

Doctors discuss mass resignations as Australian rural health inquiry reveals systemic breakdown

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A New South Wales (NSW) parliamentary inquiry established in September 2020 after a succession of preventable deaths in rural and regional hospitals has heard of discussions by rural doctors of mass resignations from the public health system because of the system's "onerous" demands.

The inquiry received over 700 submissions from health professionals and members of the public revealing the disastrous state of healthcare services, which has been likened to conditions in "a third world country."

In September 2017, an otherwise healthy 18-year-old Alex Braes died after presenting four times to the hospital in the outback city of Broken Hill with an infected toe. Only on his last visit were proper tests done which indicated the seriousness of his condition. The closest major hospital with free beds was Sydney, over 1,100 kilometres away, but in the time the air ambulance took for the return trip Braes went into cardiac arrest and died.

A further tragedy occurred last year in the small town of Gulgong, where 66-year-old Dawn Trevitt, a local primary teacher, presented to the local hospital emergency department with internal bleeding and dangerously low blood pressure. There had been no doctors at the hospital for four months. Trevitt was being treated via teleconference when she died.

Trevitt's daughter, Hayley Olivares, told the inquiry: "When did we get to the point that the level of health care you should expect to receive not only depends on your postcode but also on your likelihood of survival?

"The system is failing. It failed my mother, our family, the community, and it will continue to fail unless acknowledgement turns into accountability.

There must be change... People are dying; families are broken."

In Tumbarumba in the foothills of the Snowy Mountains, a registered nurse, Mrs Paton, told the inquiry the local hospital had no doctor for four months last year. She reported that kitchen staff were regularly used to "keep an eye on" patients when the nurses were too busy to deal with them. Asked what was needed for the health system, Paton replied "more staff."

Paton's experience was echoed by nurse Pen McLachlan, who told of a Condobolin hospital cook caring for a stroke patient in the hospital car park while waiting for the local firefighters to get the patient out of the car.

In Deniliquin, the inquiry was told by Dr Marion Magee of a 30-year decline in health care in her region resulting in the reduction of ten visiting specialists to three. Over the previous 20 years, 350 out of 700 doctors in the local health district had "decided not to reapply because the reapplication process was so onerous."

Magee said the 11 "Deniliquin doctors are at a tipping point where we are actually at the point of saying, 'No, our service stops' to the hospital because it is so onerous we cannot do it anymore." And "we are considering resigning en masse."

Magee said she worked on average a 120-hour week and it was rare for her to get a full night's sleep due to being on call.

Representatives from the remote town of Bourke told how no children can be born in the shire and mothers must travel almost 400 kilometres to Dubbo to give birth.

People from the regional and rural communities of

Coffs Harbour, Tumbarumba, Deniliquin, Murrumbidgee, Parkes Shire, Warren Shire, Dubbo, Gulgong, Warrumbungle and Bathurst told the inquiry of decades of reductions in services provided at their hospitals.

Basic medications, including antibiotics, and supplies, such as quality suture kits and dressings, are routinely unavailable at public hospitals due to cost.

Many submissions criticised the use of telehealth services as a *substitute* for doctors on site rather than as an aid to healthcare workers.

One nurse wrote: “Patients are in danger due to staffing levels. We have moved to a wonderful new building. More beds, bigger area to cover... But, no more staff. Every shift someone is sick mostly from exhaustion.”

Another said: “Our aim is to provide the best care to our patients but because we are constantly short staffed, we cannot provide adequate care and we are constantly under stress... we try and support each other however we can only take so much before we fall apart!”

In 2017–18, people living in remote and very remote areas of Australia were hospitalised at nearly 1.3 times and twice the rate, respectively, of those living in major cities. That resulted in up to double the mortality rate, compared to their city counterparts, for conditions such as cardiovascular disease, diabetes, respiratory disease and cancer.

Deaths due to diabetes, suicide, land transport accidents and liver disease were all more than 1.5 times greater in remote and very remote areas, with life expectancy up to five years less than in the metropolitan areas.

According to a submission by the NSW Rural Doctor Network, the number of rural General Practitioners (GPs) has declined in rural areas from more than 800 in 2011, to less than 200. Moreover, more than half these GPs are over 55.

One submission quoted figures which “estimated that governments would need to spend an additional \$2 billion per annum on healthcare for rural Australians to bring national expenditure into parity with the per capita health spend on people in cities.”

The Health Services Union (HSU) submission stated that in a membership survey 70 percent of their rural members said the public health system was getting worse and that for all NSW healthcare workers the

biggest concern was unreasonable workloads and lack of staff.

The NSW Nurses and Midwives Association (NSWNMA) submissions to the inquiry revealed that 80 percent of nurses and midwives had experienced violence at work in the previous six months, and most perceived that violent episodes were becoming more frequent.

The devastation of public healthcare is result of a broad assault on the social gains of the working class over decades by successive state and federal Liberal-National and Labor governments with the assistance of the trade unions, which have enforced the budget cuts and suppressed health workers’ struggles against privatisation, job cuts and wage cuts for decades.

Most recently, the NSWNMA shut down a strike of nurses at Sydney’s Blacktown hospital following the deaths of six babies at the hospital in under two years because of staff shortages.

These experiences underscore the necessity for the future of public healthcare to be taken out of the hands of governments and the unions. It can be taken forward only by developing an independent political movement of the working class through the formation of rank-and-file committees to unite the struggles of health workers throughout Australia and internationally.

Free, high-quality and available healthcare is a social right that can be provided only if the resources of society are freed from grip of the financial elites and placed under the democratic control of the working class, that is, by the establishment of socialism.



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