

Australian hospital meltdown: Doctor declares “staff are literally falling apart”

Martin Scott
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As infections and deaths continue to mount, increasing numbers of health workers are coming forward to describe the dire conditions inside Australia’s hospitals.

Today, 60 deaths were announced in Australia, with 25 in New South Wales (NSW), 15 in Victoria, 11 in South Australia and 9 in Queensland, including one person who was just 18 years old.

Following yesterday’s declaration of a code brown emergency in Victoria’s hospital system, doctors are warning that urgent cancer and heart surgery is already being deferred.

According to a report in the *Age*, breast cancer, abdominal aneurysm and coronary bypass operations are among the category one procedures postponed at the Alfred Hospital in Melbourne, where up to 70 percent of operating theatre staff are furloughed.

The Australian Medical Association’s Victorian president Roderick McRae said under the code brown: “We’re actually only looking after absolute emergency presentations ... this is an absolute signal of distress.”

The *Age* cited a leaked internal document revealing paramedics have been instructed to avoid overcrowded emergency departments and take patients to more distant hospitals with the capacity to admit them.

Currently 1,206 people are hospitalised for COVID-19 in Victoria, with 122 in intensive care and 40 on ventilators. Under the code brown, when COVID-19 admissions reach 1,500, ambulance transfers between hospitals will be limited to emergency or critically ill patients.

NSW Premier Dominic Perrottet said on the ABC’s “News Breakfast” program this morning he was not considering declaring a code brown “at this stage.”

In fact, many of the provisions are already in place in the state. Elective surgery has been postponed, and health workers have been called back to work, not only from leave, but from COVID-19 isolation.

Reports from health workers stand in stark contrast to Perrottet’s repeated claims the state’s health system “remains strong.”

A senior doctor at a Sydney hospital told the *Guardian*, “Staff are literally falling apart. They are becoming walking zombies.”

The doctor reported his hospital did not have the staff or facilities to keep the growing number of COVID-19 patients isolated in separate wards. Nurses are being assigned to ICU wards although they have not received the appropriate training.

“Patients are not being fed, patients are not being showered, and people who are falling are not being attended to,” the doctor said. “It’s very dire.”

In a video leaked to the *Sydney Morning Herald*, executive clinical director at Sydney’s Royal Prince Alfred Hospital, Professor Paul Torzillo, last week told junior doctors, “the pronouncements coming from government are completely politically driven and ... not health-based.”

Torzillo told the newspaper that the NSW government’s decision to relax COVID-19 restrictions as Omicron surged in December was “inappropriate.”

Torzillo also criticised the shortening of isolation periods and the practice of sending health workers who are close contacts back to work, saying this was “not appropriate in hospitals, where we need to be more cautious.”

In an indication of mounting anger among health workers, around 60 intensive care nurses rallied yesterday outside Westmead Hospital, one of Sydney’s largest hospitals.

While Shaye Candish, acting general secretary of the NSW Nurses and Midwives Association (NSWNMA) admitted there was “broad discussion” of strikes among health workers, she made clear that the union is working to keep its members on the job.

Candish said: “If and when our members make that decision then, yes, they would be supported by the union. But right now our members are mostly concerned about getting through this pandemic.”

In other words, the workers are on their own. At the first sign of independent organisation, the union will step in to suppress unrest and direct workers’ anger behind appeals to the very governments responsible for the crisis.

Throughout the pandemic, NSWNMA has repeatedly shut down strikes over pay and staffing, and limited industrial action to brief stoppages at individual facilities. The purpose of this is to “let off steam” and prevent a broader mobilisation against the increasingly impossible conditions confronting health workers.

In Tasmania, hospital workers have hit out at the state health department’s announcement of “additional hydration breaks” and that meal breaks will be extended to allow time for donning and doffing personal protective equipment.

According to the Australian Broadcasting Corporation, one worker said this demonstrated the “disconnect between staff on the floor and management.”

In reality, the problem for staff is not that their rostered breaks are too short, but that there is no-one to relieve them. “Who is magically going to appear to enable us to have a break?” the worker asked.

Another worker wrote that the only way to allow breaks without additional staff would be to “decrease the patient capacity of the ward so you have a reasonable level of staffing.”

One nurse wrote: “I’ve never known stress like this. Something needs to change or I fear those staff shortages will be more as nurses leave the profession they once loved.”

While only 31 people are currently hospitalised for COVID-19 in the state, around 150 health care workers are currently furloughed due to COVID-19 infection or exposure.

The National Cabinet is meeting today to discuss plans to railroad teachers and students back into face-to-face learning when term one begins at the end of January and beginning of February.

Prime Minister Scott Morrison bluntly stated the motivation behind the drive to reopen schools last Thursday. He said: “It is absolutely essential for schools to go back safely and to remain safely open if we are not to see any further exacerbation of the workforce challenges we’re currently facing.”

The National Cabinet is also expected to discuss various

plans to address the supply chain crisis at the expense of worker safety. These include lowering the isolation period for workers from seven days to five, scrapping daily rapid antigen tests, and lowering the minimum age of forklift drivers.

There is no indication that a single measure will be discussed to boost the public healthcare system, amid its greatest ever crisis. All that governments propose is to move staff between the public and private sectors, something that is now happening and equivalent to shuffling deck chairs on the Titanic, and to declare emergencies limiting care, weeks after such drastic measures are already being taken on the ground.

And every policy that is being discussed at the National Cabinet will result in further transmission of the virus, further exacerbating the crisis in the hospitals.

As is the case internationally, the Omicron surge and the response to it is of immense historical and political significance. Governments and the ruling elite are dispensing with even a pretense of seeking to protect the health and the lives of ordinary people. The most basic and essential certainties of life in an advanced capitalist country, including to medical care in an emergency, are being done away with.

This urgently poses the need for workers to begin organising independently, including through the establishment of workplace rank-and-file committees. These must take political and industrial action, including strikes, to force a halt to non-essential production, with compensation for workers, as well as online learning in the schools and universities. Above all, the criminal official response to the crisis demonstrates the need for a socialist perspective, that rejects the subordination of every aspect of society to the interests of the capitalist oligarchy.



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