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FIRST SESSION OF THE FIFTY-SEVENTH PARLIAMENT

Thursday, 16 September 2021

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THURSDAY, 16 SEPTEMBER 2021



The Legislative Assembly met at 9.30 am.

Mr Speaker (Hon. Curtis Pitt, Mulgrave) read prayers and took the chair.

Mr SPEAKER: Honourable members, I respectfully acknowledge that we are sitting today on the land of Aboriginal people and pay my respects to elders past and present. I thank them, as First Australians, for their careful custodianship of the land over countless generations. We are very fortunate in this country to have two of the world's oldest continuing living cultures in Aboriginal and Torres Strait Islander peoples whose lands, winds and waters we all now share.

SPEAKER'S STATEMENTS

Childhood Cancer Awareness Month



Mr SPEAKER: Honourable members, September is Childhood Cancer Awareness Month. Accommodating other commemorations, the parliament has been illuminated in gold for this month in support of the Golden Octopus Foundation awareness campaign. Every week a child in Australia is diagnosed with cancer, devastating family and friends. Tragically in Australia, cancer is the No. 1 cause of disease related death in children aged one to 14. There are many types of children's cancers and the octopus logo of the foundation was fittingly adopted to represent the multiple arms of childhood cancer. The Golden Octopus Foundation, based in Townsville, aims to raise awareness and funds to improve paediatric oncology services in regional areas, employ community childhood nurses, enable research and support children and families touched by childhood cancer. To find out more about the Golden Octopus Foundation or to make a donation or purchase a gift, visit goldenoctopus.org.au.

Divisions, Pairing Arrangements



Mr SPEAKER: Honourable members, I note that pairing arrangements are between the government and opposition and are not recognised under the standing orders. However, there has been a longstanding practice to note pairs in the *Record of Proceedings* for divisions. A question has arisen about pairs being recorded on divisions that are personal votes. Pairs are noted only to indicate that a member is the subject of a pairing agreement in place and explains each member's absence for any vote during the pairing agreement. It is not indicative of how the member paired may have voted. Therefore, the normal pairing note will remain in the *Record of Proceedings*.

School Group Tours



Mr SPEAKER: Honourable members, I wish to advise that we will be visited in the gallery this morning by students from Mount Samson State School in the electorate of Pine Rivers, Somerset College in the electorate of Mudgeeraba and Arethusa College in the electorate of McConnel.

MOTION OF CONDOLENCE

McElligott, Mr KV



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (9.33 am): I move—

1. That this House desires to place on record its appreciation of the services rendered to this state by the late Kenneth Victor McElligott, a former member of the parliament of Queensland and minister of the state.
2. That Mr Speaker be requested to convey to the family of the deceased gentleman the above resolution, together with an expression of the sympathy and sorrow of the members of the parliament of Queensland, in the loss they have sustained.

I have the honour of moving this motion of condolence for a former member of the House, Kenneth Victor McElligott. I welcome to the gallery today Ken's wife, Shirley, and his son, Scott, and daughter-in-law, Jenny. I am pleased that you are able to join us today as we commemorate the life of Ken.

Kenneth Victor McElligott was born in Maryborough on 14 February 1940 and was educated at Maryborough Central State School and Boys' High School. After leaving school, Mr McElligott worked as a clerk, then as an accountant and later was an administrative officer at the James Cook University of North Queensland. In March 1976, Ken was elected as an alderman on the Townsville City Council and he went on to serve on the council for over 7½ years, including as deputy mayor from October 1980 to December 1983. I note that in his first speech in the parliament he spoke of the privilege it had been for him to serve on the council and to also serve on council with two mayors of Townsville, Percy Tucker and Mike Reynolds, both of whom members will know also represented Townsville electorates in this House at different times.


In 1983 Ken was selected by the ALP to contest the seat of Townsville at the upcoming state election. At that time, the seat of Townsville had been held since 1972 by Dr Norman Scott-Young of the Liberal Party. At the election held in October 1983, Mr McElligott was able to wrest the seat from Dr Scott-Young and he went on to serve as a member of this House until the state election of June 1998. He firstly represented the seat of Townsville until a redistribution in 1986 created the new seat of Thuringowa, almost wholly from the Townsville electorate. Mr McElligott was preselected for the seat of Thuringowa and he went on to hold it at the state elections of 1986, 1989, 1992 and 1995.

During his time in the parliament he served in numerous parliamentary, political party and executive government roles. He served on the opposition front bench in various portfolios between November 1983 and December 1989, including at times as opposition spokesperson for health, local government and regional and northern development. Following the election of the Goss government at the state election of December 1989 and after years of hard work in opposition, Mr McElligott had the privilege of being sworn in as the minister for health in the first ALP government in this state in 32 years. Mr McElligott served in cabinet in this role until December 1991. He later returned to the Goss government cabinet following the 1995 state election, serving as minister for lands from July 1995 to February 1996, at which there was a change of government and the coalition government under premier Rob Borbidge came to office.

During his time in the parliament, Mr McElligott also served as a member of the Parliamentary Service Commission from 1992 to 1995. Some members may recall that at that time the Parliamentary Service Commission was an all-party commission of seven members who were, among other things, responsible for determining major policies to guide the operation and management of the Parliamentary Service. I note that Mr McElligott served on this commission with my father, Henry, during this time and my father remembers those times fondly. While in this place, Mr McElligott led overseas parliamentary delegations in 1990 and 1995 and also served as a member of the parliament's Legal, Constitutional and Administrative Review Committee from April 1996 to May 1998.

I understand that Mr McElligott was a very keen sports fan and that he had been a very good hockey player in his younger years and was a supporter and contributor to that sport and many others throughout his entire life. Indeed, I understand that it was through the game of hockey that he met his wife of 60 years, Shirley. I also note that Mr McElligott was awarded life membership of a number of organisations, including of the great Australian Labor Party, in recognition of his tireless years of dedicated service to each of them. He was also patron of numerous other organisations at various times during his life. It can be truly said that Mr McElligott was a man dedicated to the advancement of his community and was a fighter for the provision of services and infrastructure to the area. As I note his son described him, he was 'Townsville through and through'.

Kenneth Victor McElligott passed away on 28 May aged 81 years and a funeral service to celebrate his life was held in Townsville on 3 June. I place on record the government's thanks for the years of service that Mr McElligott gave to the institutions of our democracy and to the entire Queensland community. On behalf of the government, I take this opportunity to extend my deepest sympathy and that of this entire House to Mr McElligott's family and friends.

 **Mr CRISAFULLI** (Broadwater—LNP) (Leader of the Opposition) (9.38 am): Today the House is paying tribute to Ken McElligott, who served as the member for Townsville from 1983 to 1986 and as the member for Thuringowa from 1986 to 1998. I first met Ken and his wife, Shirley, when I doorknocked their home in Douglas when I first contested the Townsville City Council election in 2004. They lived only a dozen doors down from me.

Ken gave me some useful political advice on that occasion. He suggested I not waste my time and that I know my targets better. I then turned to Shirley who gave me similar advice. Having observed Ken McElligott's contribution over many years I can say with certainty there are two things that drove

his political endeavours: his commitment to his community and his commitment to his political movement. Ken served the people of Townsville as deputy mayor or alderman for seven years before he commenced his 15 years service in this House. Having also served in similar roles, I understand Ken's commitment to the importance of local government and I have an appreciation of what drove his civic involvement. It is interesting to note that when called upon to deliver his maiden speech in this House after the 1983 election, Ken chose to speak of the future of local government generally and highlight some of the challenges that local authorities were facing. I quote—

... I want to mention the concern being felt in local government circles in Queensland at the trend to more and more government interference in the affairs of local authorities and to attacks on their autonomy ... In these situations, it seems to me that less interference by large Government, the better.

Ken believed in the capacity of local government to serve the interests of local communities. It was this sense of service that he brought to this House upon his election. It was the wellbeing of the Townsville community that drove him whilst in state parliament and it was the impact on everyday issues that he sought to highlight. Again in his maiden speech he drew attention to the housing shortage and the impact of homelessness. He said—


The only way that this problem will be overcome is by a firm commitment from the Government to the construction of many more rental houses. Single person accommodation must not be forgotten, either, as youth homelessness is now an unfortunate fact of life.

Ken McElligott served as minister for health in the first ministry of Wayne Goss and then served as minister for lands from immediately after the 1995 election until the defeat of the Goss government in early 1996. Having announced his intention to retire at the 1998 election, he answered his party's call when circumstances threw the campaign into disarray. His defeat that year was in no way a reflection of his commitment and willingness to work hard or the respect he was held in the community.

Ken retained an abiding interest and involvement in sport. His championing of the North Queensland Games, his promotion of the Townsville Sports Reserve, his long-term involvement in hockey and his role as foundation chairman of the Townsville Suns in the NBL are remembered fondly. Indeed, Ken served as president of Hockey Queensland from 2001 to 2008 and was made a life member in recognition of his many years of commitment to the sport.

In recognition of his years of service to his political ideals, Ken McElligott was granted life membership of the Australian Labor Party, an event his son Scott described as probably his proudest moment. While not having known Ken as long as some members of this House, I regarded him as a friend. A champion of North Queensland, he established a record of which he and his family should be proud. In his later years he became a prolific letter writer to the Townsville *Bulletin*, defending his values and providing his views on public administration. Despite the odd ribbing, I was the target of his attention far less than many of my other LNP colleagues so perhaps that doorknock was not quite so wasted after all.

The Townsville community is poorer for his passing and I offer my personal condolences and those of the opposition to his wife, Shirley, their three children, Scott, Mark and Toni, and the entire family. Vale, Ken McElligott.

 **Mr HARPER** (Thuringowa—ALP) (9.43 am): Can I start by acknowledging Shirley in the gallery, son Scott and Jen as well. I spoke with Toni who is in lockdown in Victoria and who would love to be here. I know she is watching this right now. I acknowledge Mark as well. I acknowledge also, Mike Reynolds, former Speaker. Many people are watching this on Parliament TV. It is an honour to speak to this condolence motion today.

Ken Victor McElligott was born in Maryborough—another champion from Maryborough—on 14 February 1940 to parents Harold Norman McElligott and Rachel Anne (nee Walker), attending Maryborough Central State School and the Boys High School. Ken married Shirley Mary Elizabeth Hair on 9 January 1960 at St James Cathedral and went on to have two sons and one daughter. Along with grandchildren, great-grandchildren, family and friends, they celebrated their diamond anniversary in January last year. It was such a honour for my wife, Amanda, and me to be invited along to that. What a wonderful achievement: 60 years of marriage. At breakfast this morning I was reflecting that my wife and I had just celebrated our 20th and Shirley said to me, 'Forty to go, Aaron!'

Ken met Shirley at Parks Hockey Club after he relocated from the Fraser Coast. It was said that it was a love affair which first flourished over a passion for sport, Ken's ability on the field catching Shirley's eye. After working as a clerk, an accountant and an administrative officer in research at James Cook University in North Queensland, Ken was elected to the Townsville City Council in 1976. He was

first elected as an alderman on 29 March 1976 and from October 1980 to December 1983 was made deputy mayor of Townsville City Council, serving under Mike Reynolds, former member for Townsville and former Speaker of this House. He had seven-plus years in local government.

Ken was then elected to the Queensland Legislative Assembly as the member for Townsville on 22 October 1983, and I know how proud the family was of that victory. On 1 November 1986 he transferred to the very new seat of Thuringowa and held that seat until 13 June 1998, a total of five terms. To put that in perspective: 15 years in state government, seven in local; all up 22 years proudly serving the people of Townsville and Thuringowa.

He made an enormous contribution as health minister, which I will talk to. That is no mean feat, and one I intend to—and promised Ken I would—replicate. To the members of the opposition, bring your best charge next time around. He was so excited at every single election. Shirley is fantastic. She will drop in to the electorate office for a cuppa and tell us to give it to the Tories. Ken was exactly the same. He never held back. I know how happy he was with me winning the last three elections in Thuringowa.

Immediately after his election, Ken was appointed opposition spokesman on welfare services, youth and ethnic affairs, shifting to health in 1985, to regional and northern development and small business in 1987 and to local government and small business in 1988—I think members will all agree, a broad range of responsibilities. With the election of the Goss government in 1989 Ken became minister for health, serving in that position until 1991.

During Ken's time in state politics, as the Premier said, he was a member of a number of committees and led a number of overseas delegations in his career, including a delegation to Taiwan and the United States. His proudest achievement, I am sure, was as the minister for health and the focus on decentralising the health system. As son Scott is quoted in the *Townsville Bulletin* as saying, we would not have the wonderful health care that we have today throughout regional Queensland without that concept that Ken brought in. You should be very proud. Ken was very well respected, irrespective of what side of politics you were on, also saying it was above politics. He was a proud Townsville representative first and a Labor member and politician second. He was a Townsville champion through and through.

Ken was a life member and former president of Wests Hockey Club, Townsville Hockey Association and Hockey Queensland. One of his crowning achievements was founding the North Queensland Games, now the North Queensland Sports Foundation. Ken was chairman of the Townsville Suns in the state basketball league. He was chairman of the Townsville Port Society and patron to over 30 organisations. Ken was given life membership of the ALP, described as his proudest moment.

