

# The Infrastructure Road to Recovery— Let's Build Our Way Out of the Depression!

## Rebuild the Health System!

by Noelene Isherwood

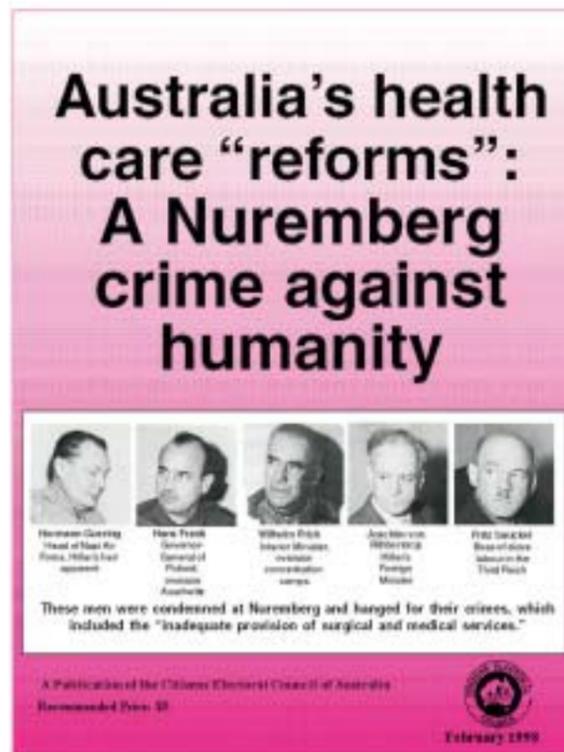
On October 31, 2001, 91-year-old Mary Wilkinson died from an assault she suffered while in a federally accredited aged care institution in Victoria. In the months before, she had been sexually assaulted, and, like others at the institution, lived with the constant fear of violence from other residents suffering from dementia. Throughout 2000-2001, Mary's daughter Val Wilkinson wrote repeated letters and made numerous complaints to the nursing home CEO and nursing authorities, about the conditions at the institution. Concerned nurses gave her names of relevant officials to write to, as well. Then, one night in October 2001, an aggressive, physically fit male dementia patient who had been trying to enter Mary's room, threw her to the floor as she attempted to leave her room. The nurses heard Mary's head crack on the floor from the other end of the corridor. Three nurses and one trainee—all the help available in the understaffed facility—could not move the male patient, and it was only when the ambulance driver arrived, that they could begin to assist Mary. Mary and Val then spent five hours of

hell in a hospital emergency ward, with Mary screaming and tearing the bandages off her head, and Val yelling for help. Mary died six agonising days later.

On November 8, Val spent much of her inheritance from her beloved mother to place an advertisement in *The Age*, to send a public message to Prime Minister John Howard. The ad by "Mary's daughter" called upon all political leaders to pledge that all Australia's elderly would get the care, protection and dignified departure they deserve. Mary's nursing home, after all, was one of the "better" Victorian nursing homes, not one of the 46 aged care homes which had been rated as being in a critical or unacceptable condition during the previous 13 months. Val wrote, "For one of Australia's Wise Elders to end their life as my mum did, prematurely, in terror and pain, shames us all.... It shames every politician and every Australian, all of us who have cared too little about how those who gallantly gave us our safety, who toiled to give us our wealth and who generously gave us their wisdom—our Wise Elders—are cared for, loved, respected and honoured at the end

of their lives."

Just four days earlier across the nation in Perth, a senior medical official at Sir Charles Gairdner Hospital expressed profound anguish over a similar tragedy. As reported in *The Sunday Times* of Western Australia of November 4, 2001, he had just apologised to the family of an elderly woman who died alone after spending 16 hours in a corridor on a hospital trolley. He asked: "Do people die on trolleys waiting for beds? Of course it happens. You can't avoid it when there are that number of people who are waiting that length of time when they come in for an emergency.... The position we are in is a completely unresolvable position morally. Initially, you get angry about it. You move heaven and earth to get these people out. You fight with people. You complain and you send letters. Then you start accepting that it's normal, but it's not normal. It's wrong and it's really difficult to live with yourself—to compromise to the extent that you put up with it even though you know it's wrong.... It's like the third world.... We struggle to deal with an extra five patients, let alone another 150 from a train crash. A



The CEC has long fought against the Nazi-style denial of health care which has become commonplace in our nation today.

number of people have said around the lunch table that if there was a major disaster in Perth we would melt down."

