

Australian health professionals speak on lack of preparation for coronavirus pandemic

Our reporters
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The WSWs has corresponded with a group of doctors and nurses in Australia regarding the state of preparedness of the facilities in which they work for Covid-19 becoming a global pandemic. While employed in varying capacities within the health system and in different states, they all report a common state of affairs: initial official complacency over the viral outbreak in China; confusion over how to respond if people presented with coronavirus symptoms; and now alarm at the prospect of thousands of Covid-19 cases due to a lack of staff and specialised beds to treat severe viral infections and respiratory illnesses.

Health professionals across Australia did take note of the warnings from the World Health Organisation (WHO) about the spread of Covid-19 in China, but the government attitude was that it was essentially a “Chinese” problem that would have little direct health impact in Australia.

The federal government of Prime Minister Scott Morrison and the various state and territory governments did not act to establish a coordinated nation-wide system for widespread testing following the WHO January 30 classification of the coronavirus as a “global health emergency.” At hospitals, no separate admission facilities were set up for suspected cases. People who feared they have been infected presented to either their local general practitioner or to a hospital emergency ward. If they had not been in China in the past 14 days, they were not tested.

“Jane,” who works at a clinic associated with one of Sydney’s largest public hospitals, the Royal Prince Alfred (RPA), explained that, from late January, “the management displayed notices on the front door entrance with ‘STOP’ written in red.” The signs, posted in both English and Mandarin, asked people “not to enter the hospital” if they had travelled in the previous 14 days to China, the epicentre of the virus outbreak, or if they had been in contact with a confirmed case of coronavirus. It simply advised such people to “self-isolate at home” and contact a local general practitioner (GP).

Notices were posted throughout the hospital, in case someone “missed” the sign at the entrance. Employees who

had visited China were also asked to “self-isolate” for 14 days before returning to work. Staff were told they would be provided with “specific instructions on the procedure to follow if someone should identify themselves” as falling within the at-risk category, but Jane explained: “In my area, we weren’t provided with specific instructions, except to contact the quality team or after-hours manager for assistance and numbers were provided.” No additional protective gear beyond standard masks and gowns was issued.

A similar response was taken at a hospital in the Hunter Valley region of New South Wales, to the north of Sydney, where “Shane” works. Throughout February, general information was provided to staff in emails but, apart from an admission questionnaire being modified to ask patients about their recent travel history and whether they had flu-like symptoms, the virus outbreak was not considered a serious threat.

At a major hospital in Brisbane, Queensland, where “John” works as a doctor, staff likewise received emails from late January about the virus outbreak with basic information on the symptoms. He noted: “Additional standard masks were provided to wards, but no major equipment such as hazmat suits or high filtration masks, which are actually the only protection devices that would be effective against a viral disease was brought in.”

John said: “Virtually every state health department advised patients concerned for coronavirus to go to their GPs. GPs are unable to deal with dangerous viral diseases and protect themselves or other patients. One popular social media post asked: ‘General Practitioners are among the elderly, have diseases, and may be immunocompromised, and are just as vulnerable as the public. So, who will speak up for the GPs?’”

By March, thousands of cases were being confirmed outside of China. Health professionals were shocked across Australia when news broke that two doctors and one staff member working at three of the largest public hospitals in Sydney had become infected. Dozens of their colleagues

were ordered into self-isolation, worsening already considerable understaffing. A Melbourne GP also contracted Covid-19 while in the US and was lambasted and vilified by the state health minister because he treated patients while unknowingly infected.

As the economic impact of the virus was registering and the realisation dawned that there would most likely be widespread infections within Australia, governments at all levels began to respond with a heightened sense of alarm. Hospitals and general practitioners have been belatedly instructed to prepare for a large-scale coronavirus outbreak, but they are ill-equipped to do so.

John explained: “This week a ‘fever clinic’ was opened in the emergency department at my hospital in order to deal with the influx of patients concerned about having coronavirus. It is poorly staffed, with doctors pulled from existing duties. Beyond this, the respiratory department has been tasked with treating these patients.

“There is only one isolation pressure-controlled room in my hospital’s emergency department, with an additional three in other parts of the hospital. There is some capacity to isolate patients in single rooms—but they have no pressure control to truly prevent viral spread. Even then, there are only roughly 50 such beds in the entire hospital, and they are not all suited for the purpose of quarantine or adequately staffed. This is a major Brisbane hospital and only a handful of other hospitals in the state would have a similar capacity.”

In the Hunter Valley, Shane reported: “In the last few days the hospital has set up a ‘fever clinic’ near the entrance of the Emergency Department, where those with fever present to be assessed. This has a separate entrance, so patients don’t enter the hospital. Otherwise, it appears business as usual.”

He detailed that one of the main concerns among doctors and staff is the shortage of “negative pressure rooms which can contain any exhaled viruses from infective patients. These rooms exist for high risk patients who may have a virus, preventing spread to other patients in the ward, or severely immunocompromised patients requiring isolation. There are very few of these rooms in the hospital wards and they are mainly on the respiratory ward.”

In Sydney, Jane explained that elective surgery is being cancelled by RPA in anticipation of an influx of coronavirus cases. People due for a check-up one year after a surgical operation have had their appointments delayed for three months. She said that additional protective gear is now being provided in the wards but “the long-sleeved gowns specifically for infection control are in short supply, so we are using the protective gowns that nurses administering chemotherapy use.”

John told the WSWs: “Generally there is a mixture of

anger, confusion and wishful thinking on the part of many doctors and other health workers. From what I can gather in conversations, as well as reading forums and social media groups directly involving doctors, many feel that the government is essentially throwing health workers to the wolves, giving them mixed guidance, and scapegoating them for inadequacies in the health care system.

“There is a perception that the government does not care about the interests and safety of healthcare workers, and trust in authorities is low. In social media and in conversations with colleagues, many seem resigned to the proposition that they will get coronavirus and there is a degree of fatalism in this sentiment. The statistics seem to indicate that most young and middle-aged healthcare workers will not suffer too heavily, and this is a hope some have, but obviously many are concerned for their elderly friends, family and children.

“At the very minimum, there needs to be an urgent provision of funds for equipment and staff to deal with a possible influx of patients and the reality that many healthcare workers will likely fall ill from coronavirus in the event of a widespread outbreak of the disease.

“In Australia, the major issues are going to be the fragmentation of the healthcare system between public and private sectors, and an arbitrary division of administration of the healthcare system across state boundaries. There is an urgent need for centralised coordination at the national level, and the nationalisation of the private hospitals to access additional beds, ventilators and staff. Additional funds for services could easily be found from even modest taxation on the wealthiest individuals and corporations.

“In the final analysis, what is needed is international integration of health systems. In truth, the Australian healthcare system is dependent on international cooperation, in regard to the provision of equipment, medications, training, research and personnel. It has been said that coronavirus does not respect national boundaries, and this is true.”



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