As the current state member for Thuringowa, I am absolutely humbled to have been asked to speak today on Ken's amazing contribution to Townsville and, in particular, Thuringowa. Above all, Ken was a mentor and a friend. When I first indicated I was interested in running in mid-2014, my mentor in the ambulance service, the OIC of Kirwan station, said to me, 'You need to go and speak to someone who has been there before. You need to go and speak to Ken McElligott.' Ken was in what was the Masonic home, now Regis. Ken was battling MS. Whilst he might have needed a chair, his mind was incredibly sharp. I loved his letters. I dropped in there and we kicked off a fantastic friendship that has lasted these last six years through to his funeral. I was incredibly proud to be asked to speak at his funeral.

From time to time, I would drop in. I have to reflect on a couple of funny occasions. I do not know how I am going to get through one of them because it is just not parliamentary. Ken loved my visits. If I was in a meeting with the member for Townsville and had a bit of space between meetings, on the way back to my office I would call in unannounced. He loved it. We would sit and talk about the politics of the day. On one occasion I walked in and a look of relief came over Ken's face. He was sitting in his chair and he had a friend there, who got up and left. Ken wheeled himself to the door and made sure that his friend was down the hall. He said, 'Thank God you've arrived. He's a bloody Tory and he's been talking my ear off all morning!'

Ken was very proud of my achievement after the first 2015 election. He said, 'You're going to stamp your own brand on this, Aaron.' I absolutely committed to him that I would follow each of his terms. He did four terms in Thuringowa and I am not giving up any time soon. Ken, Shirley and their family, particularly Scott in Townsville, have been there supporting me in every which way, including Toni through messages on Facebook. Shirley, I do love it when you drop in for a cuppa. You are absolutely welcome at any time. Your help has certainly been appreciated.

Early last year my wife, Amanda, and I had the great pleasure of being invited to Ken and Shirley's 60th wedding anniversary where I had the opportunity to recount another funny story. Members might recall that in the lead-up to the 2017 election the Townsville Chamber of Commerce held its annual 'throw us to the wolves' debate for candidates. We know what we are walking into. I love it. I love getting a little bit combative in these things. The morning before the debate I was preparing in my office. My mobile rang. It was Mike Reynolds. This is the hard bit as I am not sure how I will say this. Members will just have to fill in the 'dot, dot, dots'. Mike said, 'Don't take a backwards step in there tomorrow, Aaron. Don't take any ... !' Anyway, that phone call ended and the office phone rang. It was Ken. Ken said, 'And don't lose, you ... !' They both had my interests at heart. I am deeply grateful for that consistent advice and support.


On 19 April 2018 we had a very special naming ceremony. I thank the former member for housing, Minister de Brenni, for allowing us to name buildings proudly built by our government in memory of local champions who have given so much to our local community. Ken certainly did all that and a hell of a lot more for our city. I know members will probably react to this, but we held a very special naming ceremony at No. 771 Riverway Drive. Riverway Drive is something I am incredibly proud of.

Ms Palaszcuk interjected.

Mr HARPER: Riverway Drive, Premier! Riverway Drive! It is a \$5.5 million, 14-unit housing complex with disability access. Ken and family proudly attended the ceremony. That is a great and lasting legacy. It is named Ken McElligott House for a very good reason. It was a pleasure to have the opportunity to honour his legacy and everything that he has done. We named Ken McElligott House in very special memory of Ken McElligott and his enormous contribution.

Shirley, the last thing I got to do with both yourself and Ken was after the 2020 election. Amanda and I dropped in at Regis for morning tea. Ken was so excited to hear about the result and how we had gone. That was a really special morning. I want to again thank you so much for all of those times and for all of the private conversations. I have to tell you that every time I drive down that road and past the unit now, it brings back a lot of memories of how Ken really got behind us. I greatly value his friendship and that of the entire McElligott family. I could not have done it without you.

I want to keep my promise and match Ken's terms in Thuringowa, plus one more. Why not? From the beginning I told him that I would do that so I will keep cracking on. His legacy is fantastic. I am so proud to follow in his footsteps. Thank you very much for being here. Vale, Ken McElligott.

 **Hon. SJ STEWART** (Townsville—ALP) (Minister for Resources) (9.55 am): As the member for Townsville, it is a great privilege to be called upon to support this condolence motion honouring the extraordinary and absolutely wonderful servant of North Queensland and, indeed, the entire state, Ken McElligott. I extend my deepest condolences to Ken's family, his wife and long-time partner, Shirley; their children, Scott, Mark and Toni, and their partners; as well as Ken and Shirley's grandchildren and great grandchildren. I also extend my condolences to my friend and colleague, the member for Thuringowa, who has lost a mentor and a very close friend and, of course, to all those whose lives were made all the better for having met Ken McElligott.


In North Queensland you either knew Ken McElligott or you knew of Ken McElligott. He was that kind of guy. Ken was a fighter. Nothing shows that more than the quote he often used: it is the strongest swimmers who swim against the current. I have used that quote many times now. When we have tough times I want to be that strong swimmer who swims against the current.

Ken was a champion of regional health. As health minister, he helped to build Queensland's and Townsville's status as a world-class health hub. As we have heard, he was also the former member for Townsville and the former minister for lands. Considering that I have both of those under my purview, I have big shoes to fill. If I can be half as good as Ken, I reckon I will be doing a pretty good job. As former Townsville mayor Mike Reynolds said earlier this year, Townsville and, indeed, Queensland would not have the health services they do today if it was not for Ken McElligott.

Continuing the theme of Ken's lifelong mission to keep Queenslanders healthy, he was a key advocate for upgrades to the Townsville Sports Reserve and for establishing the North Queensland Games. He absolutely loved his sport and he was a key figure in Townsville's hockey scene as well as in establishing Townsville's state basketball league team. Ken was a major driver for the growth of the Port of Townsville. Part of that enormous legacy is just how important the port is in my home city. Most of all, as a life member of the Australian Labor Party, Ken was about working Queenslanders.

Today we remember the life of Ken McElligott. We remember what he achieved, both in the halls of this place and right across Queensland, in the hope that we continue to follow his outstanding legacy. This morning when we had breakfast we talked about what Ken's legacy was. We all talked about and pointed to different aspects of what Ken delivered for his community. I reckon if we asked Ken what his legacy was, he would proudly say that his legacy was his family. He lived for his family. Today Scott said that, no matter how hard this job is and the time demands that we all put into this place, Ken still found time to play cricket in the backyard or spend time with family. You know what? It was the family who helped Ken to do his absolute best not only for Townsville but also for the state. We thank you for the sacrifice that you made in supporting an absolutely wonderful man.

I am sure that the members for Thuringowa and Mundingburra will agree that it is an absolute and great honour for us to represent the constituents Ken fought for. We pay tribute to him today. He was an amazing man. Vale, Ken McElligott.

 **Mr WALKER** (Mundingburra—ALP) (9.59 am): Firstly, I would like to acknowledge Mrs Shirley McElligott, Ken's wife, Ken's son Scott McElligott and Scott's wife, Jen, who are with us in the gallery this morning. I would also like to acknowledge Mark and Toni who could not join us here today.

It is a real honour to stand to speak to this condolence motion in this place where Ken McElligott served the people of Townsville in the state seat of Townsville from 1983 to 1986. In 1986, Ken was re-elected in the new seat of Thuringowa where he served the people of Thuringowa up until 1998.

I want to go back to 1976, prior to Ken's service as a state member, when Ken McElligott was elected as a Townsville city alderman, as a member of Perc Tucker's ALP council team. Prior to this, Perc Tucker was a state member for the seats of Townsville North and Townsville West in this place. Perc Tucker lost his state seat in 1974. In 1976, he decided to run for mayor of Townsville, known as Tucker's Ten, and wins eight aldermen positions out of the 11 and gains control of the Townsville City Council and Ken McElligott is on board as an alderman. The campaign was a catchy one and the slogan was 'Tucker's Ten'.

I remember people talking about Tucker's Ten. Our baker at the time, Noel Wilson, would deliver fresh bread most mornings to our home in Oonoonba prior to us kids heading off to school. Noel would talk to my father about politics and would make us late for school. Noel would mention in conversations different names of people, and the names Perc Tucker and Ken McElligott always stood out to me.

In 1977, I started at Townsville State High School and one of my teachers was none other than Tony Mooney who that year was elected as an alderman on the Townsville City Council and joined Ken McElligott and Perc Tucker. I felt pretty good having a teacher who was an alderman and who would mention from time to time the names Perc Tucker and Ken McElligott during our school lessons which were social studies. I was not scarred at all!


You might think, 'Les, what is this all about?' Two years later in 1979, the baker, Noel Wilson, runs for council on Perc Tucker's team and wins. He now joins Ken McElligott as a fellow alderman. This is where I have more contact and involvement with alderman Ken McElligott.

A year later, 1980, Ken becomes deputy mayor. At that stage I am working and still see Ken from time to time at the local soccer carnivals and cycling events as he would turn up to present trophies and medals and I would have a chat with him. Ken was very popular, well known and respected around the sporting scene. Deputy mayor Ken McElligott liked sport that much he convened a meeting in February 1983 in which the concept of the North Queensland Sports Foundation grew and still operates today right across the North Queensland region.

That year Ken becomes state member for Townsville and three years later the state member for the new seat of Thuringowa which covered the Thuringowa Shire Council at the time which later became Thuringowa City, as I mentioned earlier.

Ken served as the minister for health in the Goss government from 1989 until 1991 and later served again as minister for lands in the same government from 1995 until 1996.


Ken was the real deal—a visionary, loved his family, sport and the people of Townsville. His memory will live on for a very long time. Vale, Ken McElligott.

 **Mr SPEAKER:** Honourable members, I wish to pass on my deepest condolences to Shirley and the family. I was pleased to host them this morning briefly for some refreshments on the Speaker's Verandah. Shirley was very kindly reminding me about my father's time serving with Ken in this place and it is very true to say that they do not make them like that anymore. Members, will you please indicate your agreement with this motion by standing in silence for one minute.

Whereupon honourable members stood in silence.

MINISTERIAL STATEMENTS

Coronavirus, Update


 **Hon. A PALASZCZUK** (Inala—ALP) (Premier and Minister for Trade) (10.05 am): I can advise that we have had one new locally acquired case of COVID overnight. It is a student at St Thomas More College, however that student is in home quarantine and has not been infectious in the community. Once again, I want to thank all of the families who are still doing home quarantine. They are keeping Queenslanders safe. We have two more overseas acquired cases in hotel quarantine.

In excellent news, we did 16,954 tests yesterday. It is great to see that people who are having any symptoms are going to get tested. We need to keep that up, Queensland.

We delivered 25,570 vaccines, another new record for Queensland Health. Some 1.6 million vaccines have been delivered by Queensland Health and a total of over four million vaccines delivered in Queensland.

We now have 57.63 per cent of eligible Queenslanders who have had one dose of the vaccine and 39.35 per cent have had two doses. Well done, Queensland.

Coronavirus, Vaccination

 **Hon. A PALASZCZUK** (Inala—ALP) (Premier and Minister for Trade) (10.06 am): Yesterday I announced that Pfizer will be offered in our vaccination hubs to those aged 60 and over. People told me they wanted a choice and now they have it, and they have welcomed it. Today I am advised that the federal government has also seen the value of it and it, too, will make Pfizer available to people aged 60 and over to get from their local GPs.


It does not matter where you get your vaccine from, the important thing is that you get it. Since 16 June, New South Wales has recorded 41,177 locally acquired COVID cases. Tragically, 198 people have died. These are our neighbours. The only way we can protect ourselves from a major outbreak is to get vaccinated.

We have had the Mud Army, we have had the Care Army, and now I summon Queenslanders to sign up to the Jab Army. Our super vaccination weekend starts tomorrow night in Mackay where football fans attending the Manly v Roosters match at BB Print Stadium will also be able to get their vaccine. The pop-up clinic will also operate at Saturday's game. Walk-ins are welcome at all of our vaccination hubs this weekend, but those with bookings need not be concerned; your appointments will be unaffected.

We have also listened to Queenslanders—and I have had many comments on my Facebook page—and special lanes will also operate for our over-70s and those who have trouble with their mobility. We want to make sure that they are looked after.

Our police, paramedics, fire, nurses, doctors, and all our health staff have fought this pandemic long and hard. We owe it to them to get vaccinated so they are not overwhelmed when the next wave arrives. I call on every Queenslanders over the age of 12 to do it for their families, do it for their communities, defend the freedoms that we all now enjoy and join the Jab Army to keep Queenslanders safe.

GPs in Schools

 **Hon. A PALASZCZUK** (Inala—ALP) (Premier and Minister for Trade) (10.08 am): Every person deserves to be able to book a doctor's appointment when they need one, but for many young people getting in to see a GP is often difficult and time-consuming. That is why at the last election we announced a pilot program to base GPs at 20 state secondary schools throughout Queensland. We asked Queensland schools to register their interest to participate in this program and we were inundated with requests.

