

Health, Communities, Disability Services and Domestic and Family Violence Prevention Comr

From: mark raines [REDACTED]
Sent: Friday, 23 November 2018 10:33 PM
To: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Subject: 007 Re: Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018

[REDACTED] [REDACTED]

Mr Aaron Harper MP
Chair,
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

I believe that the proposed Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018 still fails to meet the stated purpose of ensuring that health practitioners have confidence to seek treatment. Rather than clarifying the matter, the ill defined "substantial risk of harm" potential creates more confusion. Who defines this, and if I were to define it as not "substantial" who is to say a lawyer or politician may define it otherwise. This lack of clarity continues to be a barrier to Health practitioners seeking effective treatment. This lack of clarity may cause more harm as earlier interventions may be deferred out of fear of reporting.

I believe that Western Australian model should be sufficient for all of Australia. That is, voluntary reports based on their professional and ethical obligations to report matters that may place the public at risk of harm.

There should be no distinction between the treatment of a registered health practitioner and that of a patient from any other occupation. Just like all other people in Australia, any health practitioner who becomes a patient should be entitled to discuss their health with their doctor in a strictly confidential environment.

A report to AHPRA can lead to a lengthy and stressful wait even if finds no case needs to be answered. Whilst awaiting the result of an investigation and determination, the burden of stress only increases on the health practitioner.

Ultimately, the suicide of a untreated health practitioner fearful of a mandatory report, who does not seek help becomes a tragedy for the person, the community, colleagues and the practitioner's family. This is a real problem in Australia with both young and old doctors taking their lives because of mental health problems. As you maybe aware you cannot always tell a person is struggling or considering suicide by just looking at them. They have to feel that they are in a safe and confidential position to ask for help. This applies to the butcher, baker or the neurosurgeon.

Health professional suicide is a world wide problem. As you may be aware between 2001 and 2012, 369 suicides by health professionals were recorded in Australia. Drs John Moutzouris, Chloe Abbott and Andrew Bryant are just three doctors who took their own life since that data was collected. Tragically there are more.

Beyond Blue in 2013 surveyed 12,000 doctors and one third were concerned about seeking treatment that may have an adverse effect on their registration and ability to continue to work in the field they were trained. Half suggested lack of confidentiality was a barrier to seeking help.

I again ask Mr Harper that Queensland adopt the Western Australian model to protect the health professionals who serve our community. I am not aware that this model has put the public at risk of harm in that state.

Regards

Dr Mark Raines

