

Australia: NSW inquiry points to breakdown of public health services in rural areas

Stephen Griffiths
29 August 2022

Australian working people confront a virtual breakdown in public hospital services, amid the surging COVID-19 pandemic and deadly winter flu season.

A parliamentary inquiry in New South Wales (NSW), Australia's most populous state, highlighted the lack of infrastructure, staffing, and services available to those living in regional and rural communities.

Under the title, "Health outcomes and access to health and hospital services in rural, regional and remote New South Wales" the inquiry handed down its findings and recommendations in May.

The inquiry was established in September 2020 in an effort to allay growing anger over tragic, avoidable deaths in rural hospitals and clinics. These included 18-year-old apprentice Alex Braes, who died in 2017 from a blood-stream infection from an ingrown toenail, after being sent home three times from the understaffed and overcrowded Broken Hill hospital. In 2020, a teacher, Dawn Trevitt, died of internal bleeding because her local hospital had no doctors.

These tragedies and others, far from being one-off incidents, involve systemic denial of vital medical services and infrastructure through budget cuts carried out by successive state and federal governments.

The inquiry received 720 submissions from rural health workers, members of the community and local government officials.

However, as with the numerous previous reports on health services, the recommendations are not binding and there are no timeframes. One recommendation is for a follow-up "review" in two years. There are no concrete proposals for increasing funding or ensuring adequate staffing and access to services. That is, there is nothing to alleviate the catastrophic conditions in rural healthcare.

Of the 44 recommendations, most consist of

conducting further reviews and investigations. These include that "NSW Health review the current funding models for all rural and regional Local Health Districts," "review the working conditions, contracts and incentives of GPs" and "expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers."

All the proposals are being put to the NSW Liberal government of the despised Premier Dominic Perrottet who, in collaboration with the Victorian state Labor government of Daniel Andrews, led the drive to "reopen the economy" and remove public health measures to stop the spread of COVID-19 last December. The result has been unending COVID infections, hospitalisations and deaths, exacerbating the crisis throughout public healthcare services.

There is a desperate need for general practitioners and community health services. Rural doctors are discussing mass resignations from the public health system because of "onerous" demands, leaving local communities to maintain basic health services. Average wait times for rural patients to see GPs can range from three to six weeks.

Since the 1990s many small-to-medium-sized local rural hospitals, staffed by GPs, have been closed and replaced by Multi-Purpose Services (MPS). Budget cuts mean many MPS facilities function without doctors on site. Patients who cannot be treated properly by nurses at an MPS must make their own way to a regional hospital, sometimes hours away.

Nurses are left without proper security in isolated medical facilities, having no time for professional development and being forced to act as backup if extra help is needed, all without being formally "on call" and therefore not properly paid. The inquiry recommends

that the pay of nurses and midwives for on-call arrangements be tied to onerous industrial awards.

Residents in the Riverina town of Deniliquin have no midwives on weekends. Dr Marion Magee, one of only two obstetrician doctors in Deniliquin, said they are placed under increased pressure to attend to expectant mothers, and she works “120 hours per week.”

One in five residents in NSW are in need of mental health services, including an estimated 400,000 people in rural areas. However, the number of psychiatrists available for the rural population is less than half that of the major cities, at most 5.7 per 100,000 as compared to 13.3 in the cities. For psychologists, the figures are 45.6 in rural areas, compared to 106 in the cities.

Suicide figures also point to a growing crisis in rural areas. In 2009, the rate of suicide per 100,000 of the population was 8.7 in the cities, and 9.7 in the rest of NSW. By 2018, the last available figures, the rates were even higher: 9.9 in the cities and 16.6 in the rest of NSW.

Even when services are available, they are often unaffordable for workers. A federal government freeze on Medicare payments to doctors since 2013 has resulted in many charging patients directly. Average patient out-of-pocket costs for GP services have increased by 50 percent over the past decade.

According to one survey submitted to the inquiry, more than 20 percent of rural patients report skipping appointments or treatment due to cost.

The result of all this is that rural, regional and remote patients have significantly worse health outcomes, higher incidence of chronic disease and greater premature deaths compared to their counterparts in metropolitan areas. They are 2.3 (males) and 3 (females) times more likely to die from avoidable causes, and they die younger.

While pointing to the criminal neglect and destruction of public health services for rural communities, the inquiry’s recommendations amount to a whitewash.

No demands were made to reverse decades of underfunding, with the inquiry panel instead suggesting additional training for nursing staff to cope with the loss of doctors.

No recommendation was made for fixed nurse-to-patient ratios. Both the Liberal-National government and opposition Labor representatives opposed any such

recommendation. The Greens representative, having initially supported ratios, agreed to endorse the report.

No mention was made of the social crisis in rural communities, after decades of industry destruction and job losses, that have resulted in high levels of unemployment, economic distress, inadequate housing and schools, and inadequate recreational and cultural facilities.

The COVID-19 pandemic has exploded within a health system which was already falling apart. NSW nurses, rural and metropolitan, have struck three times this year over wages and manning levels, despite being held back by the nursing trade union, because the pressure on health workers has become intolerable.

The roots of the disaster in rural health lie in the profit-driven assault on public health and services over the past four decades by both Labor and Liberal-National governments. Similar conditions exist across the country.

The fight for free, high-quality public healthcare requires a struggle against the capitalist system, which places profit over human life. This is what the Socialist Equality Party fights for through the building of a network of rank-and-file committees in communities and workplaces across the country and internationally.



To contact the WSW and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)