The Minister for Education spoke to myself, the Treasurer and the Deputy Premier, and today I am proud to announce that we will expand this program. From early next year, GPs will be based not at 20 state secondary schools but at 50 state secondary schools. The Department of Education is now finalising the list of schools set to participate in the pilot. From there we will establish fit-for-purpose clinics at each of the schools where GPs will provide free consultations to students one day per week.

The last 18 months have affected us all. Our students, in particular, have had to overcome great challenges throughout the pandemic. This has undoubtedly had an impact on their health and wellbeing. Through our \$100 million Student Wellbeing Package, we will ensure that more young Queenslanders

have access to quality care. This is an important investment in the future of our state and comes off the back of our record \$15.3 billion education budget handed down in June. Delivering quality health care and education for all Queenslanders is what good Labor governments do best. We will continue to invest in programs like this to give all Queenslanders better access to quality health services. Well done, Minister for Education.

Rugby League, Dally M Awards



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (10.10 am): Football's night of nights is coming to Queensland. For the first time in history, the Dally M Awards will be held in Brisbane later this month. In a new two-part format, a smaller television broadcast will be filmed in Sydney on 20 September. On Monday, 27 September, Queensland will host the main event at Howard Smith Wharves here in Brisbane. Thousands of viewers tune in to the Dally Ms each and every year. This is a great coup for Queensland.

I can also confirm tickets to the historic, 2021 NRL Grand Final to be played in Queensland are now on sale. Yesterday, tickets were released to club members, account holders and Suncorp Stadium members. As of 9 am today, tickets became available to the general public. I am pleased to report that both semifinal matches in Mackay on the weekend have now sold out. This is great news for local businesses in Mackay. Major sporting events support jobs and inject millions of dollars into our local economy. I encourage all Queensland footy fans to make the most of hosting the 2021 NRL finals in Rugby League heartland. Do not miss out. Get online to book tickets to our historic NRL Grand Final on 3 October. Next week's preliminary finals are all at Suncorp Stadium in Brisbane.

Premier of Queensland's Export Awards



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (10.11 am): In May I updated the House that the Queensland Export Awards would return this year after they were not held last year due to COVID. Our export businesses are critical to our economic recovery. They support one in five Queensland jobs, with about 40 per cent of the 7,473 goods exports based in regional Queensland. They have also risen to the challenges of COVID by diversifying into new markets, developing new products and strengthening relationships with customers in some of the toughest of times.

It is important to celebrate these businesses and that is what the export awards are all about. In July we encouraged businesses to nominate. We had 160 applications—more than any other state or territory received for their export award programs. I am pleased to update the House that this year 36 companies across 13 categories have been named as finalists in the awards, which will be presented at a gala at Brisbane City Hall on 6 October.

Some of them include the following. Advanced Aquarium Technologies, based on the Sunshine Coast, has delivered projects for zoos and aquariums in over 20 countries. Clayton's Organics north of Toowoomba is a family owned and run certified organic beef producer. Milton and King in Toowoomba is Australia's largest wallpaper manufacturing company. Riviera on the Gold Coast is Australia's largest luxury motor yacht builder. Some 800 employees create over 110 motor yachts each year, exporting more than half. Mizzie the Kangaroo, in Brisbane, is a natural teething toy now exporting to the UK and Canada.

Every business that entered should be proud of their achievements regardless of whether they were named as a finalist or not. Winners in each of the categories are then eligible to be named the Queensland Exporter of the Year. They also gain automatic entry to the Australian Export & Investment Awards, held by Austrade in November, where I am sure they will do Queensland proud.

Gold Coast Spit, Development




Hon. SJ MILES (Murrumba—ALP) (Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning) (10.13 am): We are continuing to deliver more projects that create more jobs for Queenslanders. Our strong health response has afforded us the opportunity to really focus on our economic recovery and attract investment to our cities and our regions. Today I am happy to announce that we have a golden opportunity to develop the last beachfront site at the Spit on the Gold Coast. Labelled the best beachfront resort accommodation site to come to market for the past two decades, it is expected to draw international interest. The 1.62 hectare site south of the Sheraton Grand Mirage Resort is being released to the market via a competitive bid process.

Proposals to match the high-quality precinct envisioned in the Spit Master Plan will be eagerly anticipated and boost Queensland's COVID-19 economic recovery plan. All proposals will need to adhere to the Spit's planning regulations that stipulate all new developments have a maximum of three storeys or 15 metres in height. The regulations ensure that all new developments integrate seamlessly with the landscape and respect the Spit's much loved natural values. The implementation of the Spit Master Plan is well underway with a raft of projects supporting hundreds of jobs.

At Village Centre South, for example, Gordon Corporation was announced as the successful proponent for a \$93.6 million luxury development. It will offer a \$94 million boost to the Gold Coast economy once complete and support more than 300 jobs over the two-year construction phase, and a further 100 jobs once operational. Site releases aside, we have also delivered vital community infrastructure to support these major developments such as the Seaworld Drive shared pathway and the seaway promenade redevelopment.

Improving tourism and community infrastructure is a major part of economic recovery on the Gold Coast. We are transforming the Spit into a premium tourist destination. Through the implementation of the master plan, we are delivering something really special that will confirm the Spit as one of the glittering jewels in the Gold Coast's crown.

Job Creation


 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (10.15 am): Once again, economic data has revealed that Queensland continues to lead the nation thanks to our strong health response to the delta strain of COVID-19. The confidence of consumers has never been more important as federal vaccine supply finally allows us to contemplate reducing restrictions as we recover from COVID. It means Queenslanders have confidence to go out for dinner, for a drink or to see a live performance, while keeping their loved ones safe. It means the businesses those consumers support are confident they can invest in new projects and hire more workers.

Yesterday, the Westpac-Melbourne Institute Consumer Sentiment Index showed that Queensland was again leading the nation. Our index level is 111.6, which, I am pleased to advise the House, is the highest in the country. That index level rose by 8.4 per cent on the August level—the highest increase in Australia. Compared to September 2020, consumer sentiment in Queensland rose 18.7 per cent—again, the biggest increase in the country.

Businesses are also optimistic about Queensland's recovery. The latest NAB Monthly Business Survey shows that Queensland business conditions are a remarkable 19 points above the national average. Queensland business confidence remains above neutral, which is higher than the national average, and well above the New South Wales figure of negative nine points. When people have the confidence to go out and spend and businesses have conditions conducive to investment that means more jobs.

Since the pandemic started, 95,000 more people in Queensland have jobs. That is a 3.7 per cent increase from March 2020. No other state or territory has created more jobs than Queensland. In fact, New South Wales has seen employment go backwards compared to March 2020. In Queensland, we understand and have demonstrated that the best health response leads to the best economic response. Queenslanders know this and remain confident that the recovery remains on track. The challenge ahead is tough, but if we continue to work together and continue to get vaccinated, we will pull through this, stronger and better than before.

GPs in Schools; Student Wellbeing Package

 **Hon. G GRACE** (McConnel—ALP) (Minister for Education, Minister for Industrial Relations and Minister for Racing) (10.17 am): The Palaszczuk government is acutely aware of the challenges facing our students and their mental health. Students are worried about their families, their studies and the future. COVID-19 has only exacerbated these worries. It is important that students know that easily accessible support is available if and when they need it. That is why at the last election we announced our nation-leading \$100 million Student Wellbeing Package. The package will give every student in every state primary and secondary school access to a psychologist or other health and wellbeing professional.

Our commitment also included a pilot program of GPs in state high schools. The program is modelled on the highly successful Mabel Park State High School GP clinic, which has been running since 2019 in the Attorney-General's electorate of Waterford. The original pilot was intended for

20 schools, but following the great interest we had from schools through our recent EOI application process, I am delighted to join the Premier in announcing today that the pilot program will be expanded to cover 50 state high schools.

The Premier's announcement means 50 schools will now receive funding to establish a GP clinic at their school and provide a free GP service for students one day a week. The 50 schools selected for the pilot will be finalised by the end of this month. It is anticipated the GP clinics will be up and running in all pilot schools in the first half of 2022.

Providing students with access to timely free health care will have a positive impact on students' health, mental health and their readiness and ability to engage at school. We want to ensure as many students as possible can benefit. It builds on the proud record of the Palaszczuk government when it comes to student safety and wellbeing. This includes opening Jacaranda Place and our regional youth engagement hubs to support secondary students at risk. We will continue to back our students with all the support they need to reach their full potential. I look forward to visiting school GP clinics to see these benefits firsthand.

Coronavirus, Quarantine; Coronavirus, Vaccination



Hon. YM D'ATH (Redcliffe—ALP) (Minister for Health and Ambulance Services) (10.20 am): An effective quarantine system is crucial in the fight against COVID-19. Queensland's quarantine system, including home quarantine, has important safeguards in place, and these safeguards have served Queensland well and helped keep us safe for more than 18 months. Text messages, phone calls and random inspections for compliance have long been the hallmarks of our home quarantine system, but as the virus evolves so must our response. We need to adapt to the new challenges posed by delta and find new ways to monitor people at risk, including those in home quarantine.

As the Premier recently announced, Queensland has begun a trial to allow children from boarding schools in hotspot areas to return home for the school holidays. The children will be able to home quarantine through the use of technology to supervise and monitor them and their families. Today I can announce that anyone going into home quarantine in Queensland as a close contact is now required to respond to a new home quarantine check-in system, enabling real-time monitoring of compliance.

The new system sends a random message to individuals quarantining at least once a day while they are in home quarantine. The message will have a hyperlink that requires individuals to open and respond within 10 minutes. This means Queensland Health will be able to ensure individuals in home quarantine are at the residence they are lawfully required to be at. It specifically allows authorities to identify if anybody is away from their approved residence. Potential breaches will be assessed by police to identify whether further action is required, including fines and a direction to go into hotel quarantine at their own cost.

This new check-in feature of our home quarantine system will also enable authorities to check on the welfare of those in home quarantine which, as we know, can be a challenging time for individuals and families. Our improved home quarantine system will benefit the community through strengthened compliance and more effective monitoring of people's welfare.


As the Premier said, 'roll up, roll up'—this weekend is super vax weekend—to get your COVID vaccination at one of our mass vaccination centres or local community vaccination hubs near you. Anyone aged 12 and over, including those aged 60 and over, can now get Pfizer. I can also confirm that those aged 60 and over can now get the Pfizer vaccine from their GP, as the Premier said. This is great news. This gives choice to those who are 60 and over. From next week there were going to be three vaccines available for those under 60 but only one available for those 60 plus.

I am so glad that our government made the decision to open it up and give people who are 60-plus choice as well. Now our GPs are going to be able to offer Pfizer as well. Our local community pharmacies are going to be delivering not just AstraZeneca but Moderna from next week as well. You can get vaccinated anywhere in Queensland—whether it is a Queensland Health facility, GP or pharmacy. Roll up and get vaccinated. There has never been a more important time to get vaccinated, so come forward and protect yourselves and your loved ones.

We have been saying for 18 months that everything we were doing was waiting for the vaccine. All of those measures we were taking needed to be taken while we waited for the vaccine. All of that work has led up to this point in time. Let us get vaccinated. Let us keep our community safe. While those down south are urgently vaccinating so they can open up to their lifestyle again, we need to get vaccinated to protect the lifestyle we already have here in Queensland. Get vaccinated to help our economy and to keep our community safe.

Mr SPEAKER: Honourable members, just by way of advice, the period for question time will commence today at 10.49 am.

Ports

 **Hon. MC BAILEY** (Miller—ALP) (Minister for Transport and Main Roads) (10.24 am): One of the enduring legacies of this Palaszczuk Labor government will be its recognition of the role of Queensland's publicly owned ports and their valuable contribution to our state's economy. It was not long ago that some of those ports were in danger of being sold off under the previous government's policy of Strong Choices.

Opposition members interjected.

Mr BAILEY: Mr Speaker, you can always depend on them for a response to those two words—'Strong Choices'. Labor kept them in public hands. Since 2015, Labor has invested in Queensland's ports and our maritime workforce to capitalise on emerging trade opportunities and developing markets across the world.

There is no better example than the \$232 million Townsville port channel upgrade project. That project involves widening Townsville's shipping channel to allow larger ships to access the port, instead of bypassing Townsville for Brisbane. Last month the final rock was laid on a new 2.2-kilometre sea wall that will create 62 hectares of new land in the port precinct—the largest expansion in Townsville's port history. Last month we also commissioned the new ship-to-shore crane at berth 4. The crane was the final part of a \$70 million upgrade of the berth 4 facility delivered by this Palaszczuk Labor government that has more than doubled the berth's overall handling capacity.

Our publicly owned ports play a critical role in terms of jobs and our economy here in Queensland. Mackay Port has just recorded its largest ever month of exports, with more than 448,000 tonnes of materials sent overseas, doubling the figures from this time last year—a result I know the member for Mackay is happy to see. Last financial year, a record 23 million tonnes of LNG left Gladstone's port—a 3.7 per cent increase from the year prior—a result I know the member for Gladstone is very glad to see. These figures prove Queensland continues to be a leading energy exporter to both domestic and international markets.


