

## Sea Lake threat again shows need for action on Victorian rural hospital crisis

**The potential closure of beds at Sea Lake Hospital continues a long and sorry saga of health service cutbacks in rural Victoria, increasing the risks to rural patients, further eroding rural communities and once again underlining the need for urgent government action to resolve the statewide crisis, the Rural Doctors Association of Victoria (RDAV) warned today.**

“In 1985 all hospitals in the southern Mallee and Wimmera regions of Victoria provided 24/7 emergency care and x-ray availability, as well as theatre and obstetric services. Only one hospital, Jeparit, was without a doctor for any length of time” RDAV President, Dr Mike Moynihan, said.

“More than twenty years down the track—when access to local care should have become better—these hospitals currently have doctors available only part of the time and share rosters with each other. A sick person in Boort might have the option of travelling 50 kilometres to Kerang or 80 kilometres to Birchip when there are no doctors in Charlton and Wycheproof, depending on the roster. Theatre and obstetrics are no longer open at these hospitals, and childbirth has become a lottery as to when pregnant women must travel to a distant maternity unit to deliver. The only x-ray unit available weekdays is now in St Arnaud!

“Sea Lake, which like Birchip and Charlton was a Bush Nursing Hospital that had its bed-per-day subsidy terminated in 1986, has been struggling for a long time with a desperate shortage of nursing staff and an inability to admit sufficient numbers of acute patients. It also would appear that due to changes in economy of scale the size of Sea Lake Hospital’s aged-care units makes them no longer viable—this is of significant concern to the plethora of other small multi-purpose health units throughout rural Victoria. Such units depend on a combination of medical services and long-term care for their survival. It is of huge concern if 28 aged-care residents are not enough to keep the hospital out of the red.

“Small hospitals like Sea Lake are unlikely to survive unless State Government action is taken to ensure their future and entice more health professionals to rural Victoria to staff them. Whether the communities with these hospitals will be able to retain local doctors when they don’t have local hospital beds is an open question but in general we see medical services become visiting services once beds are lost. Since 1983, 88 rural Victorian hospitals have lost their obstetric units and 35 have lost all acute beds.

“However, closure of the odd small unit is only the tip of the iceberg because the shortage of rural doctors, nurses and ancillary staff is now affecting all towns across the State. Throughout rural Victoria hospital rostering is now being undertaken on a day-to-day basis, relying on medically unsafe rostering, and often the sharing of rosters between larger hospitals in the manner of critical care in Melbourne. There also appear to be continuing reductions in critical care being provided locally, with many more transfers of severe cases to distant centres and the loss of local diagnostic facilities such as vascular ultrasound and Barium studies.

“All this poses unnecessary risk to rural patients and complexifies issues in local hospital and healthcare management. So why is this happening? Put simply, politics designed to support the provision of elite services to the metropolitan population is draining the blood out of rural areas. As such, it is becoming increasingly risky to live in rural areas of Victoria. Has the amalgamation of the rural ambulance service with the metropolitan ambulance service left sufficient flexibility to deal with the evolving situation? One can only hope so.

“Is Victoria now heading towards the disasters that led to a radical revision of rural health policy in Queensland—or will the rural vote remain too stifled to effect change in this State? While the Victorian Government seems to believe that nothing can be done to get more doctors to rural areas, a Queensland Government initiative to better staff its rural hospitals has clearly shown that doctors *can* be enticed to country areas with the right supports and incentives.

“The Victorian Government would be wise to learn from Queensland’s experience and implement measures to ensure a robust future for its rural hospital system before the avoidable tragedies start to occur.”