

Australia: Death of 43-year-old man points to ambulance ramping crisis

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30 July 2024

On July 5, 43-year-old father Ben Carse died of a cardiac arrest at Brisbane's Princess Alexandra Hospital, having waited almost four hours in an ambulance outside the emergency department the night before.

Carse first went to a Brisbane community health centre on the evening of July 4, where an ambulance was called because he was suffering chest pain. The ambulance arrived at the hospital at 7 p.m., but Carse and the paramedics had to wait until around 10:30 p.m. before he could be seen by emergency department staff.

Carse was then moved to a shared waiting room with a nurse, where he remained until his death at around 9 a.m.

The circumstances surrounding this tragic death are far from unique. In May, a 78-year-old man died from complications of diabetes after spending almost two hours in an ambulance outside Gold Coast University Hospital.

Within five minutes of finally being transferred to a bed in the hospital's resuscitation area, the man suffered a heart attack. He was placed on life support and died around 11 hours later.

According to 9News, leaked emails reveal "the ramped paramedic crews completed forms which indicated the patient's deterioration" and "escalated these concerns to the hospital triage and team leader ... on multiple occasions."

Ambulance ramping is a well-known indicator of stress on emergency departments and hospitals more broadly, reflecting a shortage of hospital beds, staff and other resources. Moreover, ambulances spending hours waiting outside emergency departments are unable to respond to calls, with potentially devastating consequences across the wider population.

There are known longer term consequences to

ramping patients who need emergency care.

A 2022 study in the Medical Journal of Australia of more than 200,000 Victorian patients with non-traumatic chest pain, found that longer ambulance offload times were associated with an increased risk of death within 30 days and a higher incidence of subsequent emergency ambulance transport.

In the first three months of this year, 45.5 percent of patients arriving at Queensland hospitals by ambulance were not transferred to the emergency department within 30 minutes, according to the Australian Broadcasting Corporation (ABC).

Ramping is a growing problem across the country. In November last year, the Australian Medical Association (AMA) released a "report card" on ramping, showing all states and territories failed to meet performance targets. The AMA noted this was a product of the chronic underfunding of public hospitals.

In New South Wales, data shows that the numbers of patients being ramped has increased from around 44,000 patients per month in early 2022 to more than 50,000 per month in early 2024.

In South Australia, ramping is measured by the amount of time ambulance crews spend waiting to transfer patients after the first 30 minutes. This figure has increased from 500 hours per month in 2017 to more than 4,000 hours per month in 2024, according to data presented this month by the *Conversation*.

Last week in South Australia, an 83-year-old woman spent 12 hours waiting to be admitted to the Royal Adelaide Hospital, one of the largest in the state.

Ahead of the 2022 state election, the South Australian Ambulance Employees Association (AEA), a union covering paramedics, spent more than \$400,000 on a sustained media campaign against the incumbent Liberal government.

This was engineered to divert opposition to the growing public health crisis among paramedics and other workers into support for the election of a Labor government. The union leadership promoted this as a panacea for the ambulance service and hospital system.

In fact, the hours lost to ramping have soared further since Labor was elected, rising from 2,638 hours per month in April 2022 to 4,773 per month in May 2024.

AEA General Secretary Leah Watkins told ABC Radio Adelaide last week she was now “less confident” that ramping in South Australia would be improved before the next state election in 2026. This is nothing more than an attempt to cover over the role of Labor and the health unions in presiding over a deepening crisis.

Just 606 new hospital beds by 2026 have been promised by the Labor government to supposedly address the crisis. Watkins told the ABC, “Our entire membership is very concerned that the extra beds ... are not going to be enough.”

Yet the AEA bureaucracy, along with health unions across the country, consistently limit and shut down industrial action by paramedics, impose the real wage cuts demanded by governments and suppress calls for organised opposition to the broader assault on public health spending, now being spearheaded by Labor governments around the country.

Last year the federal Labor government of Anthony Albanese slashed \$11 billion from the health system over two years, part of a broader attack on wages and vital services for the working class. This is in stark contrast to the \$368 billion for nuclear-powered submarines, \$1 billion to support the war in Ukraine and other increases in military spending in preparation for a US-led war against China.

Furthermore, the “let it rip” COVID-19 policies adopted by all governments, and fully supported by the unions, have, in addition to causing more than 25,000 unnecessary deaths, placed even greater pressure on a healthcare system that was already in crisis.

Virtually all public health measures have been abandoned in line with the demands of big business. This includes mask wearing and other mitigations in hospitals, increasing the risk of hospital-acquired infection, placing patients at greater risk and exacerbating staff shortages.

The pandemic has provided a stark demonstration

that capitalism is totally incompatible with a high-quality public health system, staffed by well-paid workers with decent working conditions.

This poses the need for an alternative political perspective, socialism, and the fight to establish workers’ governments and bring hospitals and emergency services, along with the major banks and corporations, under democratic workers’ control. Only in this way can the immense resources currently monopolised by the wealthy elite be freed up to provide for the needs of the working class.



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