Now Queensland looks to become a leading producer and exporter of hydrogen. Hydrogen presents an incredible opportunity to create new jobs and decarbonise our economy. We now have agreements in place to export hydrogen from Townsville, Hay Point near Mackay and Gladstone. We want our regional cities to be at the forefront of Australia's hydrogen industry, and we are positioning them to be major players in the global renewable energy market.

Queenslanders can be confident that the Palaszczuk Labor government will keep investing in their publicly owned ports so they can continue to support regional communities and economies and the growth we are backing in our manufacturing and resources sectors.

Mr Minnikin interjected.

Mr SPEAKER: Member for Chatsworth, you will cease those interjections.

Queensland Government Architect

 **Hon. MC de BRENNI** (Springwood—ALP) (Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement) (10.27 am): Championing excellence in urban design, enhancing the quality of our built environment, building a legacy for our future: I do not think the role of the Queensland Government Architect has ever been more important than it is now. As we deliver Queensland's economic recovery plan, we are presented with the opportunity to build back better. There is an appetite for a new vision for our communities—for beauty and utility, for efficiency and sustainability, for connectivity and accessibility. With that new vision comes new leadership.

Today I can announce that Queensland's next Government Architect will be Leah Lang. Leah is an award-winning architect who previously served as the Gold Coast City Architect. There, she oversaw city-wide urban design policy, particularly on major projects like the 2018 Commonwealth Games. Leah knows Queensland needs to make the most of the opportunities offered by the Olympics. Her leadership will prove invaluable in ensuring the legacy of the 2032 games is one that benefits all of Queensland—from the Athletes' Village at Northshore and the Brisbane arena on Roma Street to urban spaces where millions of Olympic tourists will visit such as Toowoomba, Townsville and Cairns.

Beyond the Olympics, the Queensland Government Architect champions well-considered design thinking across the whole of government—from housing and health to education, transport and the arts—with the aim of ensuring our cities and regions are the best they can be.

In welcoming Leah Lang to the role I would also like to acknowledge her predecessor, Malcolm Middleton. Malcolm retired last month after 10 years of helping shape Queensland's built environment. Under his guidance we saw a momentous shift in how government views urban design. It was Malcolm who championed the production and publication of QDesign, the first time a Queensland government published a common set of design principles and values for our state. I truly believe it is because of Malcolm that so many of our city-shaping projects—projects like the South Bank master plan, Cross River Rail and the new performing arts venue—are the best that they can be. They are big shoes to fill, but we know that Leah will continue to champion this same design excellence in the next generation of projects across Queensland's cities and towns.

Indigenous Land and Sea Rangers



Hon. MAJ SCANLON (Gaven—ALP) (Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs) (10.30 am): For more than 50,000 years Aboriginal and Torres Strait Islander people have been the custodians of this country, developing a rich knowledge and cultural connection to land and sea. The Palaszczuk Labor government recognises and respects this knowledge and connection.

On Saturday I had the honour of announcing funding for 54 new First Nations rangers for 13 communities across Queensland. From the Far North to the Gold Coast, our government will invest \$24 million as part of our commitment to help double the number of Indigenous land and sea ranger jobs from 100 to 200 positions—something, of course, driven by my ministerial colleague and Quandamooka woman, the member for Algeester.

This is about recognising the oldest living culture on earth and the knowledge and connection our First Nations communities have to land and sea. I have had the privilege of seeing just how important a role Indigenous rangers play in looking after our national parks and protected areas. To see the knowledge being shared between Indigenous rangers and our Queensland Parks and Wildlife Service is incredible and why we have committed and delivered funding for more positions. Rangers will apply their valuable cultural knowledge to care for Queensland's unique landscape and areas of high ecological and cultural importance.

For many communities securing this ranger program for country is a significant step. For the Waanyi people it will mean they can employ four rangers positions based at Gregory Downs. Waanyi chairman Alec Doomadgee says it is the dream of his late dad and tribal lawman Don George. He said that for the Waanyi mob, who are about healing and caring for country, it gives his community employment and a chance to share their spiritual and cultural practices. The chairperson of the Wuthathi Aboriginal Corporation, Keron Murray, said—

The funding for a ranger team will support our people in caring for our remote and special country as our Elders before us, so we can continue to meet our cultural obligations and manage our lands.

It is the culmination of 30 years of work for them.

For Justine Dillon and the Ngarang-Wal Aboriginal Corporation and Kombumerri traditional owners this funding will provide four ranger positions. Justine said the funding would enable them to revegetate and restore land that—

... can't be reached by parks and council ... and with our traditional owner knowledge apply that to help and give back and help with the environmental goals within our region.

She also said—

We want to make sure that they're fully immersed in cultural awareness training and understanding and engagement, so they know what Kombumerri traditional owners expect on our country and how we take care of it properly.

We have an uncomfortable and ugly shared past in this country; however, this announcement is a key step on the path towards reconciliation. We are lucky to live alongside the oldest continuing cultures on earth. All Queenslanders benefit from the expertise and knowledge of First Nations Queenslanders and the culture and stories in the lands upon which we work and live.

Sporting Events



Hon. SJ HINCHLIFFE (Sandgate—ALP) (Minister for Tourism Industry Development and Innovation and Minister for Sport) (10.33 am): Nobody should be in any doubt that Queensland is again Australia's centre of elite sport. We know that these sporting events encourage intrastate visitation and

support local jobs for the Palaszczuk government's COVID economic recovery plan, but this month is not just about the NRL finals. Right now the best Rugby players in the world are calling Queensland home and delivering an economic dividend of at least \$10 million.

The first of four international Rugby double-headers was played last Sunday at CBUS Super Stadium on the Gold Coast as part of the Rugby Championship. It could be argued, indeed, that the hard work of Queenslanders in managing the health impacts of the pandemic gave Quade Cooper the opportunity to kick the Wallabies to a 28-26 upset over South Africa and maybe pile on a bit more political pressure for his Australian citizenship. Cooper's country of birth, New Zealand, kept Argentina scoreless with a 39-point victory. All four teams face off again at Suncorp Stadium this weekend, then move north on 25 September to make double history in Townsville. This will be Townsville's first ever Rugby test match and the historic 100th test match between the All Blacks and the Springboks.

An opposition member: Go the All Blacks!

Mr HINCHLIFFE: I did not take that interjection, although I think I just did. Internet searches suggest that accommodation options in Townsville during Rugby's double-header weekend are hard to come by.

The Palaszczuk government worked closely with Super Rugby's governing body SANZAAR to put in place strict quarantine requirements for the completion of the Rugby Championship. The four teams have been staying in their own separate accommodation. Flight costs, quarantine testing and other biosecurity measures have been paid entirely by Rugby Union. Players and officials also entered the country outside of the international arrivals cap.

While scoreboards are prone to fluctuation, the big winners of the state's festival of Rugby are sport-loving Queenslanders. We are showing our appreciation for the chance to soak up the atmosphere of four great Rugby nations playing four double-headers over four weekends. Tickets and stadium seats for most of the double-headers are close to selling out. While Melbournians like to claim they live in Australia's sporting capital, I do not think there is any argument that the title has moved more than 1,600 kilometres north.

Coronavirus Vaccination, Multicultural Communities



Hon. LM LINARD (Nudgee—ALP) (Minister for Children and Youth Justice and Minister for Multicultural Affairs) (10.35 am): Protecting and safeguarding Queenslanders from COVID-19 is the No. 1 priority of our government, whether or not English is their first language and irrespective of cultural or religious background. As Minister for Multicultural Affairs, I would like to reiterate our Premier's message to encourage all Queenslanders from all backgrounds to get vaccinated without delay. There is no better time than right now to book an appointment for your first or second dose. We want to make sure our culturally and linguistically diverse communities have the confidence, information and support they need to get vaccinated. My department has been working alongside Queensland Health to ensure information is translated into as many languages as are needed to get the correct information to our multicultural communities.

Last week I joined the Premier and Chief Health Officer at the community leaders' COVID-19 vaccination community forum convened by the Premier and Multicultural Australia. Community leaders shared their perspectives on the vaccination rollout and their unique insights into how to overcome any barriers to vaccination uptake in communities. Responses from the 112 participants are being collated, and I eagerly await any new ideas or approaches that may arise because of this consultation.

Again I would like to assure the House that my department is working closely with the Queensland Vaccination Operations Coordinator's team, Queensland Health and funded partners to engage communities. These partnerships include the Refugee Health Network's COVID-19 Health Engagement Project and our funded community connector role within the Australian Red Cross. By working together we are constantly honing the way information is created and delivered.

My department is also responding to specific community requests to provide vaccine rollout information sessions to their places of worship and other community venues. Staff are engaging with community leaders to understand and respond to barriers that may discourage someone from being vaccinated and working alongside Queensland Health to continue to improve access to vaccination registration bookings by including the 134 COVID line with multicultural resources.

COVID-19 has affected the lives of all Queenslanders, especially our religiously diverse communities who often depend so deeply on their faith communities and leaders for advice and information. That is why we have worked over the past 18 months to support and, where needed,

facilitate meetings with the Chief Health Officer and Deputy Chief Health Officer so they better understand what places of worship can and cannot do to stop the spread of COVID-19 among individuals, families and communities. We know that people want to hear assurances from trusted people, often in language at a grassroots level, to give them confidence to understand when to get tested and how and where to get vaccinated. We will continue to do all we can to ensure COVID information is distributed to Queensland's diverse communities in partnership with Queensland Health and our many stakeholders as well as faith and community leaders.

To those who have already had their jab, have them booked in or have started the process, my heartfelt thank you. It is imperative that we all keep working together as Queenslanders to keep our families, our friends and our communities safe.

Coronavirus, Emergency Services Personnel



Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (10.38 am): Community safety, the health of Queenslanders and the Queensland economic health all go hand in hand. That is why the role of our frontline emergency workers has been so critical—critical on our road borders, critical in our airports, critical in our quarantine hotels. All of those on the front line are helping to keep the virus out of Queensland and helping to keep our economy open and active. When we look across our borders, we see what happens when the health response lapses—crippling, long-running lockdowns that shut down state economies. With the hard work of Queenslanders and the commitment of Queenslanders, that is not happening here.

Our corrections staff have also done a magnificent job keeping the virus out of our prisons. All of these efforts aimed at keeping the community safe are protecting our economy, and those efforts are supporting Queensland's plan for economic recovery. That economic recovery plan includes very significant strategic investments by the government in infrastructure for emergency service and frontline workers. Those investments are also supporting those frontline staff with the job of keeping our community safe. That is an equation which produces a win-win for Queensland.

For instance, in the Lockyer Valley near Gatton the state's second largest infrastructure project is underway, with construction of the \$650 million stage 2 of the Southern Queensland Correctional Centre precinct. This investment will deliver over 1,000 beds. Importantly, it will support hundreds and hundreds of jobs during construction and 500 permanent jobs once complete. It is a game changer for the Lockyer Valley and will deliver massive economic benefits for decades to come.

Then there is the police portfolio. The biggest investment in policing in over 30 years will deliver more than 2,000 extra police personnel and a \$300 million five-year infrastructure construction pipeline to deliver new and upgraded police facilities right across the state, supporting hundreds of tradie jobs in communities across Queensland. Similarly, the government is making significant investments in Queensland Fire and Emergency Services by investing in an extra 357 firefighters. That is more jobs for Queenslanders and more community safety for our state.

Queenslanders are extremely grateful for the efforts of our frontline emergency workers. They have helped keep the virus out. They have helped keep the community safe. They have helped protect the Queensland economy. The government is supporting them by investing in the front line to further support Queensland's plan for economic recovery.

Housing and Homelessness



Hon. LM ENOCH (Algester—ALP) (Minister for Communities and Housing, Minister for Digital Economy and Minister for the Arts) (10.41 am): In response to the unprecedented pressure on the housing market, the Palaszczuk government is implementing tailored responses to help more vulnerable Queenslanders into homes sooner. Through the Queensland Housing and Homelessness Action Plan 2021-2025, our government is investing \$2.9 billion, including the establishment of a new \$1 billion Housing Investment Fund, to boost housing supply and increase housing and homelessness supports across Queensland.

The action plan is contributing to Queensland's plan for economic recovery by creating jobs and supporting vulnerable Queenslanders. Important actions in the plan are aimed squarely at strengthening supports for older women in particular. Older women are the fastest growing group to experience homelessness across Australia. Over the course of their lives, many older women have taken time out of the workforce or have worked part-time while raising a family or attending to other


caring responsibilities. As a result, they can have insufficient superannuation and savings of their own. Other factors—such as domestic and family violence, the death of a spouse, serious illness or divorce—can be enough to propel older women into homelessness.

We are supporting older women to access and sustain appropriate and safe accommodation through: social housing and headleasing; private rental assistance, including bond loans, rental grants, RentConnect and rent subsidies; as well as home lending. We also have other initiatives, such as Better Together Housing. This initiative helps older women establish shared tenancies in the private rental market to reduce the cost of living. These are older women like 70-year-old Jenny who became homeless due to domestic violence. My department was able to transition Jenny from crisis accommodation into a safe, secure and affordable home in a community housing property managed by Bric Housing. Now living with older women in inner Brisbane, Jenny has, with support, been able to stabilise her circumstances and describes living with the other women as life changing.

