

South Australian hospitals in crisis but health union takes no action

Margaret Rees
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The South Australian (SA) hospital system is at risk of collapse, due to understaffing and lack of facilities, even though COVID-19 infections remain low, with the state recording only three community transmissions in the past weeks.

Late last month leading hospitals—the Royal Adelaide Hospital (RAH) and the Queen Elizabeth Hospital—were forced to declare internal emergencies and enter “major incident” mode when their emergency departments were overwhelmed. This included cancelling elective surgery, medical treatments and procedural services, except for emergency cases. According to media reports, it also meant moving patients to private hospitals. For the RAH, it was the third month in a row a major incident alert had been declared.

At the Women’s and Children’s Hospital a group of emergency doctors spoke out publicly on September 1, voicing their outrage at the chronic lack of resources and understaffing. They were described as being “at their wits’ end,” over a shortage of ten fulltime training medical officers. In addition, there are insufficient treatment spaces. According to national guidelines there should be 32 treatment spaces, but in SA there are only 19.

Spokesperson Dr. Davinder Gill told *InDaily* “Clinicians are stretched beyond their limit. Patients shouldn’t be subjected to this risk.”

He added that doctors had “no confidence that current management understand the seriousness of the issue.”

“Many patients wait more than four hours, some even up to eight hours, to be seen. Almost nine percent of patients don’t even wait to be seen.”

“The situation has been deteriorating for years, and has been continuously neglected by hospital management.”

Claims by Liberal state health minister Steven Wade that “there are more doctors, nurses and ambulance staff employed in South Australia than ever before,” fly in the face of reality.

According to the Ambulance Service CES, every second day during August the Ambulance Service was at

Operational Status Red, which is defined as levels of demand “having a potential impact on SA Ambulance Service ability to deliver safe, quality patient services.”

The state has reported record ambulance ramping outside hospitals in Adelaide due to bed and staff shortages. The flow-on effect of ambulance shortages means people who call 000 wait hours for an ambulance to arrive, only to face full hospitals and lengthy delays in emergency departments before admission.

In response, the leading health union, the Australian Nursing and Midwifery Federation (ANMF), is preparing to run a thinly disguised pro-Labor campaign for the state elections, due to take place on March 19 next year.

Last month ANMF (SA Branch) CEO/Secretary Adjunct Associate Professor Elizabeth Dabars addressed the closure of Adelaide’s Mental Health Hospital in the Home, which has increased pressure on hospital emergency departments, forcing many mental health patients to wait over 24 hours for a bed.

“Never before have we seen such alarming levels of ramping and overcrowding, Dabars insisted, “to the point where our health system is failing even our frail aged and our children.”

“South Australians deserve a State Government that is willing to prioritise the health of the community, and that will require significant investment.”

“We have seen leaders in other states, such as Western Australia, make a serious financial commitment to providing the best health care services possible to their residents. We need to see that same level of action here,” she said.

Her praise of the McGowan Labor state government in Western Australia, revealed her own organisation’s actual political agenda—to suppress the independent action by health workers and, instead, vote Labor, or divert the anger of workers into drawn out and fruitless legal challenges.

On September 1, 50 nurses at Eastern Community Mental Health Service, in the eastern suburbs of Adelaide, commenced industrial bans in response to safety and workload issues, caused by serious staffing shortages.

The Service has a shortfall of over 20 full time clinicians. Dabars said, “The Central Adelaide Local Health Network (CALHN) has not provided an acceptable response to ensure the health, safety and wellbeing of employees.”

She pointed out that “The state health system requires an urgent injection of an additional 30-40 mental health nurses in the community, and about 100 to fill vacant shifts, including those in CALHN. This is only to cover existing workforce shortfall, let alone to meet any additional and desperately needed bed capacity.”

At the same time the ANMF filed a legal case in the SA Employment Tribunal against the Women’s and Children’s Hospital, seeking orders to remedy and restrain certain contraventions of the enterprise agreement. These include not meeting the base staffing requirement of one nurse to three patients, and not maintaining a mental health nurse on every shift.

While lauding the record of Mark McGowan’s government, the union covers over the real situation in WA hospitals. The Labor government has left the hospital system in Western Australia just as unprepared for a COVID crisis as has the Marshall Liberal government’s approach to South Australian hospitals.

Moreover the Western Australian branch of the ANMF has colluded with the Labor government to stifle the concerns of its nursing members over chronic understaffing.

On September 4, a rally was held in Adelaide, outside the Liberal Party’s Annual Conference, by SA Unions, including members of the ANMF, the Ambulance Employees Association, United Firefighters Union and Australian Education Union.

The rally was purportedly held to highlight the parlous state of the health system, and it proposed to provide a government workforce planning committee, in partnership with the ANMF, to identify and monitor skills shortages and implement new supports and programs. Such a body would serve to entrench the corporatist relationship between the union and the government.

Under the previous Labor government, which ruled South Australia for 16 years, from 2002 to 2018, there was a continual process of government attacks on public health. Typically, after the previous health minister announced a plan to cut 350 jobs and close 114 hospital beds in October 2012, the following year Health Minister Jack Snelling declared, “I think we can reduce the number of staff and still maintain a reasonable level of service.”

In 2014, SA Health unveiled Labor’s “Transforming Health” program, which, under the guise of consolidating specialist services to three major hospitals, pursued an economic rationalist outcome, including the closure of Adelaide General Repatriation Hospital. Doctors who

criticised the program for ignoring patient safety were labelled “naysayers.” The ANMF, described as a “stakeholder,” in the program by the then Liberal opposition, belatedly expressed some opposition, due to reduction in nurse numbers.

In 2016, when Lyell McEwin Hospital was dangerously overcrowded, its entire radiology service was outsourced to a private firm. Meanwhile, in a massive privatisation exercise, the Royal Adelaide Hospital rebuild through a public private partnership (PPP) ended up costing \$2.1 billion by the time it was signed off in 2017, making it the most expensive hospital project in Australia to date.

By 2017, spokesman for the Ambulance Employees Association, Phil Palmer summed up the result of years of neglect: “There has been no improvement in patient flow through hospitals, the discharge system remains inefficient, emergency departments are more overcrowded than ever and ramping is the worst we have ever seen in South Australia.” This description continues to apply to the situation under the Marshall government.

The ongoing, dire state of the health system, only exposes the fact that the declarations of all state governments, South Australia’s included, are lies. They have not prepared for what will be an inevitable resurgence of COVID-19. If an outbreak occurs, the hospital system will be unable to cope, resulting in unnecessary deaths.

Health workers, and the working class as a whole, oppose the deepening crisis and continuing budget slashing in hospitals. But not a step forward can be taken under the present union organisations, whose efforts are directed to turning workers into making fruitless pleas to the big business parties and governments.

Only through the formation of rank-and-file committees in the health industry, completely independent of the trade unions, based on a socialist program and democratically organised by the workers themselves, can public health care prioritise lives over profit and business.



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