IV fluid shortages intensify crisis in Australian healthcare system

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29 August 2024

Serious shortages of essential intravenous (IV) fluids in Australia and subsequent rationing in hospitals have caused significant concern among medical professionals and deepening pressures on the already underfunded and understaffed healthcare system.

On Tuesday, federal Health Minister Mark Butler announced that the Labor government had "secured" the supply of an additional 22 million IV fluid bags over the next six months. Butler claimed this would be "more than enough" to meet demand.

However, Butler gave no indication of when the additional fluids would actually be delivered. In a clear indication that the shortage is by no means over, he said, "there is generally advice going through the system that IV fluids should be used judiciously at this stage."

Australia and New Zealand College of Anaesthetists (ANZCA) President David Story told the Australian Broadcasting Corporation (ABC) doctors were "very pleased" to hear that more fluids had been sourced. But he warned, "The details are yet to be released. … I don't think [the additional fluids] will be available tomorrow."

Late last month Australian Medical Association (AMA) President Professor Steve Robson told the media that the shortages could see the healthcare system come to a "grinding halt," with disruptions to surgery very likely.

"This lack of supply is unprecedented. The number of patients potentially affected would be unbelievable," he said. "It would affect anaesthesia, surgery, chemotherapy, emergency departments, managing people with acute infectious illness in hospital ... (and) paediatric intensive care." Robson's comments were echoed by other peak professional health bodies. including the Royal Australasian College of Surgeons, which called for "a nationally co-ordinated strategy" for the future procurement of vital medicine, to be "informed by healthcare professionals."

The IV fluids in short supply are 0.9 percent saline, a similar salt concentration to what occurs naturally in the body, and Hartmann's solution, which combines a range of salts, including potassium and calcium. These are vital to many aspects of medical practice in hospital settings with some hospitals often requiring hundreds of bags per day.

The products are crucial to maintaining blood volume for the body's normal function and to combat dehydration, which can lead to kidney damage and other complications. They are also necessary for administering anaesthetics and other drugs, including during surgical procedures, and for delivering nutrients to patients who cannot eat or drink.

The shortages have resulted in rationing in hospitals across the country. In late July, one New South Wales health district directed doctors to use "conservation strategies" to manage the shortage, including restricting some solutions for use in resuscitation, intensive care and surgery, minimising fasting in surgical patients to reduce the need for fluid replacement and using oral fluids wherever possible.

This month, the *Age* newspaper cited a Royal Melbourne Hospital internal memo ordering a reduction of IV fluid usage by 20 percent. "We ask that all staff use IV fluids judiciously and where clinically appropriate," it said.

ANZCA has also advised hospitals to reduce consumption of IV fluids during operations where there may be limited or minimal benefit. "There needs to be much greater transparency of what's happening at individual states, but to a certain degree, individual hospitals, and there needs to be honest discussions

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about where places may need to cease elective surgery if required," a college spokesperson said.

In a joint statement with the Australian Society of Anaesthetists on Wednesday, ANZCA wrote: "No widespread cancellations of elective procedures have been required, as was feared earlier on. Nevertheless, anaesthetists are being asked to consider the need for preoperative IV fluids on a patient-by-patient basis, and to be judicious in their use."

The Therapeutic Goods Administration (TGA) regulates medicines and medical devices for safety, quality and effectiveness in Australia. While the TGA claimed in mid-July that the shortages were the result of "global shortages," it provided no detailed information to back this claim. In fact, there are no global shortages, but some international transport disruptions with the only manufacturer in Australia, US-based Baxter, attempted to make up the shortfall.

Butler claimed this week that Baxter was "running their lines at more than 105 percent" and would expand its local manufacturing plant in the coming weeks.

It remains unclear when authorities were first alerted to the shortage and precisely what is behind it. According to the ABC, the Tasmanian Department of Health voiced its concerns about shortages with the TGA more than 18 months ago.

While the TGA monitors health products from the standpoint of safety, the body is not charged with monitoring supply. Purchasing of medicines is left to the individual states with no federal government oversight. Butler initially claimed that the government was "managing [the shortage] pretty well." This line was repeated by Finance Minister Katy Gallagher, who recently told parliament that the government was providing "nationally consistent clinical guidance." She then denounced the Liberal-National opposition for what she claimed was "a fear and scare campaign" in the community.

Confronted with rising media coverage about the impact of IV fluid shortages on hospitals across the country, Butler called an emergency meeting of state and territory health ministers on August 16, established a "Response Group" and sought to reassure the media that the lack of IV fluids was easing.

Despite Butler's announcement this week of the newly secured IV supplies, the Response Group "is continuing to meet on a weekly basis, or more frequently if required." This is a clear sign that there remains a high level of concern over the constrained supply.

What the IV fluid shortages reveal is that there is no effective monitoring system for identifying stock supplies of life-saving treatments that are essential for proper management of public health. Supply has been left to "market forces"—i.e., the demands of the profit system and the corporations' efforts to manage supply to maximise their earnings.

The IV fluid crisis is a manifestation of the breakdown of Australia's public healthcare system impacted by years of privatisation, government cost-cutting, understaffing and other problems worsened by COVID-19.

The profit-driven abolition of all scientific and public health safety strategies to deal with COVID-19, led by Labor federal and state governments, with support from the healthcare unions, has caused more than 25,000 deaths, millions of infections, and kept the healthcare system in a continuous state of crisis for more than four years.

The dangerous lack of IV fluids is not an aberration but another example of the incompatibility of capitalism with the basic needs of the population, including healthcare.

There is an alternative. Healthcare workers, and the working class more broadly, need to take up a fight for a workers' government based on socialist policies, including placing all healthcare facilities and other vital public amenities, along with the major banks and corporations, under public ownership and workers' control. Only in this way can society's vast resources be allocated according to the actual needs of the entire working class, not the wealthy elite.

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