We are also committed to assisting older women experiencing or at risk of homelessness by leveraging community infrastructure. This includes neighbourhood and community centres to provide access to support services and spaces for social activities. We are engaging with women with lived experiences of homelessness and housing need so we can continually improve the way we assist older women to access safe, secure and sustainable housing options.

Last week, I also had the privilege of visiting Foodbank Queensland's operation at Morningside in Minister Farmer's electorate. With funding support from my department, this is another organisation doing incredible work to support some of the most vulnerable people in our community as they work as a pantry for charities and community groups, including school breakfast programs, homelessness shelters, food vans and neighbourhood and community centres. Through important work like this and our Housing and Homelessness Action Plan, the Palaszczuk government is supporting vulnerable Queenslanders who are in need of a helping hand.

SPECIAL ADJOURNMENT

 **Hon. YM D'ATH** (Redcliffe—ALP) (Leader of the House) (10.44 am), by leave, without notice: I move—


That the House, at its rising, do adjourn until 9.30 am on Tuesday, 12 October 2021.

Question put—That the motion be agreed to.

Motion agreed to.

PARLIAMENTARY CRIME AND CORRUPTION COMMITTEE


Crime and Corruption Commission, Report

 **Mr KRAUSE** (Scenic Rim—LNP) (10.45 am): I lay upon the table of the House the following Crime and Corruption Commission report pursuant to section 358 of the Police Powers and Responsibilities Act 2000 titled *Report to the Parliamentary Crime and Corruption Committee: Section 358 Police Powers and Responsibilities Act 2000: Surveillance Device Warrants—Annual Report: 1 July 2020 to 30 June 2021*. The committee is required to table the report within 14 sitting days of receipt. The committee received the report on 30 July 2021.

Tabled paper: Crime and Corruption Commission: 2020-21 Annual Report to the Parliamentary Crime and Corruption Committee on aspects of surveillance device warrants pursuant to section 358 of the Police Powers and Responsibilities Act 2000 [[1408](#)].

NOTICE OF MOTION

Disallowance of Statutory Instrument

 **Mr BERKMAN** (Maiwar—Grn) (10.45 am): I give notice that I will move—

That the Youth Justice (Monitoring Device Conditions) Amendment Regulation 2021, subordinate legislation No. 43 of 2021, tabled in the House on 25 May 2021, be disallowed.

QUESTIONS WITHOUT NOTICE

Mr SPEAKER: Question time will conclude today at 11.46 am.

Office of the Integrity Commissioner, Public Service Commission



Mr CRISAFULLI (10.46 am): My question is to the Premier. I refer to allegations about the Public Service Commissioner's raid on the independent Integrity Commissioner's office involving the confiscation of devices and the removal of sensitive records. Can the Premier confirm any involvement by her or her office?

Ms PALASZCZUK: I can say no.

Office of the Integrity Commissioner, Information Holdings

Mr CRISAFULLI: My question is to the Premier. It was revealed that devices from the Integrity Commissioner's office were confiscated and records were removed. Who is in possession of these records?

Ms PALASZCZUK: As the Leader of the Opposition knows, there is currently a review by Kevin Yearbury that will be tabled at the end of the month, and the CCC has made a statement yesterday—

Opposition members interjected.

Mr SPEAKER: Order! Members to my left, the Premier has barely started her answer and she is being responsive to the question as asked. She has three minutes to provide that response. I ask you to hear the answer.

Ms PALASZCZUK: There was a comment in the paper today that the CCC was looking at aspects surrounding these issues.

Regional Queensland, Economy

Mrs GILBERT: My question is of the Premier and Minister for Trade. Will the Premier update the House about her government's ongoing commitment to economic recovery, consultation, development and regional Queensland?

Ms PALASZCZUK: I thank the member for Mackay for the question. On this side of the House, our government members are in touch with what is happening across our state and with what Queenslanders want. They want to make sure that we are safe and they want to make sure that the economy is recovering—these are the issues that are concerning Queenslanders—and they want to know that they can get vaccinated and that there is supply coming in to get vaccinated.

Mr Watts interjected.

Mr SPEAKER: Member for Toowoomba North.

Ms PALASZCZUK: It is good to see the member for Toowoomba North interjecting because we value the regional economy of Toowoomba as well, and that is why Wellcamp is being built for regional quarantine. It is a great project, with hundreds of jobs and rooms, helping the Toowoomba economy. It would be nice to know if the member supports it or not. Do they support the jobs in Toowoomba or not? Getting back to Mackay—

Ms Bates interjected.

Mr SPEAKER: Pause the clock. Member for Mudgeeraba, you will cease your interjections.

Ms PALASZCZUK: We know how important it is for the government to get out to the regions. As I said in this House, next week the cabinet will be going to Hervey Bay. We are looking forward to that. I know the member for Hervey Bay is looking forward to that.

Mr Watts: Come and talk to the people in Toowoomba.

Ms PALASZCZUK: I always talk to people in Toowoomba. That is right; I talk to everyone.

Mr Watts interjected.

Mr SPEAKER: Order! Member for Toowoomba North.

Ms PALASZCZUK: Do you want me to hold your hand?

Mr SPEAKER: Member for Toowoomba North, you will direct your comments through the chair, as will you, Premier.

Ms PALASZCZUK: Thank you, Mr Speaker.

Mr Dick interjected.

Ms PALASZCZUK: That is right. I take the interjection: we will not be meeting in the cul-de-sac. As part of my government's agenda to get out to the regions we will be once again hosting the regional community forums on Monday, 27 September. Of course, one will be held in Paget that I am looking forward to attending in Mackay. They will be held Monday week and they will be in Smithfield in the Far North region, Ayr in the north-north-west region, Paget in Mackay-Isaac-Whitsunday region, Ilfracombe out west, Mount Morgan in Central Queensland, Gympie in Wide Bay-Burnett-Fraser Coast and Crows Nest in Darling Downs south-west. Previous issues that have been raised are: skills and training, new industries, water security, local tourism, small business support and better access to services.

Once again, our government is prepared to get out and talk to people and listen to people right across the length and breadth of this great state. That is what helps drive our policies: listening and delivering to the people of our great state.

Office of the Integrity Commissioner, Information Holdings

Mr JANETZKI: My question is to the Premier. Who organised the confiscation of mobile phones and laptops and the removal of sensitive records from the office of the independent Integrity Commissioner?

Ms PALASZCZUK: I am not aware of who did that. Let me place again on the record I note the media reports that the CCC has confirmed it has received a complaint. I understand the CCC noted all allegations should be treated as unsubstantiated until a final outcome is reached. I will not be commenting any further.

Industrial Businesses

Mr HUNT: My question is of the Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning. Can the Deputy Premier outline—

Opposition members interjected.

Mr SPEAKER: Sorry, member. Members to my left, I have repeatedly spoken to the House about hearing questions in silence regardless of whether the questions are from the opposition or from government members, crossbenchers or Independents. Member for Caloundra, please start your question again.

Mr HUNT: My question is of the Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning. Can the Deputy Premier outline to the House how the Palaszczuk government is supporting industrial businesses in Queensland in order to boost our economic recovery from the pandemic, and is the Deputy Premier aware of any alternative approaches?

Dr MILES: I thank the member for Caloundra for that very good question. I am pleased to take this opportunity to update the House on how we are using the preparation and release of—

Mrs Frecklington interjected.

Mr SPEAKER: Order, member for Nanango! I know it is Thursday.

Opposition members interjected.

Dr MILES: I take those interjections. I am pleased to update the member for Caloundra and the House on how we are using the development and release of industrial land to deliver the post-COVID economic recovery here in Queensland and to create jobs. It is a key—

Mr Bleijie: This is where the jail should go—in an industrial area, not in suburbia.

Mr SPEAKER: Member for Kawana.

Mr Bleijie: Not in suburbia.

Mr SPEAKER: Member for Kawana, you are warned under the standing orders.

Dr MILES: It is a key part of our economic recovery plan to use industrial land to attract businesses to Queensland and to help existing Queensland businesses to grow. In fact, in the last financial year Economic Development Queensland attracted projects worth \$179 million to 12 statewide industrial estates involving the settling of 31 separate lots. There will be good news to come because I can report that interest in moving to our industrial estates has been increasing. In fact, expressions of interest from businesses to secure land in our strategically placed industrial estates has increased by almost 80 per cent over the previous financial year, and I remind the House that industrial land when developed equals jobs.

These figures really demonstrate the current strength of the Queensland economy and the interest of businesses coming here and employing Queenslanders. People are moving here and moving their businesses here in droves because of our lifestyle, because it is a great place to work and raise a family and, of course, because of our health response.

The member for Caloundra will be pleased to know that we have just released the tender of works to create the second stage of the Sunshine Coast industrial park. During development, this will create and support 100 construction jobs, creating 41 new industrial lots suitable for large-scale businesses. Stage 2, when developed, will employ around 1,391 people, contributing \$650 million annually to the local economy. In fact, between both stages, there will be 5,400 Queensland full-time-equivalent jobs there, a \$2.5 billion contribution to the regional economy. That is precisely why we continue to invest in developing industrial—

(Time expired)

Palaszczuk Labor Government, Integrity

Ms SIMPSON: My question is to the Premier. Allegations of interference by the Public Service Commissioner are the latest in a long line of integrity scandals involving this government, including but not limited to the 'mangocube' email scandal, Jackie Trad, David Barbagallo and Evan Moorhead. Does the Premier's government have a problem with integrity?

Ms PALASZCZUK: I thank the member for the question. I will not be lectured to by an LNP opposition that, when in government in this state, had no accountability. Currently their own party have referred them to the Electoral Commission in relation to allegedly accepting developer donations and using the opposition office—allegedly—to do it. I will not—

Dr Miles: The member for Maroochydore agrees it is wrong.

Ms PALASZCZUK: Correct. I will not be lectured to by the member for Maroochydore, who is the most senior woman in the LNP and was not elevated to the position of minister in the LNP government. That speaks volumes. Then we have the member for Broadwater, who also sat around that cabinet table to help make all the decisions, along with the member for Kawana, who axed the PCCC in the middle of the night—not during daylight hours but in the middle of the night. I remember I had to do a press conference about 1 am or 2 am about that. They hand-picked the chair of the CCC and then they had their premier's office call their chair to the premier's office to scold them about an article they had written. They are the allegations.

Opposition members interjected.

Mr SPEAKER: Member for Buderim! Member for Everton!

Ms PALASZCZUK: Then we had the Premier's office attack their integrity commissioner at the time. The chief of staff to the Premier attacked their—

Mr Crisafulli interjected.

Ms PALASZCZUK: The Leader of the Opposition can keep going on.

Dr Miles: Release your election review.

Ms PALASZCZUK: That is right. Then they had a secret report on their election review. Then there was the McArdle review where the party was doing polling and the opposition office was doing polling, but they were not talking to each other.

Mr Mickelberg interjected.

Mr SPEAKER: Member for Buderim, you are warned under the standing orders.

Ms Grace interjected.

Ms PALASZCZUK: That is right. The list goes on and on. That is right. Then we had Tony Fitzgerald come out and say what he thought of them as well and it was not good. Then they had the fight with the doctors. The member for Moggill knows that.

Dr Miles: And the lawyers and the nurses.

Ms PALASZCZUK: Then the fight with the lawyers—

Dr Miles: The ambos.

Ms PALASZCZUK:—and then the ambos. Then the fires. That is right.

Mr Crisafulli interjected.

Mr SPEAKER: Leader of the Opposition!

Ms PALASZCZUK: That is right. Then they axed the funding—

Mr Crisafulli interjected.

Mr SPEAKER: The Leader of the Opposition will cease his interjections.

Ms PALASZCZUK:—to the NGOs in this state. It was three years of dismantling the foundations of this state.

(Time expired)

Far North Queensland, Job Creation

Mr HEALY: My question is of the Treasurer and Minister for Investment. Will the Treasurer please update the House on how the Palaszczuk government is supporting regional businesses and jobs, especially in Far North Queensland, and is the Treasurer aware of any alternative approaches?

Mr DICK: I thank the member for Cairns for his question and for the outstanding work he has done defending his community against COVID-19 and standing up to Canberra to ensure that we get our fair share for the Far North. The member for Cairns knows full well how difficult it has been for the Far North with the closure of international borders and the ultimately incorrect decision to withdraw JobKeeper that has hurt Far North Queensland, but one thing has not diminished the region's standing, and that is the reputation that the Far North has for the best produce in the world. That is why I am pleased to tell the House that Queensland's second regional trade distribution centre is moving ahead in Cairns.

This weekend Air Freight Handling Services will call for tenders to construct the Cairns Regional Trade Distribution Centre—something that the member for Cairns and other government members in the Far North have fought so hard for. The Far North Queensland hub will shorten the supply chain, reduce costs and develop alternative revenue streams for producers to get their products from paddock to plate as quickly as possible. Against that plan as part of our state economic recovery plan from COVID-19, what do the state opposition and the opposition leader offer? Absolutely nothing!

Government members interjected.