The meltdown is already underway, as also reported by the No-

ember 4, *Sunday Times*, "Unofficially, plans have been discussed to erect tents for times when all three major Perth hospitals are forced to turn ambulances away."

## A Collapsing System

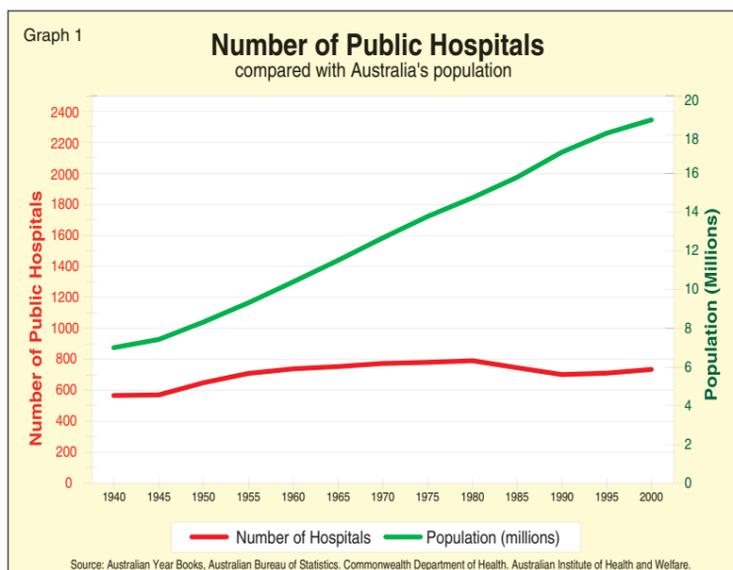
The equitable provision of quality health care is truly the measure of any nation. If we are to take up the extraordinary nation-building challenges outlined in this report, we must have a healthy, happy, optimistic population, with a government committed to the common good of all. Neither the former, nor the latter, is now the case.

As anyone can attest who has visited a public (or private) hospital recently, particularly its emergency department, our hospitals are in a desperate state of crisis, as the following series of graphs illustrate.

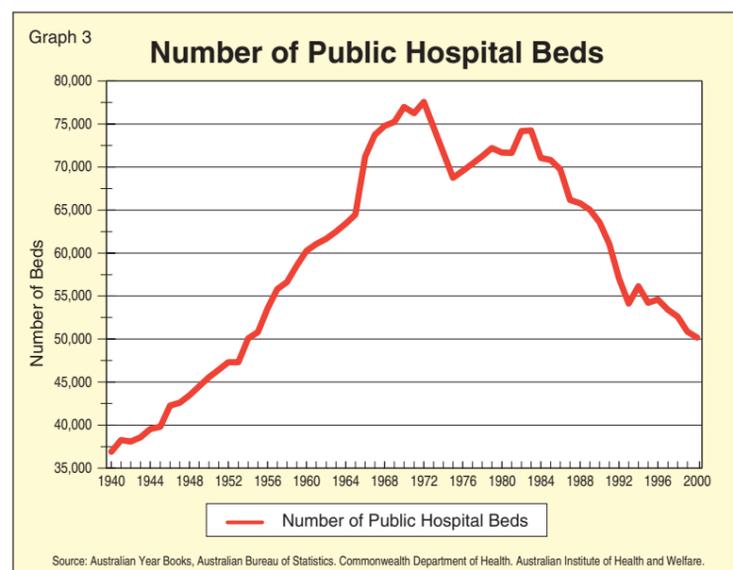
The crisis runs across all sectors of the health care industry, striking those who provide the care, as well as those who need it. You have only to pick up the newspaper in almost any city on any given day, to see its manifestations: soaring waiting lists; emergency wards on near-constant ambulance bypass; exhausted doctors and nurses quitting the system altogether; a rural sector where avoidable deaths are 40% higher even than in the cities, because there are so few medical facilities and medical personnel; an utterly inadequate aged care system which is forced to treat its patients in an inhuman fashion; and patients—as well as medical personnel—dying needlessly, murdered by a grossly-underfunded, understaffed system.

Already in 1997, the largest gathering of general practitioners in Australian history, meeting in Sydney, called for a royal commission into the state of health care. Cuts to medical care were killing people, Dr. Lindsay Gazal told the conference, and the general situation has since deteriorated even more.

A marker for just how inhuman the system had become, even by then, was the



The number of public hospitals is now the same as what Australia had in 1960, and is therefore grossly inadequate for the size of our population, which has almost doubled since then.



