Time to take the smoke detectors seriously

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They say where there's smoke, there's fire. And as the AMA (WA) president, I feel I'm developing a strange, almost psychic ability as a smoke detector for any number of health and medical issues that could potentially, or are highly likely to, ignite. It was therefore a rather stark development recently when an actual fire engulfed the intensive care unit (ICU) at Fiona Stanley Hospital – thankfully an unusual and isolated incident.

I want to acknowledge the outstanding work of the firefighters, paramedics, hospital emergency teams, nurses, doctors, allied health professionals and support staff who responded under immense pressure. Many of those involved are AMA (WA) members, who found themselves dealing with an unprecedented situation in one of the most complex clinical environments imaginable. They acted calmly, decisively, and with a singular focus on protecting the people in their care. Their efforts deserve our sincere thanks.

This also highlighted a difficult truth. Our hospital system has very little capacity to absorb unexpected shocks. Despite ambulance ramping being less severe than last year's record seasonal highs, hospitals across Perth are operating under significant pressure, with extraordinary demand in emergency departments (EDs), wards and ICUs.

It reinforces the need for additional hospital beds, greater critical care capacity, and long-term investment that allows the system to withstand unexpected events without immediately affecting patient access to care. I have said it before, and I will say it again: Perth is one hospital short of where we need to be.

From 1 September, St John of God Murdoch Hospital's private ED will be open 8am to 10pm, seven days a week, replacing its current 24-hour service – a symptom of the broader issues facing the State's EDs. The immediate impact of the change will be increased pressure being placed on, you guessed it, Fiona Stanley Hospital's ED – leading to even longer patient wait times and increased workload for our members.

Our members working in EDs are already dealing with unprecedented patient demand, working longer and additional hours, and managing ever-increasing workloads. This is not sustainable in the short term, and is creating long-term workforce sustainability issues. Alarmingly, many of our members in emergency medicine are choosing to move to other disciplines or reduce contracted hours to avoid burnout and fatigue.

Around 95% of the workforce work less than full-time hours to manage the job stress, many intend to further reduce their hours in the future, and the workforce is ageing.

Anyone who has been unfortunate enough to navigate an ED recently, whether as a patient or family member, will know the current system is broken. And it will remain broken, unless the government and private providers make a concerted effort to attract and retain the dedicated health professionals who front up to work in the State's broken EDs every day.

This situation also highlights the importance of a viable private hospital system, which plays an important role in the wider health system by easing pressure on public hospitals, including through emergency care, elective surgery, step-down care, and other appropriate services. When private services contract, the pressure shifts to the public system that is already under significant strain from high patient demand, ambulance ramping, bed block, and increasingly complex presentations.

Governments, both Federal and State, need to realise the private hospital system is part of the solution. That means ensuring Medicare rebates and private health insurance rebates keep pace with the real cost of delivering private healthcare. If rebates fall behind costs while insurance premiums rise, private care becomes less affordable for patients and less sustainable for providers.

Coming back to our medical workforce, the Albanese Government's decision to exclude medical students from the expanded Commonwealth Prac Payments is a serious, missed opportunity at the very time Australia should be doing everything it can to diversify and strengthen, not weaken, our future medical workforce pipeline.

This is our chance to put out the spark before it becomes a fire. The continued exclusion of medical students is difficult to justify, and lacking in fairness and equity. It demands immediate reconsideration by the Federal Minister for Health and Ageing, Hon Mark Butler MP.

We've only recently had a real fire. A frightening and sobering event, handled incredibly well by skilled practitioners at many levels, including our valued AMA (WA) members. But there is smoke everywhere and let's not kid ourselves. If our visibility is obscured by multiple crises in the health system, we will be engulfed in flames before we can even reach for a hose to put out the fire. ■