

# Australia: Declining number of ICU beds during pandemic highlights crisis in public hospital system

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While both federal and state governments in Australia recklessly end COVID lockdowns and quarantine measures, a survey of intensive care units (ICU) in Australia has revealed that the country has lost 200 staffed ICU beds since March 2020. This decline, representing 8 percent of ICU beds nationally, also means a reduced ability to increase capacity during serious coronavirus outbreaks, which will occur as a result of the reopening.

The study, titled “Increasing ICU capacity to accommodate higher demand during the COVID-19 pandemic” was published in the *Medical Journal of Australia* (MJA) last week and reviewed the existing capacity, staff levels and equipment of the 194 public and private ICUs in Australia. It was conducted by the Australian and New Zealand Intensive Care Society (ANZICS) for Australian federal and state health departments.

This comes at a time when the Australian Medical Association (AMA) has projected that as many as 50 percent more ICU beds may be required to cope with an increase in hospitalised COVID patients, with up to 124,000 more admissions possible over the next 12 months.

ICUs are crucial to the treatment of severely ill patients, including those with COVID, as they provide essential life support machines such as ventilators, and require highly trained specialist doctors and nurses to staff. Internationally, the exhaustion of ICU capacity in COVID outbreaks has resulted in major increases in the death toll, both from COVID patients unable to receive proper care, and patients with other diseases or traumatic injuries unable to access an ICU bed.

In comments to the *Guardian Australia*, the report’s lead author Professor Edward Litton identified the loss of available workers due to the stresses of COVID,

particularly ICU nurses, as the main cause for the lack of beds. Due to the physical requirements of maintaining most ICU patients, each bed needs at least one nurse to be present at all times, and at least one ICU doctor is required for 10 patients. It takes at least 12 years to fully train an ICU doctor, and 5 years for an ICU nurse, with their highly skilled roles almost impossible to replace with other health workers.

Losses of ICU beds are far greater than 8 percent in many smaller states and regional/rural areas. The Australian Capital Territory (ACT) and Tasmania both lost one-third of their available ICU beds, with the Northern Territory and South Australia losing 20 percent.

There are significant variations in bed numbers between states. Despite its hospitals being overwhelmed in the current outbreak, New South Wales (NSW), with 10.8 ICU beds per 100,000 people, has the highest ratio in the country, and nearly double that of Western Australia, which has only 6 per 100,000.

Regional and rural areas, taken as a whole nationally, have 18 percent fewer beds available than at the start of the pandemic. These areas have lower vaccination rates due to a lack of available health infrastructure and workers, and their populations are on average older and less healthy, guaranteeing that they sustain a greater burden of severe COVID cases. Private hospitals have seen similar reductions, as healthcare corporations cut staffing levels to maximize profits during the pandemic.

Despite their awareness of these conditions, Australian governments are rapidly dispensing with lockdowns and travel quarantines as they declare that the population must “live with the virus.” Inoculation levels are being presented as a silver bullet, even though epidemiologists and medical experts have warned that vaccines alone without public health measures are not sufficient to

eliminate COVID outbreaks.

The necessary public health policies, including lockdowns, have been dismissed by the ruling elite as an intolerable roadblock to “re-opening the economy,” by which they mean the ability of the major corporations to ruthlessly exploit workers.

Acutely aware of the disastrous consequences of their policies, and fearful of opposition from within the working class, who have borne the brunt of death and disability from COVID, governments and the corporate media have launched a propaganda offensive. They claim that a highly vaccinated population, combined with an increase in hospital and ICU capacity, will be sufficient to prevent the hospital system from being overwhelmed. In NSW and Victoria, the two states most affected by COVID, these claims have been used to justify ending safety measures while still reporting hundreds to thousands of cases per day.

Former NSW Premier Gladys Berejiklian and her successor Dominic Perrottet have consistently asserted that the state hospital system will be able to cope with increased COVID cases.

In August, state deputy chief health officer Marianne Gale claimed that “there has been a lot of work across our system since the beginning of the epidemic to ensure our workforce is well equipped, well-trained, well up-to-date... across the state our intensive care network is very well-connected, there is a lot of capacity across the state in terms of ICU beds, and our services are well equipped to care for anybody who may need those services.”

The NSW government has asserted that the state can increase its ICU beds by 2,000. NSW presently has 884 ICU beds, having cut 45 in the past year.

Similarly, the Victorian Labor government of Daniel Andrews claimed last year that it would provide a surge capacity of 4,000 additional ICU beds to cope with COVID outbreaks, a pledge it has subsequently ditched. Victoria only has 476 ICU beds, a reduction of 40 from March 2020.

A compilation of the *World Socialist Web Site's* coverage of this global crisis, available in epub and print formats.

The ANZICS report makes clear that all of these promises are empty lies, and that the likely effect of unrestricted COVID outbreaks will be a further, more severe erosion of ICU capacity, as staff are unable to cope with the increased workload, or are diverted from their existing roles to meet other responsibilities within overwhelmed hospitals.

Far from being able to raise thousands more ICU beds in a crisis “surge,” the report found that there were only enough staff to operate an additional 383 ICU beds across the entire country, and this under conditions of short-staffing and immense stress placed on existing health workers.

Blame for this dire situation lies with federal and state governments, Liberal, National and Labor alike, which have systematically gutted the already underfunded public healthcare system for decades.

In 2012, the Rudd-Gillard federal Labor government imposed activity-based funding, which allocates resources to hospitals based on a set and inadequate “price” for current procedures, not projected need. This was then followed by caps imposed by the 2016 Turnbull Liberal-National government on funding increases. The result is a public hospital system unable to cope with major increases in hospital admissions, including to ICUs.

The crisis with ICU beds is only one particularly sharp indication of a public hospital system on the verge of collapse. Even in states with no significant COVID outbreaks, hospitals increasingly are overwhelmed by existing patient numbers, with ambulance ramping and blow outs in waitlist times for elective surgeries.

In recent comments to the *Australian* newspaper, AMA President Dr Omar Khorsid stated “since the early phase of the pandemic there’s been a real surge in demand and that has led to the hospitals just being unable to cope in most states and territories, completely separate to Covid and simply as result of a longstanding lack of funding.”

The federal and state governments of Australia, both Labor and Liberal-National, are aware of crumbling hospital capacity but still intend to expose the population to a massive surge in COVID cases, in the interests of big business. Only the working class can take up the fight to eliminate COVID and defend the right to universal high-quality healthcare, on the basis of a socialist program that prioritises human life over profit.



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