

Young worker's death in rural Australian hospital highlights public healthcare crisis

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The long-standing crisis of public healthcare in rural Australia has been brought to light by the coronial inquest into the tragic death of Alex Braes. In September 2017, the 18-year-old fitter and turner presented to the emergency department of Broken Hill Hospital, in far-western New South Wales (NSW), with sepsis from *Streptococcus*, a blood-stream infection that is fatal if not treated urgently.

Despite worsening leg pain from an ingrown toenail, where the infection originated, Braes was sent home three times. Once admitted, he needed to be transferred to a larger hospital, but a lack of beds in Adelaide led to his evacuation being delayed for several hours. Though finally transported to Sydney, it was too late to save his life.

The death has traumatised Braes' family and hospital staff alike. Justifiably outraged at the poor care of his son, John Braes told the inquest of his horror and sadness when he saw that Alex had searched "can pain kill you" on Google just before his death.

The lack of ambulances in Broken Hill meant John had to drive his son to hospital. The understaffed hospital had just one triage nurse in the emergency department, one porter for the hospital and no available wheelchairs.

Doctors and nurses of the hospital described Braes on his final admission as the "sickest patient ever seen at Broken Hill." Dr. Ali Baalbaki, who looked after Braes during his final admission to the hospital, said he was so traumatised by the experience that "for the last four years I never celebrated my birthday because it's concomitant with that event."

The facts revealed by the inquest indicate that Alex Braes' death was a disaster waiting to happen. The emergency department did not even check his vital signs, owing to a "business rule" of the hospital

preventing nurses from initially checking them on arrival.

Triaged to a non-urgent category each time he presented, Braes was seen at 3.30 a.m. on his first visit by an exhausted doctor eight hours into a 12-hour night shift, who misdiagnosed him. Only one doctor covered the entire 108-bed hospital overnight, indicating a grossly understaffed facility.

The testimony of health workers at the inquest indicated little has changed at the hospital since Braes' death.

NSW Health issued the usual pro-forma statements, with Health Minister Brad Hazzard of the Liberal-National state government saying that it would address the issues arising from the inquest.

However, staff at Broken Hill Hospital have raised concerns regarding the facility for years. Dr Kerrie MacDonald, a paediatrician, told the Australian Broadcasting Corporation's "Four Corners" program in 2019 that she and other senior doctors had requested an independent review of the hospital's patient care in March 2017, and for a risk register to document shortcomings in June 2017, well before Braes' death.

Subsequently, MacDonald noted that most of the senior staff had left, their concerns unheeded. "Since Alex died, 10 of the 18 senior doctors working at Broken Hill Hospital left the town over the next one to two years," she said. "I spoke to all of those doctors and seven out of 10 gave the reason as the 'poor clinical governance' that was in place."

To date, no measures have been taken to improve care at Broken Hill, as a complaint to the state ombudsman in 2020 by five of the same senior doctors made clear.

While the tragic case and inquest have primarily focused attention on the failures of staff and

management at Broken Hill, the persistent understaffing and inadequate facilities are not unique to one hospital. They reflect decades of attacks on public healthcare by federal and state governments, both Liberal-National and Labor.

Broken Hill is a remote mining town of less than 20,000 people, 1,100 kilometres from the state capital of Sydney. Like much of rural Australia, it has suffered immensely from the decades-long destruction of industry and working conditions, initiated by the Hawke-Keating federal Labor governments of 1983 to 1996 and continued by governments ever since.

The consequent unemployment, poverty, and poor access to health and recreation facilities has resulted in NSW's high rate of avoidable deaths—preventable where timely access to medical care is available—at 189 per 100,000 persons.

The Australian Institute for Health and Welfare (AIHW) reported in 2018 that remote areas such as Broken Hill had an avoidable death rate of 248 per 100,000 persons, compared to 91 in major cities. People in remote areas have a median life expectancy up to 16 years shorter than in cities, with a rate of death up to 80 percent higher. Rural and remote areas comprise some of the most oppressed sections of the working class, including indigenous communities.

Since coming to office in 2011, the NSW state government, now headed by Premier Gladys Berejiklian, has systematically underfunded the public health system. The result has been a deterioration in services. From 2014 to 2018, AIHW reported that the number of NSW patients seen on time in emergency departments declined from 75 to 72 percent. Average waiting times for elective surgery remained at 330 days, with substantial increases in delays for cardiothoracic and neurosurgery.

While claiming to have released its largest health budget in 2019, leaked internal documents indicated that the state government intends to cut spending by 20 percent over 10 years, to address a supposed \$7–10 billion “funding gap” in the state budget.

This shortfall is in part the consequence of a \$50 billion cut to public hospital funding over the past decade carried out by the federal Liberal-National government, elected in 2013. These cuts continued those inflicted by the previous Greens-backed Labor government, including the introduction of fee-for-

service hospital payments that slashed overall funding to hospitals.

This process has been implemented with the assistance of the unions. When 150 nurses and midwives in Sydney's Blacktown Hospital went on strike last year to protest understaffing and poor infrastructure that had led to the deaths of five babies in two years, the NSW Nurses and Midwives Association shut down the strike without any demands being met.

Likewise, when 20 obstetricians at Blacktown Hospital threatened a mass resignation over similar concerns, the Australian Salaried Medical Officers Federation opposed their action.

The crisis in rural healthcare is one more indication of the precarious state of the healthcare system, which would be unable to deal with a serious surge in COVID-19 infections. Governments have also opposed sufficient lockdown measures against coronavirus outbreaks and persisted with an inadequate hotel quarantine system that has led to numerous virus leaks.

The constant claim by governments that there is no money to provide for basic healthcare needs is fraudulent. Throughout the COVID-19 pandemic, federal, state and territory governments have so far poured some \$450 billion into corporate coffers by way of support packages and subsidies, while the federal Liberal-National government has continued to spend a planned \$575 billion on the military over the next decade, preparing for war.



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