ suicide is the third by paramedics in the Hunter region in a decade. It highlights the shockingly high rate of suicides among ambulance officers—double that of the general population.

His death came six months after yet another NSW government inquiry into workplace bullying in the emergency services. This confirmed what had already been established previously: NSW Ambulance has significant problems with bullying, including treatment of staff by managers.

Australian Paramedics Association (APA) secretary Steve Pearce, who gave testimony to the inquiry, said: “Some managers are using performance management ... and job selection as a means of selectively punishing those that displease them.” He reported that some managers ignored or misused policies designed to protect workers and turned a “blind eye” when intimidating behaviour was reported.

Steve McDowell, a former paramedic with post-traumatic stress disorder (PTSD), founded a support group for ambulance officers. He told the inquiry there was deliberate “obstruction” of complaints of bullying and harassment to prevent them being escalated to the Professional Standards Unit.

Professor Carlo Caponecchia of the University of NSW, who presented a submission to the inquiry, reported: “Research shows that people in emergency services are not so much stressed by what they see on the road, it’s what happens to them back at the depot, back at the station, in relation to their colleagues, in the support they get or they don’t get from the service they are employed [by].”

Paramedics and mental health experts alike say there is a lack of support from management, an absence of debriefing procedures, and a denial of the need for counselling services and the time to engage them. This has resulted in a toxic and alienating environment, with antagonistic relations between staff members.

Chronic under-staffing and 12-hour shifts that routinely stretch to 14 or more hours increase the stress, with an emergency call being made to NSW Ambulance every 28 seconds.

In 2016, only 80 new paramedics were hired

statewide, not enough to overcome shortages. At the time, APA secretary Pearce told the *Sydney Morning Herald*: “Lives are being put at risk by the NSW government, which has failed to address this critical shortage of paramedics over several years.” Exhausted paramedics were “doing so much overtime it’s disturbing” and the additional recruits would be “a drop in the ocean.”

Health Services Union president Gerard Haynes told the inquiry that the service was “at least 1,000 people short,” but the unions covering paramedics have done nothing to oppose the constant erosion of staff and conditions. Industrial action has been called off repeatedly over the past decade, allowing management to impose onerous shifts and workloads.

In 2017, the unions allowed ambulance stations to be closed in working-class areas of Sydney—replaced by “super stations”—leading to increased response times because greater distances must be travelled. Paramedics who opposed the closures, warning that lives would be put at risk, were abandoned and isolated by the unions.

The NSW ambulance service employs 4,500 staff, with 90 percent in operational roles, such as paramedics. In late 2017, a NSW Auditor General’s report revealed that between 2012-2017 the demand for ambulance services grew more than 2 percent every year.

Last week, the state Liberal government said 200 new paramedics would be hired in 12 months and a total of 700 over four years. But only 25 new ambulances would be brought into use, so the shortfall would remain.

This promise, made less than a year before a state election, may never be implemented. APA assistant state secretary Gary Wilson told the WWS: “NSW Ambulance does not have the capacity to train an extra 200 paramedics in 12 months.”

Years of budget cuts by governments, both Liberal and Labor, are responsible for the impossible conditions that led Tony Jenkins and others to take their own lives.



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