




Speech By
Dr Christian Rowan

MEMBER FOR MOGGILL

Record of Proceedings, 13 August 2020

HEALTH LEGISLATION AMENDMENT BILL

 **Dr ROWAN** (Moggill—LNP) (3.51 pm): As the Liberal National Party's shadow minister for communities, disability services and seniors and as the shadow minister for Aboriginal and Torres Strait Islander partnerships, I rise to address the Health Legislation Amendment Bill 2019. As has already been foreshadowed by my colleague the Liberal National Party's shadow minister for health and ambulance services, the Liberal National Party will be opposing clause 28, as originally drafted, with respect to potential unintended consequential outcomes which I will outline later in my contribution as part of this legislative debate.

The Health Legislation Amendment Bill 2019 was introduced to the Queensland parliament by the Minister for Health and Ambulance Services on 28 November 2019, and subsequently referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for its examination, before the committee tabled its report on 21 February 2020. As the Liberal National Party's shadow minister for Aboriginal and Torres Strait Islander partnerships, I wish to first address those amendments pertaining to the Hospital and Health Boards Act 2011. As per the bill's explanatory notes, amendments will be made to the Hospital and Health Boards Act 2011 to—

- strengthen the commitment to health equity for Aboriginal people and Torres Strait Islander people and strengthen the capability and effectiveness of Hospital and Health Boards by:
 - including as a guiding principle a commitment to achieving health equity and delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;
 - requiring each Hospital and Health Service to have a strategy for achieving health equity for Aboriginal people and Torres Strait Islander people; and
 - requiring each Hospital and Health Board to have one or more Aboriginal persons and/or Torres Strait Islander persons as members;

I note that submissions were received from the Queensland Human Rights Commission, the Australian Healthcare and Hospitals Association, the Royal Australasian College of Physicians, the Queensland Nurses and Midwives' Union, and the Queensland Aboriginal and Islander Health Council and that all of those organisations, in principle, supported the proposed amendments. So, too, does the Liberal National Party, as we continue to reaffirm our commitment to ensuring that genuine and practical progress can be made in improving the health, economic, educational and social outcomes for Queensland's Aboriginal and Torres Strait Islander communities. To that end, I acknowledge and commend the Morrison federal coalition government's Minister for Indigenous Australians, the Hon. Ken Wyatt, for his work in steering and delivering a historic reformed Closing the Gap agreement and framework, with 16 revised and amended Closing the Gap targets.

This legislation also proposes amendments being made pertaining to the disclosure of root cause analysis reports, as well as other amendments to the Private Health Facilities Act 1999 and Private Health Facilities Regulation 2016. I have spoken to a number of private hospital operators and these amendments seem fair and reasonable, particularly given the alignment with the Australian Health Service Safety and Quality Accreditation Scheme.

In relation to the elements of the bill that pertain to the Queensland Mental Health Commission, the recommendations made by the relevant steering committee, as a part of the Queensland Mental Health Commission review, will further strengthen the functioning and operation of the Queensland Mental Health Commission, particularly the ability to appoint the commissioner for a term of up to five years.

Previously, as a specialist physician representative on the Queensland Mental Health and Drug Advisory Council, under the auspices of the Queensland Mental Health Commission, I certainly appreciated the opportunity to contribute to the vital policy and clinical work of the commission. I commend the current Queensland Mental Health Commissioner, Ivan Frkovic; his predecessor, Dr Lesley van Schoubroeck; and all staff on the work that they have done to date in driving ongoing reform and improvements with respect to an integrated evidence based and recovery orientated mental health and substance misuse system.

I now wish to address clause 28 of this legislation, as originally drafted—a clause which the Liberal National Party has previously indicated it would not be supporting. I want to be very clear: there is absolutely no place for gay conversion therapy. There is no place for any health service provider or anyone else to provide gay conversion therapy.

One of the very first issues that arises with this legislation is the fact that there is little to no empirical evidence that conversion therapies are being offered in Queensland, let alone being provided by health service providers. As Fair Go for Queensland Women stated in their submission—

We note that the documents referred to in the *Explanatory Notes* do not provide current evidence of conversion therapy practices being undertaken by health service providers in Queensland, or significant occurrences in Queensland. We query the necessity of this legislation on that basis.

I note that similar concerns were also stated by the Queensland Law Society in its submission. I note that, whilst emphasis has been placed on the 2018 report from La Trobe University as justification for implementing these measures, as the distinguished President of the National Association of Practising Psychiatrists, Professor Phillip Morris, told the public hearing into the inquiry of this legislation—

I have read that report ... it says that there are no studies of the prevalence of conversion practices in Australia. There is absolutely no data that we have that is of any scientific validity about what is happening in Australia with conversion practices. In other words, we are completely blind at the moment as to what the problem is. Is there a problem?

The next issue that arises with clause 28, as originally drafted and introduced into this House, is the concern again expressed by many experienced medical professionals in this area that this legislation may promote gender-affirming treatment as the only form of treatment. As the committee reported on page 25, some 30 submissions raised concerns that this legislation, once enacted, will require doctors to provide hormone treatment or surgical treatment and potentially prevent doctors from adopting a so-called 'watchful waiting' approach. These concerns were significantly more pronounced for the impacts that could be had with children and the lifelong effects and side effects of significant treatment, surgeries and medications prescribed from a young age.

This leads me to the further unintended consequences of this legislation; namely, the significant potential criminal penalties that will be applied in what still remains a very ambiguous area. As the Australian Medical Association of Queensland provided in their submission—

AMA Queensland is opposed to the amendments recommended in the *Health Legislation Amendment Bill 2019*, on the basis that the legislation could lead to the prosecution of health professionals providing evidence based practices and have the potential to limit therapeutic approaches supporting children and adolescents presenting with gender dysphoria.

No-one disputes the importance of ensuring health treatment to Queenslanders who need support to understand their own sexual identity, but this legislation, as drafted, remains flawed. In fact, it is a view effectively endorsed by the parliamentary committee itself, which said—

While the intent of the provisions in clause 28 are supported, it is not clear whether they will achieve what they are intended to. Accordingly, the committee also suggested that there may end up being 'significant unintended consequences'.

Whilst I note that the minister at the eleventh hour has introduced amendments that he intends to move during consideration in detail, the immediate feedback I have received in the last few hours is that there still remains considerable medical, professional and legal concerns, particularly given there appears to be very limited consultation on the drafting of these amendments and that such amendments may not resolve the issues as identified by the parliamentary committee, its inquiry and those who provided submissions, particularly with respect to medical professionals.

In concluding, I thank the committee for its examination of this bill, including the deputy chair and member for Caloundra, Mark McArdle MP, and the member for Nicklin, Marty Hunt MP, as well as other elected representatives who serve on the committee and the more than 150 individuals and professional organisations and other stakeholders who provided submissions on this bill. The work that this committee has undertaken in examining this legislation has been extremely important.