

“The government should be held responsible for those who have died”

Australian junior doctor speaks to the Global Inquest on the conditions in ICU

Our reporters
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The *World Socialist Web Site* spoke to a junior doctor who has worked in intensive care units (ICUs) in the Queensland public hospital system. In this testimony to the Global Workers Inquest into the COVID-19 Pandemic he details how ICUs are not prepared for the massive influx of coronavirus cases now engulfing the country.

After having largely suppressed the virus, the Australian government in December 2021 embraced the homicidal “let it rip” policies claiming the lie that Omicron was a milder COVID variant. As a result, infections and deaths shot up across the country.

The junior doctor criticises the response of the Queensland Labor government of Premier Annastacia Palaszczuk and the state’s chief health officer which have downplayed the severity of COVID-19 and ended lockdowns. This has led to a more than 100-fold increase in deaths across the state since January.

Tell us about your workplace and what you do?

I’m a junior doctor and work in the Queensland public system. Currently my role is to admit patients to the hospital, determine how well they are and what course of treatment and ongoing management they need.

Junior doctors are on the ground and sort of in the front line. I coordinate with health workers, other doctors and specialists, including those in physiotherapy and occupational therapy as well as pharmacists. I speak with patients and their families, and the broader community when necessary.

I’ve been working for a few years in the hospital and rotated through various specialty departments, including surgery, medicine and ICU during COVID outbreaks.

The ICU is the thin edge of the wedge in terms of the severity of COVID cases. ICUs and emergency departments see the changes more graphically than other departments within the hospitals don’t necessarily appreciate.

Omicron has caused an explosion of cases. The result is a situation where you have a greater burden of COVID cases, hospitalisations, and ultimately deaths.

Most of the COVID-19 patients I see are in their fifties and above. Most of them are vaccinated, or at least double vaccinated. There have been several who come from particularly vulnerable groups, such as people who have received transplants. Quite a few of them have been admitted to ICU.

What COVID has done is create a very perverse balancing act in the ICU in terms of who gets admitted and under what conditions. It

hasn’t reached the same level in Queensland as in other Australian states, particularly in New South Wales and Victoria, and certainly not like other countries. But it is only a matter of time because there’s only a certain number of available beds and staff that you can be used for COVID ICU admissions.

COVID takes up an increasing proportion, which means that there are other patients who can’t be admitted as a result. In other states we see people over a certain age with COVID, who were sick but not admitted to ICU, even if they needed it. Certain surgeries, and other important processes that would require an ICU after treatment, did not proceed.

In Queensland, certain elective surgeries that didn’t need to be done immediately were delayed and so were transplantation surgeries, which has created a backlog and is causing ongoing issues.

What is of the hospital system’s capacity to withstand greater numbers of COVID cases?

It’s non-existent. Let me explain what I mean. The number of ICU beds in Queensland is roughly 400 and you can distribute that number between public and private beds. So probably about 20 percent private and 80 percent public. Of those, 300 to 320 public ICU beds there are only enough staff in the hospitals to service about 60 to 80 percent of them. Essentially an ICU bed is useless unless it has properly trained staff. You usually need four nurses to one ICU bed because there are shift changes and you need one trained ICU doctor to 10 ICU beds. That would mean that on any given day in Queensland, even without the pandemic, you only have 240 or 250 public ICU beds.

In the ICU there are non-negotiables for admission, such as people who’ve been into car accidents and others very sick from various medical conditions. There are also those already admitted to hospital who become particularly unwell and need to come up to ICU. These are called unplanned admissions because they are not anticipated.

Statistically about 30 to 40 percent of ICU beds in Queensland are taken up by those patients at any given time and sometimes it’s as many as half. So, you’re down to then about 120 or 130 public ICU beds.

Now there are unplanned and planned surgeries. If we’re speaking about planned, these are things like major heart operations, cancer treatment and organ transplantations. In some cases, this can include delivering babies, if there are particularly severe complications.

While these are commonly planned, the fact is if these procedures are not performed in a timely manner, these patients will die, or they

will become an emergency ICU admission. On a given day, they take a probably about 40 percent of the ICU beds that are available. This means there are about 30 to 40, at most 50 ICU beds that are available publicly in the state of Queensland as reserved capacity.

Therefore it doesn't take many COVID patients before you are unable to perform the planned elective surgeries, which are the first thing to go. Realistically, once you get more than about 30 or 40 ICU admissions with COVID then you have already gone beyond the capacity of the system to cope.

