

# Record waiting times in Australian hospitals

John Mackay  
8 May 2023

The 16th Australian Medical Association (AMA) annual Public Hospital Report Card shows a hospital system in crisis. Overcrowding and under-resourcing is resulting in extended waiting times for both emergency medical services and “elective” surgeries.

AMA president Professor Steve Robson said essential indicators of hospital performance were at their lowest ever. “The numbers paint a grim picture for the future of our public hospitals and with them our patients if no action is taken,” he stated in a media release.

Robson said wait times for essential surgeries had blown out in the past financial year. “It’s wrong to think of these as elective surgeries, they are essential and only 63 percent of patients referred for semi-urgent planned surgery are being treated within the recommended [90] days. That’s more than one in three patients waiting longer than the clinically indicated time for essential surgeries, often in terrible pain and unable to work.”

The report stated that emergency departments had experienced their toughest year since the AMA began tracking performance. For patients who attended an emergency department and were assessed as “urgent,” only 58 percent were seen within the recommended 30 minutes. One in three patients had to stay longer than four hours in the emergency department because beds were not available in the hospital to admit them.

The public hospital system was experiencing increasing pressures on services well before the COVID-19 pandemic. In a video summary to launch the report card, Dr Sarah Whitelaw said, “while we know the pandemic has impacted the ability of hospitals to respond, the impact on emergency departments in public hospitals has been worsening for a decade.”

The number of public hospital beds available for people aged over 65, a demographic most in need of health care due to advancing age, has dropped by more

than half over 30 years, from 32.5 beds per 1,000 people in this age bracket to only 14.7 per 1,000.

Federal and state governments, both Labor and Liberal-National, have under-funded the public health system over these decades. They have driven down expenditure for essential services, such as health and education, in order to cut corporate taxation and make Australia more attractive to investors.

Disregard for the needs of public health and its subordination to profit were most nakedly seen with the “let it rip” scrapping of evidence-based measures to limit the spread of COVID-19. As reported in the *BMJ* (formerly *British Medical Journal*) last month, COVID is Australia’s third leading cause of death, following ischemic heart disease and dementia.

There were 20,200 more deaths in 2022 than if the pandemic had not happened, with a total excess mortality of 12 percent. Most excess deaths occurred in people older than 65 years, whom big business largely regards as expendable, no longer able to work, and a burden on the health and welfare budgets.

Robson commented: “In just over 10 years, Australia is expected to have more than 1 million people who will be over 85 years of age and we know older patients are more likely to require an admission to a public hospital. We should be planning for this. But we will remain on the path to failure if we keep doing the same thing over, and over, and over again.”

The report highlighted a “hidden waiting list” where some patients wait years to get on an official waiting list to see a specialist. The report estimated that around 100,000 fewer people were added to the essential surgery list in 2021–22, showing this hidden waiting list.

The report came just a week after the Australian Broadcasting Corporation (ABC) analysed public specialist outpatient waiting times in four states:

Victoria, Queensland, South Australia and Tasmania. New South Wales, the Northern Territory and the Australia Capital Territory did not make their data public.

The ABC found some patients are waiting longer than six years to see specialists for an “initial appointment,” warning that people could die waiting for care.

The ABC said people needing a consultation with a brain surgeon are waiting longer than two years for urgent appointments, while the recommended time frame is 30 days. In Victoria, it can be more than eight years to see ear, nose and throat (ENT) surgeons, and longer than seven years to see immunologists and dermatologists.

In Tasmania, it can take longer than six years to see a neurosurgeon. In parts of South Australia, specialists such as gastroenterologists and ophthalmologists can take as long as five years to be seen. In some major South Australian hospitals, maximum wait times for routine and non-urgent care range from 3 to 5 years in ophthalmology, ENT, gastroenterology and orthopaedics.

Professor Graeme Stewart, from the Westmead Institute for Medical Research in Sydney, described the ABC figures as “unconscionable.” He said: “The word heartbreaking comes up after 50 years as a doctor to think that we’ve got to this stage.

“If they’re not dying while they’re waiting, the delay may alter the outcome to be the difference between life and death,” he told the ABC. “This is not what Australians were told their health system was going to be.”

If nothing changed, more people would fall through the cracks. “It will progressively get worse,” Stewart said. “But it’s bad enough as it is. It doesn’t have to get worse for people to take notice that we have to act now.”

In early 2020, the Morrison Liberal-National government announced a 50-50 shared health funding deal with the states and territories in response to the COVID-19 pandemic. At the end of 2022, the Albanese Labor government ended this equal funding partnership, despite the AMA’s Robson warning that the “log-jammed” hospital system was at “breaking point” and no longer had any capacity to “surge and meet increased demand.”

The Daniel Andrews Labor government in Victoria

now plans to cut up to 10 percent of civil servants in the state’s health department. Rural Doctors Association of Victoria president Dr Dan Wilson said: “To cut 10 percent... I’d be greatly concerned about the feasibility of the Victorian state health department programs continuing in their current versions... You pull some of those jobs away... and some sections of the community—often marginalised groups—get put on the backburner.”

All the unions covering nurses and healthcare workers have allowed the crisis in the public healthcare system to worsen by continually stifling workers’ opposition, preventing unified industrial action and channelling anger back behind the election of cost-cutting, pro-business Labor governments.

Health workers need to take matters into their own hands. Rank-and-file committees, independent of the unions, have to be established throughout the healthcare system to defeat the union betrayals, circulate information, organise democratic discussions and prepare a genuine industrial and political counter-offensive.

The situation in the hospitals will only deteriorate so long as healthcare is subordinated to the profit demands of big business and the austerity agenda of the Labor and Coalition governments that represent it.

The Health Workers Rank-and-File Committee (HWRFC) is fighting for the development of such committees of action. It advances the struggle for workers’ governments that would implement socialist policies, including placing the banks and the major corporations under public ownership and democratic workers’ control, to provide the necessary billions to ensure high-quality public healthcare for all, and decent pay and conditions for those who work in this crucial sector.

**Contact the Health Workers Rank-and-File Committee:**

Email: [sephw.aus@gmail.com](mailto:sephw.aus@gmail.com)

Twitter: @HealthRandF\_Aus



To contact the WSWS and the Socialist Equality Party visit:

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