Mr DICK: They do offer something, and that is trouble for the Far North because their obsession with opening the borders would again expose communities like Cairns and the Far North to the devastating effect of COVID-19, particularly the delta strain. That is why the LNP was rejected. Its open borders plan was rejected at the election held in October last year—a plan that the member for Broadwater was proud to champion. 'Get out from under the doona,' the member for Broadwater said, 'and expose yourself to this virus,' which destroys lives and livelihoods. That is what the member for Broadwater said during that campaign.

It is no wonder that the member for Broadwater was himself rejected so soundly and comprehensively at the Stretton by-election. The Leader of the Opposition got the worst result for an opposition leader in this state in a by-election for 20 years. This is how bad it is: even Jeff Seeney did better, and he was so bad that the LNP sacked him as leader before the general election! Look out, member for Broadwater! Those opposite could not even do basic due diligence on a candidate—all of those atrocious social media posts, all under the leadership of the member for Broadwater.

No wonder they have their heads down on the backbench, because they are going nowhere with this bloke. Imagine commissioning a review which says, 'Don't commission polling against the leader without telling the leader.' That is what their party did. Imagine how bad you have to be to actually have to write that down. As the Stretton by-election shows, if you cannot stand up for your state and if you cannot govern yourselves, then you will never govern Queensland.

Caboolture Hospital

Ms BATES: My question is to the Premier. During the Jayant Patel saga Peter Beattie declared that any whistleblower nurses would be protected. Will the Premier provide the same guarantee to any nurses or doctors wanting to provide their story on the Caboolture Hospital?

Ms PALASZCZUK: There is legislation that provides for that and the member would be well aware of that.

Opposition members interjected.

Mr SPEAKER: Order!

Ms Simpson interjected.

Ms Palaszczuk interjected.

Mr SPEAKER: Okay. The member for Maroochydore is warned under the standing orders. The Premier is warned under the standing orders. The House had just been called to order and comments will be directed through the chair or I will start asking members to leave the chamber.

Mr BLEIJIE: Mr Speaker, I rise to a point of order. There has been a continual theme of the Premier degrading the office of Speaker. Whether that is a past Speaker or current Speaker, I believe it is a reflection on the office of Speaker with the continual sniping at the member for Maroochydore.

Mr SPEAKER: Is this a matter of privilege suddenly arising? What is your point of order?

Mr BLEIJIE: Mr Speaker, I would like you to consider the commentary from the Premier of her continual sniping at the office of Speaker.

Mr SPEAKER: What I will do, member for Kawana, is, if I am presented with a case or an argument for anything, as Speaker I will consider that argument or that allegation. Until that time, there is no point of order.

Mr DICK: Mr Speaker, I rise to a point of order. You have consistently ruled in this House that vexatious points of order are out of order. The member for Kawana is being deliberately disruptive—

Mr SPEAKER: Treasurer, I might just ask that you resume your seat because—

Honourable members interjected.

Mr SPEAKER:—no, members—it is not helping the dignity of the House to have tit for tat on this occasion.

Mr DICK: Mr Speaker, I rise to a point of order.

Mr SPEAKER: What is your point of order?

Mr DICK: I rise to a point of order, Mr Speaker. If I could complete the point of order: vexatious points of order are contrary to the standing orders and I would ask you to take action against the member for Kawana.

Mr SPEAKER: And I have asked that you resume your seat, and that was my response to the point of order. I knew exactly where that was going, member, and I do not believe the member for Kawana's point of order was vexatious. However, I do believe, as I have instructed the House, that it is my role to ensure that I respond and give consideration to any matters that are raised. It was very important that the member for Kawana clarify what his point of order was, because it was unclear as to whether it was a matter of privilege suddenly arising or if it was on another standing order.

Cooler Cleaner Schools Program

Mr KING: My question is of the Minister for Education, Minister for Industrial Relations and Minister for Racing. Will the minister advise on the progress of our Cooler Cleaner Schools Program, which includes solar panel and air-conditioning installations across Queensland, and is the minister aware of any alternative policies?

Ms GRACE: I thank the member for Kurwongbah for the question because I know how keen, as an ex sparky, he is in having air conditioning and solar panels on the roofs of all of our schools throughout Queensland. I am pleased to note that solar panels installed already include 270 panels in his electorate at Narangba State School and—

Mr Mander interjected.

Mr SPEAKER: Sorry, Minister. Member for Everton, you are warned under the standing orders, as is the Treasurer, for quarrelling across the chamber.

Ms GRACE:—762 panels at Narangba Valley State High School, as well as seven schools with air-conditioning installations completed and installed. Our \$477 million program has reached a milestone. We are nearly 90 per cent complete, with 100 per cent of contracts awarded for air conditioning in our school classrooms, libraries and staffrooms. That is an incredible feat when you consider the last 18 months with COVID-19 in that we have wanted to have minimal disruption to schools and we have therefore targeted the installation and upgrade of electricity, whether external or internal, when schools are in holiday periods. There is a big push coming in the September holidays

and of course the Christmas holidays and by June 2022 we are on target six years earlier than any alternative policies that we have had from those opposite. They were going to put air conditioning in by 2028. Well, we are 90 per cent there and it is truly an extraordinary feat.

As at 30 August, more than 660 state schools now have more than 144,000 rooftop solar panels installed, equating to 50,000 gigawatts of renewable energy, and that is extraordinary. We have had a bit of straw polling of principals, so let us hear what they have to say. Cairns State Special School principal Chris Simmons said—

It's one of the best things we've done in terms of sustainability.

Stanthorpe principal Daniel Ward said—

We have only recently had solar panels installed, but it will be a positive impact on the environment into the future and is going to be a big cost saver for our schools.

That is the kind of polling that is really genuine and coming from on the ground. As we know, those in the LNP do a lot of polling as well and its polling unfortunately is against each other. We have an extraordinary report from the McArdle-Scar review which says, 'Listen, guys. By the way, if you're going to do polling, let the organisation know that the parliamentary leaders are doing it, and then if the organisation's doing it let the leaders know we're doing it as well.'

As the Treasurer said, can you believe that those opposite actually have to have that written down? It is extraordinary, but not as extraordinary as our Cooler Cleaner Schools Program—90 per cent completed. What a great achievement.

(Time expired)

Caboolture Hospital

Dr ROWAN: My question is to the Minister for Health. I refer to the health minister's promise to conduct a thorough investigation into issues raised at Caboolture Hospital. The terms of reference are contained in a two-page media release announcing that the Metro North Hospital and Health Service will be effectively investigating itself over a significantly shorter period than the issues raised. How can patients have any confidence that this is a thorough and independent investigation?

Mrs D'ATH: I said at the time that the hospital and health service would be conducting an investigation into allegations in relation to the hospital. They have appointed an independent person to undertake that review. That is my understanding. I said at the time it was the chair of the board who had made the decision to undertake that review. To say that this is inconsistent with that statement is to ignore the facts that occurred at the time and the fact that I said in this chamber that the chair had indicated he was going to undertake an independent review and that I supported that position. That is what I said.

To come in here and verbal me and say I said there would be an independent review and now it is the HHS doing it is misleading this parliament. That is what it is doing. That review is being undertaken, as it should be, by the board chair who has initiated this and has appointed an independent person to do that. We will let that process be undertaken and go through the formal channels that they will go through. As I said last time, I encourage anyone who has any allegations whatsoever to come forward.

Mrs Frecklington interjected.

Mr SPEAKER: The member for Nanango is warned under the standing orders.

Mrs D'ATH: They can come forward to my office; they can come forward to the Health Ombudsman; they can come forward to the board itself, the director-general or the department. There are many avenues, depending on the allegations people are making, for people to put those allegations, and they will be considered as part of this review.

Far North Queensland, Health Infrastructure

Ms LUI: My question is to the Minister for Health and Ambulance Services. Can the minister update the House on how the Palaszczuk government is investing in new and improved health infrastructure in the north and giving its residents more vaccination options?

Mrs D'ATH: I thank the member for Cook for her question. It was wonderful to be up in her area last week visiting the Mossman Hospital. We were opening the new emergency department there which is extraordinary. It is great to see that our investment is showing that no matter where you live in Queensland you are getting state-of-the-art, modern infrastructure. That is what this hospital showed.

The amount of \$10.1 million went into the new ED. It created a new triage area, a new main administration area, a new patient waiting room, four stretcher bays, an additional four fast-track treatment chairs, two new consultation rooms, two resuscitation bays, a dedicated plaster room, a dedicated eye examination room, a new patient shower and toilet and a fit-for-purpose room for medical records. I am pleased to say that the project supported local employment, with 80 of the 86 local tradespeople and suppliers all coming from the Cairns region, which is great because it shows we are supporting jobs in the local area as well as delivering on health infrastructure for our regions.

For those who have seen Mossman Hospital, it is beautiful. It is historic. It was designed in the Spanish mission style and has been the centre of medical care in Mossman for 91 years. A heritage protected building is not easy to retrofit and modernise while keeping the facade. It is an absolutely beautiful building. I congratulate the staff and all of the architects and builders involved who made sure that they delivered on preserving that beautiful building as well as modernising it inside. It is an extraordinary building. I thank the member for Cook for coming along and helping me open that last week.

I was also pleased to officially open the Cairns Hospital multidisciplinary pre-admissions clinic. The staff were beside themselves about this pre-admission clinic. Before they had no dedicated space. People were having to go all over the place depending on what sort of specialist they were seeing. To have this in one dedicated area had staff in tears. This had been six years in the making. It was the idea of the nurse unit manager. She came up with this concept six years ago. She drove this. She advocated for it. To see this opened and delivering great service for people was amazing. The new hybrid theatre—\$4.55 million—will deliver cutting-edge vascular surgical technology. It has not even had its first patient yet, but the doctors were absolutely excited to know that they had this technology that was going to save lives.

(Time expired)

Caboolture Hospital

Mr POWELL: My question is to the Minister for Health and Ambulance Services. Jill, a Glass House resident, was a patient at Caboolture Hospital who underwent a procedure for a strangulated hernia. Jill woke up nearly two months later after surgeons perforated her bowel. How many more patients like Jill will it take before the minister takes responsibility for Labor's health crisis?

Mrs D'ATH: As I said, the chair of the Metro North Hospital and Health Service board has released the terms of reference, initiated a review and appointed an independent person to undertake that review. Anyone who has any allegations in relation to any treatment that they have received from the Caboolture Hospital I encourage to come forward to have that considered as part of the review.

Rookwood Weir

Mr O'ROURKE: My question is to the Minister for Regional Development and Manufacturing and Minister for Water. Will the minister update the House on the progress of Rookwood Weir and is the minister aware of any other approaches to this project?

Mr BUTCHER: I thank the member for Rockhampton for his question. I know that he is a passionate supporter of Central Queensland, particularly in his electorate of Rockhampton. I know that the member for Rockhampton understands the importance of water security for his region and those communities. I was delighted to join him last Friday at the very impressive Rookwood Weir site, our \$367 million project that is coming out of the ground.

Our government understands how critically important water security is to all Queenslanders. That is why focusing on our traditional strengths like agriculture is a pillar for our government's economic plan to recover from the COVID-19 pandemic. As I said, last week we were at Rookwood Weir to mark the first concrete pour of the in-river weir. These important foundations will soon allow the weir to rise from the riverbed and eventually provide 87,000 megalitres of much needed water for local irrigators. Our government's belief in this project has never, ever wavered. That is why in 2018 this government and this Premier put the money on the table for this project to happen. If we had not done that, this project would still be years away from completion.

Imagine my surprise last week when the federal member for Capricornia made the outrageous claim in local media that our government never wanted the weir. Michelle Landry also claimed that she had supported Rookwood Weir since before she was elected. I am not sure that it is something that

she should be bragging about. What it shows is how ineffective the federal LNP are in her electorate. It took her until October last year—that is 10 years—to secure federal funding for this project. Who wants to remind her that she has been part of a federal government that has been in for eight years? Amusingly, she made these claims on the front page of a local paper before a joint announcement the next day which included and was sent out by the Deputy Prime Minister Barnaby Joyce. Things must certainly be looking dicey up in the Rockhampton area for the federal election coming up for her to go rogue and make these ludicrous announcements without her party leader's support. I would certainly be worried going up against the ALP candidate Russell Robinson. The member asked us to put off the announcement that we made last Friday for two weeks until she got out of quarantine. Imagine putting off an announcement like that for two weeks just so the member could be part of the announcement.

(Time expired)

Age Pensioners, Rates Subsidies

Mr KNUTH: My question without notice is to the Minister for Seniors and Disability Services and Minister for Aboriginal and Torres Strait Islander Partnerships. Pensioners receive a subsidy of up to \$200 a year on their rates, levied by councils. However, as rates continue to increase it is becoming very difficult to meet the financial burden on their limited pensions. Will the minister review to increase the subsidy for age pensioner ratepayers to help offset the annual increases of rates charged by councils?

Mr CRAWFORD: I thank the member for Hill for his question and for his interest in our ongoing support for Queensland seniors. To give some background for the House, in this financial year our government spend is \$423.1 million in concessions and rebates for Queensland seniors. Approximately two-thirds of that goes into electricity rebates and the like, because obviously energy is a significant cost for seniors. We invest \$57.4 million in assisting eligible pensioners with their rates. As the member has said, it is up to a maximum of \$200 and up to 20 per cent of their gross rates and charges levied by their local council. That is \$57.4 million that we spend across the state every year.

