

Socialist Equality Party

Election Campaign '98

Why have hospitals become dangerous places?

In the middle years of the last century, public hospitals were life-threatening institutions. From bitter experience, women were aware that bearing children in hospital often meant death from puerperal fever. Over the past 100 years, giant strides in medicine, starting with the introduction of hygienic standards, allowed a transformation to take place. Ordinary working people demanded and came to expect the right to safe treatment in public hospitals.

Now, a medical report has confirmed that an historical reversion is taking place--patients are once more at risk because of rampant infection levels in public hospitals.

A study conducted by Dr Gideon Caplan and published in the Medical Journal of Australia shows that cutting a patient's stay in hospital reduces to one third the risk of infection. Hernia and gall bladder patients who spent an average of 3.2 days in hospital had a 16.3 percent chance of infection. This was cut to 5.2 percent for those who spent an average of 2.2 days in hospital.

The study was conducted at Sydney's Prince of Wales Hospital, regarded as one of Australia's premier teaching hospitals. Of the 224 patients surveyed, 101 underwent the hospital's new procedure--introduced in February 1996--of only being admitted on the day of surgery and then being sent home early, with back-up nursing care.

According to a newspaper report, Dr Caplan summed up his findings as follows: "Hospitals are dangerous places. They collect the worst bacteria." He said the lower infection rate was most likely due to patients not being exposed to bacteria the night before surgery.

How is it that hospitals have again become poten-

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tially fatal places for sick people? Why this reversion to the situation of last century? Why are hospitals becoming breeding grounds for increasingly drug resistant bacteria, such as Staphylococcus Aureus or Golden Staph?

Caplan's report is by no means the first to show cause for alarm. In 1996 a federal government Australian Hospital

Care Study reported that a staggering 14,000 patients die each year due to medical blunders, 50,000 are permanently disabled and some 230,000 suffer some degree of medical negligence. That study blamed overworked doctors, poor medical training and mistakes in diagnoses. Often, because of budget cuts, young and inexperienced doctors are forced to work unsupervised, and on shifts of up to 36 hours without a break.

Despite various follow-up reports and statements of concern by assembled state and federal health ministers, both Labor and Liberal, the hundreds of millions of dollars needed to tackle the crisis have not been forthcoming. Instead, the situation has only worsened because of the extra burden imposed on public hospitals by the collapse of private health fund membership. Moreover, the recently imposed federal-state Medicare agreement cuts funding per patient in real terms for the next five years.

This follows more than a decade of cutbacks. Between 1984 and 1996, at least 58 public hospitals were amalgamated or shut, and acute care beds were reduced by nearly 20,000. Per capita spending fell by 10 percent in virtually every state.

In short, while the latest in medical technology and technique is readily available to those who can afford it in the growing number of private hospitals and clinics, the majority of working people are forced into a

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public health system that is badly haemorrhaging.

The budget-slashing process has been intensified by the introduction of what is known as casemix and other related funding systems, whereby hospitals, like the Prince of Wales, are literally forced to accelerate the rate at which patients are discharged. The Kennett Liberal government in Victoria has spearheaded this regime but the previous federal Labor government promoted its national implementation.

Earlier this year when 700 Victorian health care practitioners were interviewed for a report on casemix, two-thirds of the senior clinicians complained about declining cleanliness, reduced cleaning staff, less maintenance of equipment and buildings, decreased patient access to allied services and greater work demands on doctors and nurses.

And increasingly, critical services such as cleaning, food preparation and maintenance have been privatised and have become sources of corporate profit, with attendant cost-cutting.

There is another serious factor in the hospital crisis. It is the emergence of drug-resistant strains of bacteria and the re-emergence of diseases of poverty, such as tuberculosis, which had previously been almost wiped out in the developed world.

What has been the official response? Have governments around the world been galvanised into promoting research to overcome these life-threatening developments? On the contrary, reports such as Caplan's are actually being used to justify even deeper cuts to public health.

Hospitals are simply being labelled as breeding grounds of disease. The very institutions that have contributed so much to mankind's progress are to be blamed and simply avoided at all costs. Instead of money being poured into upgrading and opening new hospitals and increasing medical and nursing staff, evidence is being found to back up the requirements of government and big business for budget-slashing.

In his reported remarks to the media, Dr Caplan warned against the results of his study being misused. He emphasised that lengths of stay in hospital could not be cut "willy-nilly" without a co-ordinated system of care that supports patients outside the hospitals.

But his warnings will be ignored and his results will be misused. As big business demands lower taxes and governments demand reduced health care costs, hospitals will be under ever-greater pressure to cut admission times. Already another report has been prepared at the Prince of Wales showing that the hospital is saving \$200 per patient on the new early discharge system.

Nor will adequate home care be provided. The central thrust of the cost-cutting drive is to compel patients' families to bear the burden of caring for them.

It is hardly surprising that in this election campaign, neither Labor nor Liberal leaders have commented on this retrogression to the dark days of the nineteenth century. It is the clearest indictment of the economic order they administer, in which everything--even public health--is increasingly subordinated to the requirements of corporate profit.

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