

## Under-pressure hospital EDs show need for healthcare changes – Editorial

Editorial

NZ Herald

18 Aug 2025 08:00 AM 4 mins to read

It's an emergency

The stories, like the patients on gurneys in hospital emergency departments, keep coming.

The remedy, conspicuous by its absence.

In January this year, it was reported that Wellington Hospital's Emergency Department recorded a code red and went into its most critical status – when demand outstrips staff and beds – nearly twice a day in 2025. More than 3200 patients, about 10 a day, had left the ED without being seen.

A Health New Zealand spokesperson described it at the time as a “high dynamic environment”, which is a sanitised representation of a grim reality: there is a critical shortage of ED nurses, doctors and beds. And patients are the ones who suffer.

In Waikato Hospital in late June, a man died after waiting nine hours in pain and a witness in ED later reported that the “staff were set up to fail”.

The New Zealand Nurses Organisation (NZNO) provided data that Waikato Hospital's ED had been under pressure for some time.

Last week, some Auckland patients were being diverted to Whangārei Hospital because of high demand at North Shore Hospital. Whangārei's emergency department was not having a cup of tea and a lie-down. It was also extremely busy.

According to Health Minister Simeon Brown, the numbers are fine. Brown, however, does not appear to be across the numbers. Last week, he told journalist Jack Tame that since the coalition came into power, the total number of nurses working fulltime had increased by 2100. The actual data showed the fulltime equivalent (FTE) had risen by 54 over two years. Larger figures related to the rise initiated by the previous Labour Government.

Brown has also suggested using AI in hospital administration to alleviate pressure.

This week the Government announced a deal with private hospitals. A kind of health upgrade from cattle class to premium for orthopaedic surgeries.

Health New Zealand Te Whatu Ora is spending \$300 million on its first long-term contracts with private hospitals to treat backlogs of orthopaedic patients waiting for surgeries in the public health system. That means hip and knee replacements for about 3200 patients a year, for six years.

While no doubt helpful to those waiting, this is not a long-term solution. It does not fix what is arguably a health model in dire need of a rethink. It does not help healthcare workers struggling with staffing and care resources. It does not help a patient in ED who has been waiting for eight hours with a broken elbow, or an anxious parent with an unwell baby.

New Zealand's health system is a paradox: we pride ourselves on scientific innovation and research, on free public healthcare. And yet our EDs are groaning with the waiting wounded. They are not statistics – they are human beings. A dysfunctional system also harms those who are most vulnerable economically, while also underlining inequities.

Healthcare is now a business. Once upon a time, the 1930s, there were laws codifying free public healthcare administered by Area Health Boards. Along came Rogernomics in the 1980s, and the health system would now follow “free market” principles.

Decades later, Health NZ Te Whatu Ora is defined as having a “strategically aligned entity performance framework”.

Health workers suffering burnout must turn from their patients – “clients” – and those lined up in EDs, and on beds in hospital corridors around the country, and make business cases for resources.

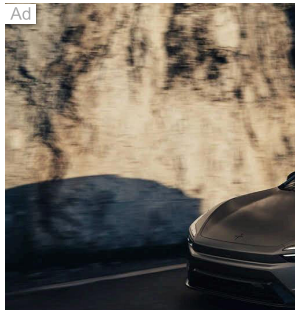
Aotearoa New Zealand’s health system should not be buffeted by the prevailing wind, or a tempest of policies and ideologies of incoming and outgoing Governments.

There is only one moral and economic solution, and that is a system that is politically “untouchable”. One funded and supported by principles agreed by a non-partisan, cross-party framework that serves New Zealanders.

Anything else is a Band-Aid.

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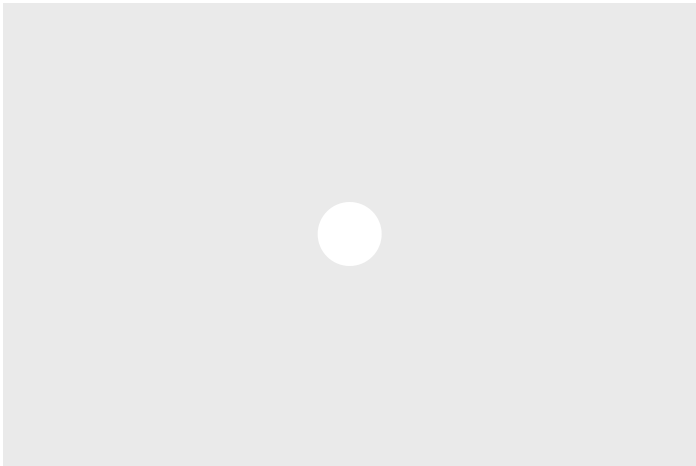
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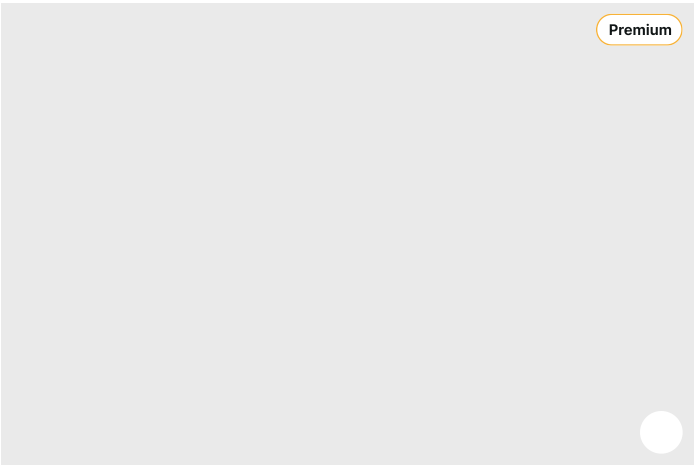


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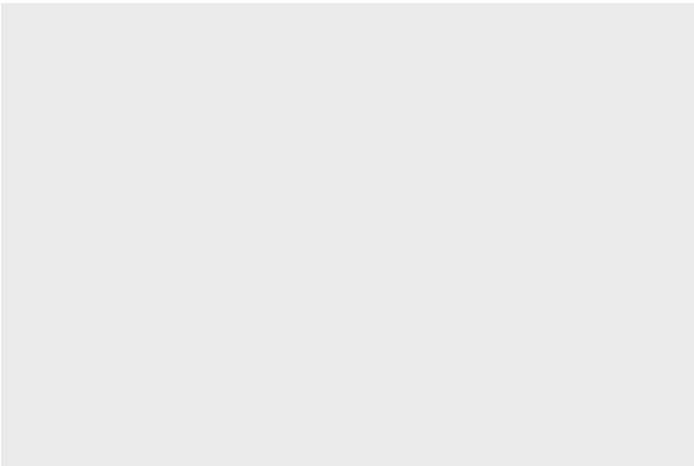
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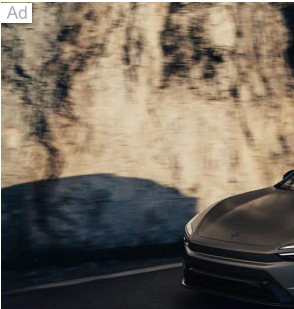


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