This pressure has already seen tens of thousands of nurses resign in the last two years. With doctors it can be a bit more complicated. In my experience, doctors don't tend to resign permanently, generally tends to be more a case of people taking time away from medicine.

One of the aspects of the letting it rip policy is the normalisation of death, which includes constant emphasis on the “comorbidities” of those who die of COVID. Can you speak on this?

What are generally considered underlying conditions often have very little to do with susceptibility to COVID. There are comorbidities that really don't have a huge impact on your likelihood of surviving or having long term complications.

For example, neuro-developmental disorders, things like autism, downs syndrome or problems of other organs that are irrelevant to COVID infection but considered to be comorbidities.

Transplant patients that I've seen die from COVID were given transplants because there was an expectation that they would be able to survive for some period and have a good quality of life. This has been robbed from them completely.

Families don't regard their loved ones as a collection of diseases and they're incredibly saddened by their deaths. Sometimes there can be a tendency to blame themselves. They will think “If I hadn't gotten COVID my family member would not have gotten COVID would not be in the situation that they are today.” The truth is their family members death is the result of government policies.

What do you think of the Queensland Palaszczuk government's embrace of the reopening policies?

It's completely wrong and the Queensland government should be held responsible for those who have died. It has not just embraced “let it rip” policies but done everything within its power to encourage people to put themselves in situation in which they'll get infected. They've downplayed the severity of it.

Look at the role being played by John Gerrard, the new chief health officer, who incidentally is an infectious disease physician of some renown. He has deliberately downplayed the severity of COVID, compared it to the flu in multiple occasions.

He's dismissed the death of children as being due to underlying conditions. I think they've imposed a very aggressive policy. “Let it rip” is simply pushing people off a cliff.

The government is responsible for a lot of people dying that didn't need to. The death toll reveals this. Before January 2022, Queensland had 7 recorded deaths from COVID. As of April 1, this year, it is now 740.

What are the health unions and the Australian Medical Association[AMA]saying? What are they doing to educate their members, and other workers, about the real risks that they confront?

The AMA has played a pernicious role in substance and in practice. One might get the impression that the AMA is a benign advisory body on matters concerning doctors and public health and which frequently published reports on the hospital system.

What is less understood is the role the AMA has played in the downplaying of COVID. For one the AMA has taken no action whatsoever to educate doctors and the public on a consistent basis about COVID.

They have not raised the danger that their members can become very sick, that they can die. The exact numbers aren't known, but probably hundreds of thousands of healthcare workers have died internationally from COVID and hundreds of thousands more have become very, very sick.

There are certainly thousands of health workers in Queensland and tens of thousands in Australia who have gotten sick and sometimes very ill from COVID. Some have been admitted to ICU and I believe a few nurses have died of COVID.

None of this has been brought to the fore by the AMA. They don't discuss or raise the need for better PPE. They've certainly never called for any kind of industrial action by doctors to demand better support around COVID.

Their policy on COVID is almost identical in substance to that of the government. When the government was for lockdown, the AMA was for lock downs and when the government was turning against lockdowns, they supported that as well.

The head of the Queensland branch of the AMA, Dr. Chris Perry, openly advocated for reopening the state borders before Christmas. He did so on a morning TV show program in October last year. He said that if people hadn't gotten vaccinated by the time the borders reopened then it was too late for them because we couldn't waste any more time. He pushed for reopening the economy for Christmas because it would allow businesses to function. His comments were undoubtedly endorsed by the body's leadership.

The Victorian head of the AMA, Dr Roderick McRae, said that people who haven't been vaccinated or people who have been sucked into various conspiracy theories regarding COVID and think it's a hoax, should be denied hospital care. This was later played down as an offhand comment, but the sentiment is very clear.

Could you comment on the recent strike action by nurses and stop-work action by health workers in NSW?

I support the strikes and the action taken by health care workers. They are very important. The issue for healthcare in Australia is that the interests of profit trump the interest of public health and the needs for patients and health workers. This is an international phenomenon.

Health workers come in to work and want to provide the best care for their patients, but they know on a certain level that the current system will greatly limit their capacity to do so, regardless of their intent.

They are fighting to defend, not only their own basic needs for a safe job, but also for the rights of patients for decent high-quality healthcare. You can't fight for better healthcare, without dealing with the greatest threat to health today which is COVID.

The AMA sides with the government, which shows independent action is necessary. I encourage other health workers, and others reading this, to participate in the Global Workers Inquest.



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