Importantly, a number of our seniors do not tap into the concessions and rebates that they are entitled to. When speaking to some people from our department they have said that that is alarming, certainly around the electricity area where a lot of seniors are either unaware of or unable to access those things. I call on all members, when talking with seniors, to help them with that.

In respect to the member's question, we have been running seniors expos around the state. We will go to a geographical area—and obviously COVID has been challenging—and bring in a lot of seniors to have conversations around what the government currently offers and also get feedback from Queensland seniors to inform future government policy about the kinds of things that seniors want. I am more than happy to organise one of those in the electorate of Hill. We will have a chat with the member about whether that would be up on the Tablelands or on the Cassowary Coast. We will work with the member for Hill on that. We will have those conversations with him offline.

Gold Coast Light Rail

Ms RICHARDS: My question is of the Minister for Transport and Main Roads. Can the minister update the House on the future of the Gold Coast Light Rail?

Mr BAILEY: I am always happy to talk about light rail. I thank the member for her very strong support of our record road and transport program. We are seeing \$4.8 billion in road and transport investment going into the Gold Coast region under the Palaszczuk Labor government. We saw the first stage of light rail go in because of an earlier Labor government. The second stage was built in record time for the Commonwealth Games because of this government. We now have underway early works on stage 3, from Broadbeach to Burleigh, and consultation on stage 4, beyond Burleigh, is now open after a 10-week period that will close tomorrow.

Mr Hart: How about you come down to my electorate?

Mr BAILEY: I will get to you, member for Burleigh.

Mr SPEAKER: Through the chair, Minister.

Mr BAILEY: We are seeing a lot of interest in where the future route might go. We know from our multimodal study that, from Burleigh, the logical place is along the Gold Coast Highway directly to the airport. That is where the demand is. We know the member for Burleigh is really the shadow minister for transport on the Gold Coast. We know that he dictates policy, the Leader of the Opposition agrees

with that and the member for Chatsworth is sidelined. We know that very clearly because the member for Burleigh wants the dogleg to run past his brewery instead of taking it where it has the maximum public benefit.

Mr HART: Mr Speaker, I rise to a point of order. I take personal offence at the member's comments and ask that he withdraw.

Mr SPEAKER: Minister, will you withdraw?

Mr BAILEY: I withdraw. A Gold Coast whistleblower has leaked to me the new product list for the brewery at Burleigh. The product list goes along these lines: the 'stage 4 dogleg route' stout, the 'halt the tram' malt, the 'hop and skip parliament' pilsner, the 'plants will die' IPA, the 'take a plane' pilsner and the 'luxury cruise' Canadian pale ale. That is a big seller. A recent one is the 'doona-David' doppelbock. A very recent one, which has been developed only over the last two days and made from special Canberra hops, is the 'blind-trust' port. That one should go down very well. I am excited not only to see such a broad product list; I cannot wait to see the labels. The labels will be fantastic.

We will listen to the experts and deliver a coordinated transport plan on the southern Gold Coast. We will put the light rail where it needs to be, we will put the heavy rail where it needs to be and we will put the M1 upgrades exactly where they need to be. We know that, under an LNP government, they will do things for their own private benefit and not for the public benefit. To put the light rail along the heavy rail corridor, ensuring that heavy rail never connects to the airport, is insanity. That is the current LNP policy under the Leader of the Opposition and he does nothing about the member for Burleigh.

Mr SPEAKER: Before calling the next questioner, member for Chatsworth, you are warned under the standing orders. Leader of the Opposition, you have had a good go today. You are warned under the standing orders.

Coronavirus, Rapid Antigen Testing

Ms BOLTON: My question without notice is to the Premier. Globally, self-administered rapid antigen testing is assisting the opening of economies by allowing asymptomatic workers and individuals to self-identify COVID quickly. What steps is our government taking to negotiate for its purchase and use, and how will it be rolled out in Queensland after TGA approval is granted?

Ms PALASZCZUK: I thank the member for Noosa for her question, which is a very important and topical question. We are seeing different countries embrace different methods of testing. When I was in Tokyo we self-administered rapid testing each day in the hotel, accompanied by temperature testing. We also did a pre-flight, 15-minute rapid antigen test and got the results once we were there.

This is a really important question and I know that national cabinet is looking at it as well. I have been advised that on Tuesday of this week the TGA approved 134 companies to provide the rapid antigen testing device in Australia. I am further advised that the Commonwealth government has engaged the Doherty Institute to assist with the post-market validation of those rapid antigen tests to inform their best use. We know that when there are large outbreaks in other countries they grapple with the best method of testing. Like the member said, one of the big issues is being asymptomatic. Another big issue is being double vaccinated and still being able to transmit the virus.

As we go forward in this pandemic world, we need to look at best practices that are happening across the country and across the globe to see what we will need into the future. We will be following it very closely. I thank the member for raising in this House such an important issue. We will keep her updated.

Ministers and Members of Parliament, Accountability

Ms PUGH: My question is to the Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence. Will the Attorney-General update the House on the steps the government has taken to improve the accountability of ministers and members of parliament, and is the Attorney-General aware of any alternative approaches?

Ms FENTIMAN: I thank the member for Mount Ommaney for her question. Our government has taken significant steps and decisive leadership on accountability when it comes to ministers and members of parliament. Last year the Palaszczuk government introduced two new offences that seek to capture deliberate and intentional dishonesty by ministers. Those criminal offences attract serious penalties and unsurprisingly, once again, the LNP voted against those measures.

In the federal parliament, the Christian Porter saga continues. The former federal Attorney-General continues to dodge questions about his blind trust, a blind trust set up to fund his own private defamation legal case against the reporting of rape allegations. Christian Porter continues to maintain that he cannot disclose who donated because he does not know. I say: why does he not just answer the question about who donated to pay for his legal case? What does it say about the character of the man that he thinks it is okay to accept money from people he does not know and he thinks it is okay not to disclose it to the public? It could be anyone. How entitled is this man? How arrogant is his approach? What does it say about the man, that he would rather leave the front bench than disclose who the donors are? What is he hiding?

Again, the Prime Minister is refusing to do the right thing. The Prime Minister has said he is seeking some advice from his department. That is another Phil Gaetjens special, a report that will never see the light of day, a farcical review, much similar to the abandoned review into what happened to the alleged rape of Brittney Higgins in Parliament House.

Mr Lister interjected.

Mr SPEAKER: Member for Southern Downs, you are warned under the standing orders.

Ms FENTIMAN: Scott Morrison needs to act now. As the former prime minister Kevin Rudd said—

Just sack him Morrison. It's clear cut. You don't need "advice" on such a basic question of right and wrong, unless you're trying to find an escape route.

The 'I don't hold the hose' attitude of Scott Morrison is simply not good enough. It appears that Scott Morrison is the only person who has blind trust in his minister.

Sadly, let us remember that the women of the LNP seem to be held to a much different standard. Remember Sussan Ley? She fell on her sword when she was under investigation. Bridget McKenzie was the scapegoat for sports rorts. It is one rule for Christian Porter and another rule for the women of the LNP. The LNP at a state and federal level have no accountability and absolutely no integrity.

(Time expired)

Queensland Building and Construction Commission; Easterby, Mr G

Mr MANDER: My question is to the Minister for Public Works. What action is the minister taking, given the recent reports of Mr Graham Easterby, former licensing manager of the QBBC, highlighting commission board members engaging in inappropriate influence and interference?

Mr de BRENNI: I thank the member for the question. I dealt with this question earlier in the week. I do not know who I feel more sorry for—the 500 staff at the Queensland Building and Construction Commission who are continually undermined by the opposition or the LNP backbench. They have had to sit there for six or seven years now and see these continued and pathetic antics of the shadow minister. He reads the paper. A couple of days later he comes in here and throws some wild and unsubstantiated accusations. Then he will have a crack at the union movement or the union officials.

Mr Mander interjected.

Mr SPEAKER: Member for Everton, you are under a warning. You will leave the chamber under standing order 253A for one hour.

Whereupon the honourable member for Everton withdrew from the chamber at 11.33 am.

Mr de BRENNI: It is a repeat formula. He comes in here with unsubstantiated accusations and then makes unsubstantiated accusations against union representatives in the organisation. Then he undermines the public authority of the organisation, the regulatory authority that has overseen the largest building program, the incredible and meteoric rise of the housing construction industry in this state, undermining their integrity. I do indeed feel sorry for the opposition backbench.

In relation to this matter, as I said earlier in the week, Queensland is leading the way in ensuring buildings where Queenslanders live, work and play are regulated to the highest standards, responding to international concerns around fire safety. As I said earlier in the week, the Queensland Building and Construction Commission board and its staff, like the staff and board members of all public authorities, are subject to and are aware of very robust conflict-of-interest policies.

I am happy to highlight again for the opposition the board members do not engage in operational matters as the member for Everton asserts. I have said this multiple times. They are required to ensure the organisations are effectively implementing the prevailing laws and regulations. I think that they do a good job of that. I have been assured by the commission chair that the board members have properly conducted themselves at all times.

So I would encourage the member for Everton, before he comes into this House, and continually follows this repeated, tired, lazy, boring, embarrassing routine that he might want to develop some questions about his portfolio area, rather than attacking the integrity of people who serve this state, rather than undermining an organisation that has seen more licences granted in this state than ever before, more homes being built, more jobs for tradies here in Queensland which is a significant part of our economic recovery. All the member for Everton can do is attack individuals who serve this state. The LNP opposition backbench deserves better than that from a shadow minister.

Sport and Recreation

Mrs MULLEN: My question is of the Minister for Tourism Industry Development and Innovation and Minister for Sport. Will the minister inform the House on the government's plan to keep young Queenslanders active and the cost of sport more affordable for lower-income families?

Mr HINCHLIFFE: I thank the member for Jordan for her question and note the growing number of young families in the member's electorate. The positive health and social impacts of getting involved in physical activity and community sport are well known, and well known in this House. That is why the Palaszczuk government is committed to giving all young Queenslanders the opportunity to get off the couch and into a team or other activities regardless of their family's finances.

Our FairPlay voucher program provides up to \$150 to help eligible families with the cost of club membership, registration or sport participation fees for their children. A recent FairPlay survey discovered that more than 13 per cent of voucher recipients had never before had a chance to play sport.

This is a popular program. Since launching in July 2019, more than 95,000 vouchers worth \$14 million have been redeemed with local sporting and other organisations. The previous round, which kicked off in January, showed that the top five activities were rugby league at No. 1, followed by soccer, netball, gymnastics and then basketball. Logan Brothers Rugby League Club redeemed the most vouchers during round 4, with nearly 500 young Queenslanders playing for that famous club thanks to FairPlay. Applications for the current round close at the end of this month. So far, more than 2,500 vouchers have been redeemed at one of the program's 4,800 registered activity providers.

From Cooktown and District Cricket Association in the electorate of Cook, from the Girl Guides in Charleville in the electorate of Warrego, the Walkin' on Water Surf School in Coolangatta in the electorate of Currumbin, through to Wynnum Table Tennis in the electorate of Lytton, there is a huge menu of sport and recreation for young Queenslanders to try, and this program provides that opportunity for those who come from backgrounds that might otherwise be denied that opportunity. I think it is a great example of the way in which we support the benefits of sport, physical activity and recreation right across the state and right across all classes of the community.

With an 11-year runway to the Brisbane 2032 Games and the Queensland Academy of Sport about to embark on a talent search, a FairPlay voucher could be the start of an Olympic or Paralympic journey. We want to make sure that we are there to support those potentially high-performing athletes or those people who, as young children, could start a physical activity and community engagement from the very beginning which could be an investment towards the rest of their lives.

(Time expired)

Public Hospitals, Intensive Care Beds

Mr WATTS: My question is to the Minister for Health. How many additional operational ICU beds has Queensland Health stood up since the COVID-19 public health emergency declaration on 29 January 2020?

Mrs D'ATH: I am happy to go and get the number of ICU beds. All of our ICU beds in Queensland are operational and thankfully not taken up by COVID patients, unlike New South Wales where they are currently absolutely overwhelmed with patients. In fact, we are hearing horrific stories of people who are positive for COVID being turned away from emergency departments. Sadly, we have seen a number of people being managed by their health districts dying at home. It is extremely sad to see that occurring.

As far as our ICUs are concerned, we have worked extremely hard—and I acknowledge the work of the previous health minister—from day one to make sure we have capacity across the state so that if we did get a massive outbreak our health system could manage it. Our staff have work tirelessly.

There have been infrastructure changes at many hospitals. Even the small regional hospitals I visit show me how they have changed the layout of their emergency departments and wards so they can accommodate COVID patients. Negative pressure rooms that never existed in our hospitals now exist in many of our hospitals across Queensland.

In terms of supplies, remember that early on we made sure we had a stockpile of the equipment we would need if there were an outbreak in Queensland.

Ms Palaszczuk interjected.

Mrs D'ATH: I take the interjection from the Premier. We know what the view is of those opposite. It is let everyone in; let everyone go home. Do not worry about quarantining in hotels. Do not worry about borders. It is all unfair. We are inconveniencing people. Yet, what we have done each and every day is kept Queenslanders safe.