Australia now has the same number of public hospital beds as it had in 1955. The real collapse in beds began with the economic rationalist Hawke-Keating regime beginning 1983, policies continued by the Coalition

case of Dr. James McIntosh of Hornsby Hospital, NSW, who killed himself at age 33, by running barefoot into the path of a train near his home. Said his mother, Beris, a GP, her son would frequently work 36 hours, have four hours off, and go back on

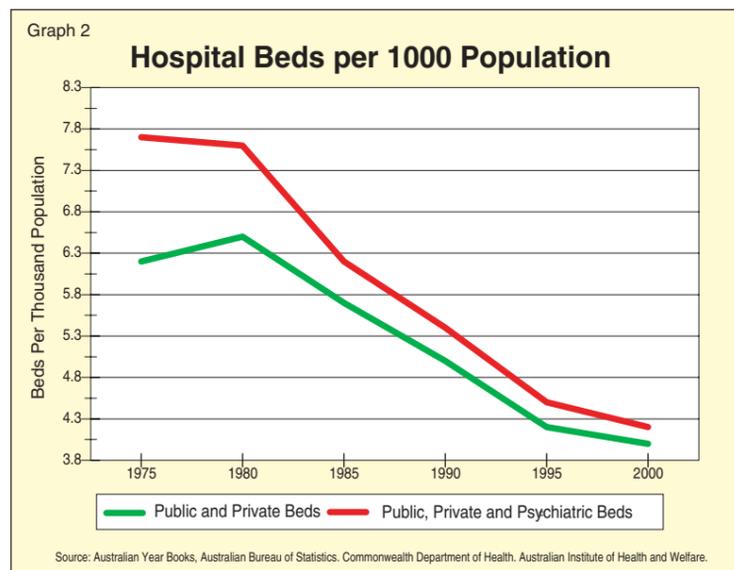
duty again. His father, Ted, said that his son, a talented musician and athlete, had begun to question why he had gone into medicine. "In the week he died, he rang and said he was wondering what he would do in 10 years time," Ted said. "He'd

had to sack some doctors and said it wouldn't be long before it was someone else sacking him. He was obviously depressed." Said his wife, "He was suffering from absolute exhaustion—he didn't have time to play his music, to relax, to exercise,

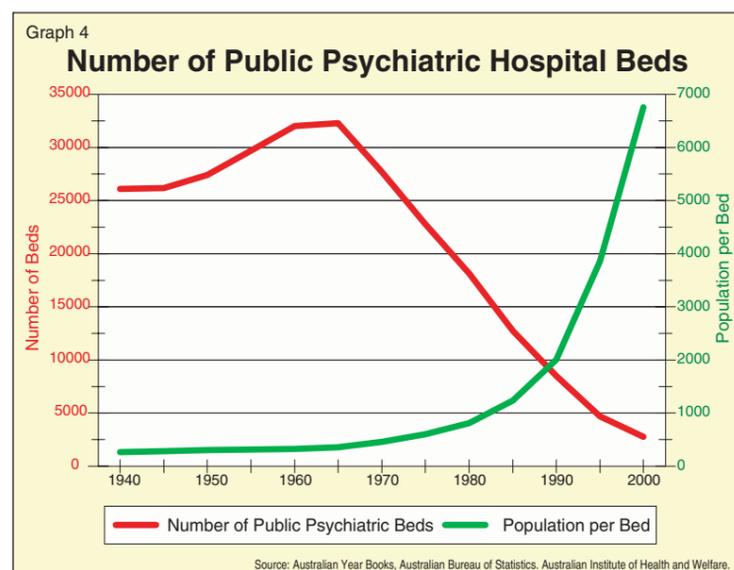
or even to eat. It was too much. I still can't believe it happened." According to a government-sponsored report released in May 1997, over the previous five years at least 21 doctors killed themselves in NSW, due to extreme working hours, pres-

sure of emergency medicine, and poor morale—all deriving from budget cuts.

Even Blind Freddie can see that there is a devastating crisis in health care. The question is, "How did it get this way, and how do we fix it?"



The basic measure of public health adequacy, the number of hospital beds per 1000 population, has plummeted under the last two decades of economic rationalism.



While Australia's mental health has declined precipitously since the 1960s, which would require more psychiatric hospitals and beds, the number of psychiatric beds has collapsed, down from 2.8 per 1000 in 1965, to less than 0.2 per 1000 today.