

Australian doctors warn dialysis patients are receiving third-world care

Martin Scott
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A group of senior doctors recently wrote to Ryan Park, health minister in the New South Wales (NSW) Labor government, complaining that renal and dialysis services in Sydney's working-class west are in a state of crisis.

The 45 kidney specialists from the Western Sydney, Southwestern Sydney and Nepean/Blue Mountains local health districts (LHDs) warned that, unless urgent action is taken, doctors will be forced to decide which of their patients will miss out on essential dialysis treatments.

They wrote in the July 30 letter:

Due to lack of capacity, we now have patients in the community as well as in our hospitals waiting for excessive periods of time to commence dialysis treatments. ... Soon we may be forced to deny these life-sustaining treatments to patients who need them to stay alive, or to choose patients who can stay on haemodialysis while others die. We are not prepared to do this.

Already, they explained, clinicians are having to ration the frequency or duration of dialysis, reducing treatment to "levels seen in the developing world."

As of May 30, the specialists wrote, 127 patients in the three LHDs were receiving dialysis only twice per week, rather than the generally accepted three times. 52 patients were receiving shorter than recommended treatments, while 92 were spending more than one hour each way travelling to their dialysis appointments due to a lack of local availability.

As a result, the doctors "continue to see patients develop life-threatening complications of under-dialysis or delayed dialysis, as well as patients where inability to provide haemodialysis treatments at short notice is leading to adverse outcomes."

"When you shorten the number of treatments per week, or the number of hours per treatment, you're compromising the one major determinant of that patient's survival," Lukas

Kairaitis, head of the renal department at Blacktown Hospital in Western Sydney, told the Australian Broadcasting Corporation.

Health minister Park responded to the letter with lip service, claiming the Labor government was "working to rectify it as quickly as possible."

"I've asked NSW Health to optimise shift patterns to allow more patients to receive dialysis," Park continued.

In other words, the burden of the crisis will be imposed on already overworked health staff, diverting resources from other sections of the ailing public health system.

The longer-term measures outlined by Park are a fraction of what is required. The Nepean Hospital Stage 2 redevelopment, which will not open until at least 2026, would provide capacity for only 36 more patients to receive three treatments per week. The hospital's dialysis unit has also been trialling an extra shift each day, meaning an extra 18 patients could receive treatment.

At Blacktown Hospital, "additional" funding, drawn from the LHD's already allocated budget, would allow just 12 more patients to receive thrice-weekly dialysis.

One in six Australian dialysis patients are treated in Western or Southwestern Sydney, with more than 300 new patients needing to start treatment each year across the three LHDs, more than anywhere else in NSW.

In 2020–21, the rate of chronic kidney disease hospitalisations in Southwest Sydney was 7,646 per 100,000 people, far higher than the statewide figure of 5,603.

The rate of diabetes in the Southwest Sydney LHD is the highest in the state, at 6.9 percent, compared with 5.6 percent across NSW. This is the third highest incidence in the country according to National Diabetes Supply Scheme (NDSS) data.

The 2170 postcode area, which includes Liverpool, is home to 8,943 people with diabetes, the highest in the country, an incidence rate of 7.23 percent. In Western Sydney, 9.81 percent of people in Mount Druitt and surrounding suburbs have been diagnosed with diabetes.

Alarming as they are, these figures are likely a massive

underestimate because they only include people who have received a formal diagnosis and voluntarily registered with the NDSS.

According to a submission by NSW Health to a parliamentary inquiry into diabetes, the statewide prevalence increased from 6.5 percent in 2002 to 11.3 percent in 2019.

The 2019 figures show a strong correlation between the rate of diabetes and socio-economic status. Among the most disadvantaged 20 percent of the NSW population, 15.5 percent had diabetes, compared with 7.8 percent of the least disadvantaged quintile.

Kairaitis noted: “We’re talking about a fairly disadvantaged group of people who have a chronic organ failure, which is kidney failure.”

The crisis in dialysis treatment emerges sharply in Western and Southwestern Sydney because these working-class areas have large and rapidly growing populations, with high levels of socio-economic disadvantage.

The regions were also among the hardest hit in the first years of the COVID pandemic as a result of the “let-it-rip” strategy embraced by all governments. In addition to the massive death toll, COVID has been linked in multiple studies around the world to increased prevalence of diabetes.

The specialists’ letter identified the cause of the escalating crisis as “years of underinvestment in dialysis infrastructure and resources in our three LHDs.”

A nine-month NSW parliamentary inquiry conducted in 2020 found that “Health and hospital services in south-west Sydney have experienced historic underfunding from successive governments.” In 2017–18, just \$1,714 per resident per year was spent on public health in the Southwest, compared with \$2,497 in central Sydney and the Inner West.

In NSW and around the country, the public health system has been eviscerated over decades by state and federal governments, Labor and Liberal-National alike.

This has been done with the total collaboration of the health unions which have imposed and enforced every government demand for spending cuts, privatisation and punitive sub-inflationary caps on wage increases for nurses and other health workers.

The role of the health unions has been on stark display in recent years as COVID transformed conditions in the hospitals from dire to catastrophic. The combined effect of the pandemic and soaring inflation drove NSW nurses to carry out multiple mass strike rallies in 2022, demanding pay rises and mandatory minimum nurse-to-patient ratios.

The NSW Nurses and Midwives Association (NSWNMA) diverted this struggle into an electoral campaign, insisting that the issues confronting health workers could only be resolved through the election of a Labor government. This

was a lie from the outset—then Labor opposition leader Chris Minns had already made clear that a government he led would not deliver real wage increases or ratios.

The two budgets handed down by the Minns Labor government since taking office in March last year have only deepened the attack on social spending and public-sector wages.

The June budget papers showed that health expenditure would rise by just 0.1 percent in 2024–25. This amounts to a significant cut in real terms, with official inflation at 3.8 percent and the population, and therefore the need for health care, growing at around 2 percent per year.

This is completely in line with the pro-business austerity agenda of Labor governments at the state and federal level throughout the country.

The dialysis crisis is a stark illustration of the capitalist system’s inability to provide for the basic needs of the population. Decades of attacks on the public health system, combined with an increased disease burden due to deepening poverty and inequality, have created a situation where residents of Australia’s most populous city are receiving a third-world standard of medical care.

This parlous state of affairs is by no means limited to renal care. At the same time, Australia is undergoing a shortage of IV fluids, among the most basic and commonplace medical products in existence.

This underscores the existential need for a political alternative, socialism, under which health and other vital public infrastructure, along with the major corporations and banks, can be placed under democratic workers’ control and ownership. Only then can society’s vast resources be used to fulfil the needs of the population as a whole, rather than further the interests of the wealthy elite.



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