The public hospitals crisis and Australia's anti-democratic electoral laws

Margaret Rees
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The COVID-19 disaster has exacerbated a systemic crisis in Australia's chronically underfunded public hospitals, triggering frustration and hostility among health care workers and professionals, as well as patients and working people more broadly.

With the pandemic set to worsen as governments, both Labor and Liberal-National Coalition, rush to lift international and state borders for the sake of corporate profit, this anger is another factor in the bipartisan rushing through parliament of anti-democratic electoral laws designed to stifle dissent by blocking many parties, including the Socialist Equality Party (SEP), from contesting federal elections.

Nurses and other health workers are fed up with operating at breaking point. Hospitals are experiencing "access block," where patients can be denied beds for more than eight hours. There is widespread ambulance "ramping" outside over-stretched emergency departments, simply because there are not enough beds and staff to cope with demand.

The situation was so bad in Melbourne on November 7 that a Code Red was almost declared, indicating that ambulances are unable to respond to any new patients. Similar emergencies have been declared on several occasions in South Australia in recent months, and ambulance ramping has been reported in other states, even where the pandemic has largely been suppressed until now.

In the states most affected by COVID-19, hospitals have been able to meet the demand for beds only by cancelling so-called elective surgery. This can be dangerous, even life-threatening. Far from being optional or non-urgent, some procedures are extremely time-sensitive, including diagnostic ones that could reveal cancer.

Despite government promises to provide thousands more intensive care unit (ICU) beds to cope with the pandemic, Australia has lost 200 staffed ICU beds since March 2020. New South Wales (NSW) has cut 45 ICU beds in the past year and Victoria has reduced its total by 40.

Declaring that the population "must learn to live with the virus," these governments have now dispensed with lockdowns and dismantled other essential safety measures. The resulting unrestrained COVID outbreaks will place the hospitals under enormous strain, inevitably compromising patient care and threatening hospital workers' health.

The Australian Medical Association (AMA) has predicted that the situation is about to get "much worse." Up to 2,400 hospital beds are likely to be required by COVID-19 patients on an average day for six months after the "opening up." This would lead to even greater ambulance ramping and reduce the capacity for elective surgeries further by up to 40 percent.

Already, health workers have been at nearly three times greater risk of COVID-19 infection than other members of the community. According to official statistics, 4,822 health care workers in Victoria were infected by COVID-19 up to October 2021. Of these, 2,687 acquired the virus at work. NSW figures are only available to June 2020, by which time 208 health care workers had been infected, 88 due to workplace exposure.

Many hospital outbreaks have occurred in NSW and Victoria, including in non-COVID wards, such as outpatient services, dialysis, psychiatry and geriatrics, where staff are not routinely provided with respirators. Effective N95/P2 respirators often have been restricted to ICUs, emergency departments and COVID-19 wards, with an over-reliance on inadequate surgical

masks elsewhere.

To add to the stress and danger, managements have been covering staff shortages by continual overtime demands. A NSW auditor-general's report released last December found that almost 90 percent of nurses interviewed said they had worked unpaid overtime. Of this group, one third said they worked overtime on a daily basis.

As a consequence, there has been a mass exodus of critical care nurses over the past year—20,000 have given up their registration.

Nurses are not the only ones suffering. A recent AMA Victoria report showed that unpaid work and fatigue were also plaguing trainee doctors in hospitals. In 2020, 47 percent of trainees were never paid for the unrostered overtime they worked. And 50 percent of trainees had made a clinical error due to excessive workload or understaffing.

Blame for this situation lies with federal and state governments, Labor and Coalition alike, which have carried out a war of attrition against the public hospital system for decades, accompanied by the expanding privatisation of healthcare.

During the 1990s, this offensive was taken to a new level by the introduction of "casemix" funding by the Kennett Liberal-National government in Victoria. Hospitals only received payments for procedures performed, weighted according to a national "efficiency price."

That system laid the foundation for the Rudd-Gillard federal Labor government's 2012 imposition of Activity Based Funding, which allocates funds based on a set and inadequate "price" for the numbers and types of patients already treated, not projected need.

All this has been achieved with the help of the health trade unions, which have repeatedly prevented or sold out struggles by health workers against cuts and for decent wages, conditions and staffing ratios.

Health workers have been expected to bear the burden of gutted health budgets through intolerable workloads and hours. This has intensified during the pandemic. As well as the danger of infection, many have developed post-traumatic stress disorder, depression and anxiety.

Under these conditions, the Coalition and Labor combined to push through electoral laws that will deregister 36 parties, including the SEP, that currently do not have members of parliament, if they fail to submit lists of 1,500 members by December, trebling the previous requirement. If deregistered, their party names will not appear beside their candidates on election ballot papers, robbing voters of the right to know their political identities and policies.

These laws are nakedly intended to prop up the political establishment and, above all, prevent the outrage of workers, including health workers, from finding conscious expression in the socialist program being advanced by the SEP, the only party fighting to defend the health and lives of working people against the dictates of the capitalist profit system.

We urge all our readers to join the SEP's struggle against the anti-democratic laws by signing up to become an electoral member of the party and helping us to build a new socialist leadership in the working class.

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