

PETER BROELMAN *Mark Knight is on leave*

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OLIVIA ONG

Burnout a real risk as cases rise

COVID-19 didn't change anything in our health system – it just accelerated what was going to happen.

During the first wave of the pandemic in Australia, Covid drove five years' worth of innovation in organisations nationwide. The same acceleration is happening in the medical workforce.

Unfortunately, this acceleration is a negative healthcare trend we have been dreading for a while: how will frontline healthcare workers access mental health support post-pandemic?

In the US, doctors are suffering from physical and mental health conditions due to burnout. This has resulted in relationship and financial issues, moral injury and PTSD; however, the fear of stigma and licence compromise is preventing these workers from seeking mental health support. Research by The Washington Post has shown 30 per cent of medical workers have left the profession and estimates that by 2032, the US will have a major shortage of doctors and nurses.

Politicians in Australia are focused on revitalising the economy rather than the wellbeing of our healthcare workers, despite knowing burnout and unsupported physical and emotional exhaustion will result in a healthcare system collapse where the economy will suffer. The Burnet Institute predicts that after October 26, when Victoria emerges from the current lockdown, there will be a surge in Covid-19 cases in hospitals. No healthcare system is designed to cope with such a clinical case load.

We must prioritise finding and implementing a solution to pandemic fatigue burnout. Government bodies need to show compassionate non-discriminatory leadership to all healthcare workers by supporting a mental health wellness strategy industry-wide.

Metrics to measure a corporate wellness strategy should include quality, safety and patient satisfaction. In extreme workforce shortage conditions, recruitment and retention will be all that matters. This means taking better care of medical doctors and staff, and providing adequate staff to carry the workload.

The burnout rate of medical staff pre-Covid was 40 per cent and is predicted to be 68 per cent post pandemic. The healthcare industry needs to have access to RDOs, doctors should be allowed to claim overtime and working hours need to change to protect wellbeing.

We need improved communication, relationships and leadership to protect our healthcare industry from severe retention decline and a dramatic healthcare system breakdown.

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No government can think it's above the law

If ever there was a reminder no government is above the law, it is the decision of WorkSafe to charge the Victorian Department of Health with 58 breaches of the Occupational Health and Safety Act.

As alleged by WorkSafe, the state Labor government's litany of failures in delivering the initial phase of its hotel quarantine program, between March and July 2020, is damning.

Not only is the department charged with failing to provide its employees and contractors with a safe workplace and basic training in infection protection and control, it is also being prosecuted for failing to appoint people with the requisite expertise, rather than untrained security guards, to run the hotel quarantine program.

In a public statement, WorkSafe alleges hotel quarantine workers were placed at risk of serious illness or death. Yet there is no mention of the 801 people who died as a consequence of the botched hotel quarantine program as the Coate inquiry found.

That no individual has been charged is a matter of significant controversy. If a private company was in the firing line over such serious allegations, it's a sure bet its owners or directors would not be escaping scot-free.

Perhaps, just perhaps, these court proceedings might shed more light on who was responsible for the fatal decision to engage security guards as hotel quarantine workers which, in turn, allowed coronavirus to spread like wildfire across



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Melbourne. Certainly, this presents an important opportunity for people such as former health minister, Jenny Mikakos, to give full and frank evidence about what transpired.

After Ms Mikakos raised concerns several weeks ago that department officials did not inform her about emerging issues with contact tracing and quarantine hotel protocols during the state's second wave of Covid-19 infections last year, one hopes she will be high on WorkSafe's witness list.

Of course, these charges also highlight the many ways in which emergency powers have been used and misused by Premier Andrews and his government.

Next Monday, Melbourne will overtake Buenos Aires as the most locked down city in the world. With stay-at-home orders to be extended until at least October 26, Melbourne will have spent 267 days in hard lockdown since March last year, a total of nearly nine months.

The Morrison government has provided more than \$49bn in federal economic support to Victoria over the course of the Covid-19 pandemic, including through the Covid-19 Disaster

Payment and the commonwealth's share of the jointly funded business support package.

Despite this unprecedented support and Victoria having enough Covid-19 vaccine to vaccinate 100 per cent of the population aged over 12 by the end of October, leaving a surplus of half a million doses, the crushing of so many freedoms in a manner which is not consistent with the Covid-19 National Plan has caused profound financial and mental health harm.

Whether it's banning children from playgrounds, stopping students from attending school, imposing an overnight curfew reminiscent of wartime or slamming shut the borders, Victorians have every right to expect greater accountability and proportionality in the exercise of emergency powers.

It is untenable that the public health advice which underpins such restrictions remains secret. So many businesses have been forced to close; the hospitality, events and tourism sector is on its knees.

And then there were the violent protests outside the CFMEU headquarters which led to a snap



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overnight decision to shut down the entire building and construction industry, punishing most of the sector's 320,000 workers who had committed no wrong but were suddenly left without the right to work.

With the industry operating with rigorous Covid-safe protocols and low levels of noncompliance for the past 18 months, where was the public health rationale to justify \$660m in lost wages over two weeks? This looked more like political payback than any public health order.

Similarly, where was the public health advice to justify the shocking and disproportionate decision to keep thousands of Victorians trapped in NSW after the border was suddenly closed in July?

It was only after campaigning to "bring Victorians home", which highlighted breaches of basic human rights, along with the intervention of the Victorian Ombudsman, that Premier Andrews announced changes to travel permits so that most Victorians could come home, evidencing these harsh restrictions were not necessary in the first place.

Yet, Ballarat resident Allan Meers remains stranded in Lismore, NSW, a region which should have been a "red zone", allowing him to apply for a travel permit, a week ago. Health Minister Martin Foley needs to bring Allan home. Victorians deserve better than this.

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