

Australia: Queensland public hospitals crisis leads to death of young child

Gary Alvernia
6 July 2022

As they face worsening living standards from inflation, dozens of deaths daily from COVID, and a severe winter influenza wave, workers in Australia confront unmistakable signs that the public hospital system is breaking down.

This was the case in the state of Queensland with the tragic death of five-year-old boy Hiyaan Kapil in southeastern Brisbane, the state capital, on May 23.

Hiyaan was brought by his parents to Logan Hospital after a week of worsening fevers, stomach and leg pains. Despite no improvements in his symptoms and vomiting several times in the hospital's emergency department (ED), the boy was discharged after just four hours, over the objections of his parents.

After being sent home and told that he likely had a common stomach virus, Hiyaan deteriorated and went into shock within hours, losing consciousness. Rushed back to hospital, he was pronounced dead shortly after arrival.

His parents are grief stricken and devastated. Hiyaam's father Uttam expressed disbelief in the events, recalling that his son begged to be taken back to the hospital because of his severe pain. In tears, he told "7News:" "[I'm] still waiting for a call from the hospital, [saying] 'oh, there was a mistake, he's okay now, just come back and get him.'"

While expressing no animosity toward health workers, Hiyaam's parents have demanded answers and spoken out in the hope that other families do not experience a similar tragedy. They say their concerns were ignored, and that the severity of Hiyaam's symptoms were seemingly overlooked, including not being able to walk due to pain.

The death of a child is one of the most tragic events that a family can endure, and undoubtedly was traumatising to all the doctors and nurses involved. Even under the best circumstances, accurately diagnosing illness in small children can be difficult when more serious diseases can initially present like colds, coughs and stomach aches.

The *Courier Mail* reported that an autopsy performed could not conclusively identify the cause of death. Yet Hiyaan Kapil's death may have been avoidable. The failure to keep him in hospital for further assessment and treatment

ensured his fate.

His parents described a dysfunctional hospital failing to cope with patient numbers. Despite being a clearly unwell child, normally prioritised for review, Hiyaan had to wait outside with his mother for over an hour to even get inside the ED. There were so many patients waiting that a makeshift tent had been set up outdoors.

Once inside, conditions were said to be chaotic, a description supported by Kymberlie Ousby, who had brought her nine-year-old for a fractured foot and witnessed the events of Hiyaam's ED stay.

Speaking to the *Guardian*, Ousby, a pathology worker at Logan Hospital, described the desperate attempts to save Hiyaan on his second hospital admission saying, "there was screaming and commotion," with nurses yelling for a bed.

"I will never forget the image of the fear and desperation in that father's eyes," Ousby said. "He was terrified."

Ousby said her own daughter had to wait eight hours to be seen and that despite being COVID positive, was left in the waiting room, exposing others to infection.

Ousby said the ED was "probably the busiest" she had ever seen it. Of the health workers she said: "I think that they're overworked and these are the effects of being understaffed and overworked. I feel that it's just a terrible situation for absolutely everybody involved."

This is the reality: A study published in April 2022 of ambulance ramping in Queensland—where ambulance crews cannot get their patients into hospital due to a lack of capacity—reported a dramatic increase in 12 months. Logan Hospital, with 66 percent of arriving ambulances ramped more than 30 minutes on average, was one of the worst performing, overburdened and resource-poor hospitals in the country.

Queensland has the highest rates of ambulance ramping in Australia, with 46 percent on average waiting more than 30 minutes. Notably, this study only covered the period to December 2021, *before* COVID restrictions and border closures in Queensland and throughout the country were ended.

The entirely predictable result of these government decisions was the mass wave of Omicron infections, with over 1,200 deaths this year alone in Queensland—180 times higher than the death toll for the previous two years. Thousands of staff are in isolation or unwell due to COVID infection at any given time, exacerbating staff shortages.

The Queensland Labor government of Premier Anastacia Palaszczuk promised a “full investigation into the tragic death,” but Hiyaam’s family was not informed of the “full investigation” by the government or Queensland Health.

“Maybe he’s nothing for them. But for me, he was my boy,” said Uttam Kapil about the contemptible attitude of the Palaszczuk government.

Since Hiyaam’s death, events of patient neglect or overcapacity involving other Queensland hospitals have come to light. Only a few days later, Bundaberg Hospital, which services a large coastal regional community 400 kilometres north of Brisbane, was hit by allegations of two vulnerable patients with dementia dying after being wrongly given sedative drugs.

While an investigation predictably scapegoated two nurses, Bundaberg Hospital has been reported to be under “unprecedented pressure,” with a 40 percent decline in the proportion of patients seen on time in the past year, according to *Bundaberg Today*. A town hall “crisis meeting” held in Bundaberg in May received 100 submissions from the local community about problems receiving treatment from the beleaguered hospital.

An urgent alarm was also sounded regarding Ipswich Hospital, which services a large working-class community in Brisbane’s southwest. Ambulance ramping there increased more than 20 percent between October and December 2021. The Australian Broadcasting Corporation reported that the hospital had experienced exploding wait lists for surgery. Over half its waitlisted patients had been forced to go to private hospitals, and 9,000 people were left off the list entirely. This year, only 54 percent of patients visiting its ED have been seen in an appropriate time.

While offering empty apologies and investigations, the Palaszczuk government is responsible for the crisis, together with the Labor-majority “National Cabinet.” With the backing of its Liberal National Party (LNP) opposition, the state government reopened the state to COVID and dropped protective measures, as per the demands of big business. Scrapping these measures also allowed for a resurgent influenza outbreak, after transmission had been suppressed for two years.

These factors exacerbate the effects of the decades-long underfunding and privatisation drive of public hospitals in Australia, led by both big business parties, Labor and the Liberal-National Coalition. Re-elected in 2020 on promises

to protect the population from COVID and bolster the health system, the Palaszczuk government has done neither. The number of public hospital beds has fallen since it first came to office in 2015, with only 2.53 public beds per 1,000 people, well below the average of most industrialised countries of 4.4.

None of this has been opposed by the major health worker unions, who refuse any struggle against the decimation of healthcare. Nurses, aged carers, health care workers, paramedics, teachers, rail workers and public sector workers in neighbouring New South Wales (NSW) have taken strike action over the past six months, despite the efforts of the unions to limit and isolate their actions. In Queensland, the unions have opposed any action at all.

Just last month, the Queensland Council of Unions called off a protest against the Palaszczuk government’s budget, which maintained a wage cap of 2.5 percent on public sector workers, far below the official inflation rate of 5.1 percent, and provided no relief for health workers and teachers facing intolerable staffing shortages and workloads.

The election of a federal Labor government has not meant a reversal of attacks on public healthcare. Instead, cuts are already being made to Medicare rebates, while money is being poured into military spending. Health workers cannot have any illusions in appeals to either big business party, the unions or the so-called independents.

The right to well-funded, high quality, universal, free healthcare demands the independent mass action of the working class, fighting for a socialist program. We urge workers to attend the meetings of the Health Workers’ Rank-and-File Committee, to discuss the building of this struggle:

Health Workers’ Rank-and-File Committee (HWRFC)

Email: sephw.aus@gmail.com



To contact the WSWs and the Socialist Equality Party visit:

wsws.org/contact