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THE LEADERS IN COLLABORATIVE EYE CARE

Thursday 26 March 2020

JOINT STATEMENT

Medical colleges express grave concerns at Federal Government move to extend private hospital elective surgery deadline

Australian medical colleges are extremely disappointed by the Federal Government's move to reverse its decision to cancel non-urgent elective surgery and allow private hospitals to continue operations for another week as COVID-19 cases and fatalities continue to increase.

The Royal Australasian College of Surgeons (RACS), the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the College of Intensive Care Medicine of Australia and New Zealand (CICM) said the reversal of the original decision to stop all non-critical elective surgery in both public and private hospitals from midnight on Wednesday 25 March was inconsistent with advice from leading medical experts and clearly increases the risk to patients and health care workers.

Prime Minister Scott Morrison had originally announced the suspension that applies to both public and private hospitals saying it was designed to free up resources as hospitals prepare to deal with the full impact of COVID-19.

The private hospitals have now been given until April 1 to continue non-urgent elective surgery. RACS President Dr Tony Sparnon, ANZCA President Dr Rod Mitchell, RANZCOG President, Dr Vijay Roach, CICM President Dr Ray Raper and RANZCO President, Associate Professor Heather Mack said:

- experience from overseas indicates that we are facing a looming public health crisis that threatens to overwhelm our health care system.
- the continuation of non-urgent elective surgery undermines our social isolation policy and will certainly expose health care workers to the coronavirus.
- reserves of anaesthetic medicines are likely to run low and must be conserved for those who will need it most.
- reserves of personal protective equipment are likely to run out and must be conserved to protect the lives of our healthcare workers.
- we need to allow our colleagues time to prepare to manage the critically ill COVID-19 patients.

“We would ask all patients to reconsider their need to undertake non-urgent elective surgery at this time. We would ask all surgeons, anaesthetists and hospital administrators to work collaboratively to assess the need for a patient to undertake non-urgent elective surgery at this time.”

“We reaffirm our commitment to working with the Australian Government to prepare to meet this public health emergency.”

Ends.

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