

Hospitals in Germany on the brink of collapse

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Although coronavirus infections are rising dramatically and scientists and doctors are urgently warning of an overload of the health system, the federal and state governments continue their unscrupulous profits-before-lives policy. Even the completely inadequate federal “ emergency brake ” is being deliberately watered down and delayed. Now, hospitals are on the verge of being overloaded.

The situation in Thuringia is particularly dramatic. Hospitals in Jena and the hotspot Greiz, where the incidence level has been over 500 per 100,000 for weeks, can no longer treat coronavirus patients who need intensive care. Initially, five patients seriously ill with COVID-19 will be transferred to intensive care units in other German states, as Professor Michael Bauer, head physician of the Jena Clinic for Anaesthesiology and Intensive Care Medicine, announced.

According to the German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI), 220 COVID-19 patients are currently in intensive care units in Thuringian hospitals. Of these, more than half (128) are receiving invasive ventilation, 638 of 701 intensive care beds are occupied, 63 beds are vacant, of which only 29 are specifically equipped for the treatment of COVID-19 patients, and the number of admissions is increasing daily.

On Friday, the Robert Koch Institute (RKI) reported a further 1,190 new infections in Thuringia and an increase in the incidence rate to 259. Already by the end of 2020, several COVID-19 patients had to be transferred from Thuringia. The rising numbers are the result of the policies of the state government under Bodo Ramelow (Left Party), opening up businesses and the education system. Despite the foreseeable development, it had decided on further relaxations before Easter.

In Bavaria, too, most hospitals are already in

emergency mode. On average, the number of COVID-19 patients in Bavarian hospitals has doubled in the last three weeks. Roland Engehausen, managing director of the Bavarian Hospital Association (BKG), said a new peak in hospitals could certainly be expected at the end of the month. He went on to warn, “If the number of newly infected people doesn’t go down, we’ll be in an area we don’t know from May.”

Currently, more than 2,500 COVID-19 patients are being treated in Bavarian hospitals; 700 are receiving intensive medical care. A week ago, there were almost 200 fewer. In the entire state, there are only 340 intensive care beds with the option of invasive ventilation.

A spokeswoman for the health ministry had to admit that if the increase continued, there would be “an impairment of hospital care, especially regular emergency care.” A spokeswoman for Nuremberg Hospital said Friday that all intensive care beds in the region had been occupied for a short time on Thursday evening.

Nurse Rali Guemedji, who works in the intensive care unit at Nuremberg Hospital, posted a video account of working conditions there. “Every day, every hour, the staff of the hospital—the cleaners, the nurses, the doctors—are working at the limit. Many have sleepless nights because they are seeing that even young people without any previous illness suffer and die,” Guemedji said.

The consequences of a further increase in patient numbers in hospitals are quite clear. Michael Hallek from the Cologne University Hospital told the *Kölner Stadtanzeiger* that a “hard triage” in the university hospital was not far away. In such circumstance, doctors would have to decide which patient received potentially life-saving treatment and which did not, due to a lack of resources. “If the numbers go up too fast, it may not be avoidable. In the next few weeks, it could

happen. The system is at its limit,” the doctor explained.

Other doctors have reported that so-called “soft triage” was already commonplace as a result of the high workload. The necessary rejection of patients or postponement of operations often resulted in massive health disadvantages, even for non-coronavirus patients. Emergencies “cannot always be comprehensively cared for with us,” said Hallek. Even COVID-19 patients with life-threatening illnesses could no longer be helped in all cases. “We’ve never had that before.”

Steffen Weber-Carstens of Berlin’s Charité Hospital pointed out that in many regions there was only 10 percent or less free capacity in intensive care units. For an intensive care unit with 12 beds, this meant just one bed. He warned against “walking into a peak workload with open eyes” and risking the health system “drowning.”

Gernot Marx of the DIVI warned that of the almost 30,000 infected people reported on Thursday, around 300 to 600 would become seriously ill in a fortnight at the latest and would have to be treated in intensive care units.

Because of the spread of several virus strains and the slow progress of the vaccination programme, it is no longer only the elderly and those with previous illnesses who have to be treated in intensive care units, as was the case last year, but much younger people, most of whom have no previous illnesses worth mentioning.

According to Martin Kreis from the Charité, the age range here is between 30 and 60. In Berlin alone, 40 new intensive care beds currently must be made available every week to be able to care for patients. Across Germany, 50 to 100 additional patients are admitted to intensive care units every day. One in two patients who must be ventilated dies.

Government adviser Rolf Apweiler told broadcaster ntv that he assumed there were far higher coronavirus case numbers than currently being reported. Because of the drop in testing over the Easter holidays, he said, one should assume a 30–40 percent higher incidence. We were still at the beginning of the wide spread of the B.1.1.7 virus strain; “The worst is yet to come for many districts. This risk situation cannot be explained away,” said Apweiler.

The head of the DIVI, Christian Karagiannidis, again appealed to state and federal governments to finally take effective measures against further spread. “We are used to death, but there has never been anything like this,” he told the *Tagesspiegel*. Even after a drastic tightening of protective measures, it would take at least two weeks for the number of patients in the clinics to decrease, he said.

Hospital employees have been working at their limit for more than a year. This is not without consequences. Even now, many available beds in German hospitals cannot be utilized because of a lack of qualified staff.

According to the Federal Employment Agency, 9,000 nurses left the profession between April and July. A survey by the German Professional Association for Nursing Professions showed that 32 percent of almost 3,600 respondents were more likely to think about leaving the profession than stay. Almost one third of respondents work in an intensive care or COVID-19 ward. The federal government’s nursing commissioner, Andreas Westerfellhaus, has already warned of “catastrophic consequences.”

Despite the imminent collapse of the health system, the federal and state governments are sticking to their herd immunity policies. They continue to keep workplaces and schools open by any means necessary to secure the profits of corporations and the super-rich. This criminal policy cannot be countered with appeals to the politicians who are responsible for it. Only the broad mobilisation of the working class on an international, socialist programme can counteract it.



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