When speaking in the debate on the motion moved by the opposition yesterday, I said that 12 people had died in 24 hours in New South Wales. I am hearing that another 12 have died today. That is 24 people in two days who have died in New South Wales. It distressing to hear that that is happening. That is what we have fought every single day to try to prevent in this state, and we continue to do so. We are fighting on a new front—that is, getting people vaccinated—so we can be on the front foot in protecting our communities and not playing catch-up like other states are having to do. Our health system is very well equipped to make sure we can manage COVID if it arrives.

(Time expired)

Business Roadshows

Ms HOWARD: My question is of the Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement. Can the minister update the House on how the Growing Queensland Business Roadshow is helping Queensland businesses make the most of procurement opportunities?

Mr de BRENNI: What a terrific advocate for growing Queensland businesses the member is—like all members on this side of the House are. The Growing Queensland Business Roadshow, to which the member refers, has hit the ground running. We had our first session on Friday of last week in Beenleigh. What this roadshow is all about is helping small businesses make the most of Queensland's economic recovery plan. The roadshow is also about our Buy Queensland procurement approach—making sure that they get the chance to succeed because of that program. In fact, Queensland businesses are already enjoying the fruits of that approach. This is an approach that has seen \$36 billion worth of government investment put back into 57,990 Queensland businesses since 2017.

Next week we will be in Rockhampton and Bundaberg. Next month we will be in Toowoomba, Townsville, Cairns and Moreton Bay. Today, I have some terrific news for the member for Ipswich and the other members representing the Ipswich region. I can announce that we have added another stop on the Growing Queensland Business Roadshow tour. That is Ipswich. We know that the Ipswich region is home to some terrific businesses. I am sure all members will attest to that. These include businesses like Baidam Solutions, an Indigenous IT security company, that is doing work for our government and Ausco Modular in Riverview. We have done business with 2,400 of them since 2017 under the Buy Queensland approach, delivering \$700 million of job-supporting investment into those Ipswich businesses. 24 November is the date. Ipswich Turf Club will be the location. I know our hardworking team of Ipswich MPs have already marked it on their calendars.

Queensland businesses are lining up to be part of the Olympic Games procurement opportunity. I am advised today that 1,265 businesses have so far signed up to do work with us on the Olympic Games. That is 300 more than when the Premier encouraged them to do that and when she announced in this House on Tuesday that over 900 businesses had signed up. It is growing every single day. I know they signed up because they believe this Palaszczuk government is backing Queensland businesses to go the distance.

We will not get that with those opposite when it comes to the Olympics. If local procurement were an Olympic sport, I do not even think the LNP would qualify. Just imagine a 2032 Olympic Games under the LNP. We would have grandstands from Greece. We would have medals from Mexico. We would probably get the portalooos from Pyeongchang. Queenslanders can only trust Labor to put Queensland workers and businesses on the podium.

(Time expired)

Caloundra, Youth Detention Centre

Mr BLEIJIE: My question is to the Premier. The government is planning to put a youth remand detention centre in the heart of Caloundra, next to a school and a hospital and across the road from a retirement village. Will the Premier listen to the 6,000 residents who have signed a petition and scrap the youth jail plans in the heart of Caloundra?

Mr SPEAKER: Premier, you have one minute to respond.

Ms PALASZCZUK: As we know, it is already a watch house. I know that there has been consultation. We need to make sure we have a lot of options available across this state as we tackle the issues of young people.

A government member: We can't all take a helicopter to a boot camp!


Ms PALASZCZUK: I take that interjection. We cannot all take a helicopter to a boot camp. The member for Kawana presided over the great boot camp plan. The Auditor-General's report—it is all coming back to me now. Thank you for asking me the question, member for Kawana. I always enjoy when the member for Kawana stands up in this House and reminds me of all the bad things the Newman government did and which he was part of. Do members want to hear about boot camps? Go and read that Auditor-General's report. On this side of the House, we have allocated more than \$5 million to tackle the issues of youth justice.

(Time expired)

Mr SPEAKER: The time for question time has expired.


SPEAKER'S RULING

Member for Everton, Exclusion from Chamber

 **Mr SPEAKER:** Honourable members, during question time I asked that the member for Everton leave the chamber for a period of one hour under standing order 253A. I have given some consideration to the fact that we have a personal vote coming up. Given how rare those opportunities are, I believe it would be in our interests to allow the member back into the chamber to allow him that voting opportunity. I will be changing my ruling. That period concludes at the end of question time.

POLICE LEGISLATION (EFFICIENCIES AND EFFECTIVENESS) AMENDMENT BILL

Introduction

 **Hon. MT RYAN** (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (11.47 am): I present a bill for an act to amend the Oaths Act 1867, the Police Powers and Responsibilities Act 2000, the Police Service Administration Act 1990, the Police Service Administration Regulation 2016 and the Weapons Act 1990, and to make a regulation under the Oaths Act 1867, for particular purposes. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Legal Affairs and Safety Committee to consider the bill.

Tabled paper: Police Legislation (Efficiencies and Effectiveness) Amendment Bill 2021 [1409].

Tabled paper: Police Legislation (Efficiencies and Effectiveness) Amendment Bill 2021, explanatory notes [1410].

Tabled paper: Police Legislation (Efficiencies and Effectiveness) Amendment Bill 2021, statement of compatibility with human rights [1411].

I am pleased to introduce the Police Legislation (Efficiencies and Effectiveness) Amendment Bill 2021 to the House. The Queensland Police Service continues to do more and more every day to keep the community safe. The government is supporting those efforts with record police budgets and the biggest investment in policing in three decades—an investment that will deliver more than 2,000 extra personnel. The record funding that this government has provided to the Queensland Police Service is helping our frontline officers to: respond to the growth in calls for service; manage increasingly complex social issues; lead disaster management responses; meet community expectations; and play an integral role in responding to the COVID-19 public health emergency.

I am very proud of the record funding this government has been able to deliver to the Queensland Police Service, but we can also streamline processes to deliver even more efficient and effective police services. That is what this bill does. The bill seeks to optimise existing systems and processes to free

up frontline resources. For example, thousands of hours of time are taken up by officers having to locate and attend before a justice of the peace or a commissioner for declarations to swear an oath of service or declare or affirm the veracity of information contained in a document.

The bill, in conjunction with the Justice Legislation (Covid-19 Emergency Response—Permanency) Amendment Bill 2021, amends the Oaths Act and creates the Oaths Regulation. This will achieve significant time savings for frontline police officers by enabling senior police officers to witness affidavits of other police officers in relation to: affidavits to prove the service of documents; affidavits used in bail proceedings under the Bail Act and the Youth Justice Act; and sworn applications made in compliance with section 801 of the Police Powers and Responsibilities Act where an issuing authority had granted the authority on an unsworn application due to urgent circumstances or an officer's remote location.

Police are required to serve a large number of documents as part of various court processes. Enabling senior police officers to witness the affidavit removes the necessity for police officers to locate and attend before a justice of the peace or a commissioner for declarations to swear an oath of service will lead to significant time savings for police officers. For example, it has been estimated that in major centres it can take between 30 minutes to two hours to locate an available justice of the peace or a commissioner for declarations and have an objection to bail witnessed.

In remote localities the time frames can expand out to the officer's entire shift. This amendment alone has the potential to save up to approximately 22,000 hours of frontline officer time annually. Those hours can be returned to the front line to better protect our community and keep our community safe. This is just one of a number of efficiencies contained within the bill.

Another significant reform being introduced by this bill is the expansion of the circumstances where a magistrate or Supreme Court judge may issue a digital access order, which requires a person to provide a password or encryption code to enable police to access information stored on, or accessible from, a digital device such as a mobile phone. This would apply, for example, to circumstances involving upskirting and revenge porn, and builds on changes to the Criminal Code introduced by the Palaszczuk government in 2018 that made revenge porn a criminal offence in Queensland.

Under the proposed amendments, police will now be able to seek digital access orders in circumstances where they suspect offences against the Criminal Code including: distributing intimate images; observations or recordings in breach of privacy; and distributing prohibited visual recordings. For example, if police locate a person using a mobile phone to take unauthorised pictures of another person in a communal change room and lawfully seize the mobile phone at that location, they will be able to apply for a digital access order to gather evidence of the offending behaviour. The bill will amend section 154A of the Police Powers and Responsibilities Act to enable a police officer to apply to a magistrate or Supreme Court judge for an access order where the digital device was lawfully seized under a provision of the Police Powers and Responsibilities Act, including instances where the search warrant was issued by a justice of the peace.

The bill amends part 5A of the Police Service Administration Act in relation to alcohol and targeted substance testing of police officers and certain unsworn staff members. Part 5A provides for both alcohol and drug testing of relevant persons who perform functions associated with, or ancillary to, the functions of the Police Service. Relevant persons who are involved in a 'critical incident' may be required to submit to alcohol and targeted substance testing. A 'critical incident' includes: an incident where it was necessary for an officer on duty to discharge a firearm in circumstances that caused or could have caused injury to a person; a death of a person in custody; after a vehicle pursuit; or following a workplace incident at a police station or police establishment where a person dies or is admitted to hospital for treatment of injuries.

In 2009, the definition of a 'reportable death' in section 8 of the Coroners Act was expanded to include a death in the course of, or as a result of, police operations—for example, the death of a third-party bystander killed in the course of an attempt by police to detain a suspect. The revised definition ensured an appropriate level of scrutiny to assist in identifying any systemic issues. The Queensland Police Service identified that the current definition of 'critical incident' did not fully capture incidents that fell within the definition of a 'reportable death'. The Queensland Police Service also established that the definition of 'critical incident' was too limiting when the need for oversight of an officer's actions is legally required and/or necessary to ensure public confidence in the police service.

The bill amends the definition of 'critical incident' in section 5A.2 'Definitions for pt 5A' of the Police Service Administration Act to include: deaths occurring in the course of, or as a result of, police operations, to align with the definition of reportable death in the Coroners Act; incidents where a person

suffers from injuries consistent with the Criminal Code definition of 'grievous bodily harm' while in police custody or in the course of, or as a result of, police operations; and the accidental discharge of a firearm in circumstances that caused, or could have caused, injury to a person. It is important to note that the bill also amends the existing definition of a critical incident to specifically exclude the use of less than lethal rounds.

The bill also amends the Police Service Administration Act to clarify that special constables and non-state police officers are able to exercise the powers of a Queensland police officer, subject to the limitations imposed by the Police Commissioner. Special constables are primarily interstate police officers who, because of their work location or the type of work they are involved in, require authorisation to enable them to carry out their duties effectively within Queensland. The existing provision is ambiguous as to the scope of powers that can be exercised by special constables. The bill amends the Police Service Administration Act to enable the commissioner to allow non-state police officers to exercise powers held by Queensland police officers that are not within the Police Powers and Responsibilities Act and the Public Safety Preservation Act.

The bill will also amend sections 35 and 36 of the Weapons Act to enable the temporary storage of a firearm by a licence holder on behalf of another for up to three months. This commonly occurs when a person's weapons licence expires, is suspended due to court or serious health matters, or during the administration of deceased estates. The three-month temporary possession limit is often insufficient, especially during the administration of deceased estates. The bill extends the period under these sections to six months. This extension overcomes the need to unnecessarily reinstitute administrative processes.

The bill amends the Weapons Act to streamline the operation of the permanent national firearms amnesty. The government has listened closely to police officers and to representatives of licensed firearms dealers across the state who took the view that the current arrangements for dealing with firearms anonymously surrendered to participating dealers are more administratively onerous than they need to be.

The current firearms amnesty framework in Queensland does not allow participating firearms dealers to retain firearms or other prescribed things that have been surrendered to them anonymously. As a result, participating firearms dealers must transport any anonymously surrendered firearms to a police station. This approach creates unnecessary risks due to the additional transportation of firearms and the need to store increased numbers of firearms at police stations. In addition, this approach imposes unnecessary operational burdens on local police stations, many of which are in regional and remote communities with smaller staffing establishments.

The amendments contained in this bill will allow licensed firearms dealers to retain firearms surrendered to them anonymously under the amnesty in circumstances where approval is provided to them by an authorised officer in weapons licensing.

The government is resolute in its determination to create an operating environment that allows our dedicated frontline police officers to go about their important job of keeping the Queensland community safe as efficiently and effectively as possible. The Police Legislation (Efficiencies and Effectiveness) Amendment Bill 2021 delivers on that commitment. I commend the bill to the House and encourage all members to support it.

First Reading

Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (11.59 am): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Legal Affairs and Safety Committee


Mr DEPUTY SPEAKER (Mr Kelly): In accordance with standing order 131, the bill is now referred to the Legal Affairs and Safety Committee.

VOLUNTARY ASSISTED DYING BILL

Second Reading

Resumed from 15 September (see p. 2762), on motion of Dr Miles—

That the bill be now read a second time.

 **Mr SPEAKER:** Honourable members, I have received prior advice pursuant to standing order 104(2). Accordingly, I will permit a personal vote to be held instead of a party vote. The procedure for a personal vote is that all members must be in their allocated places in the chamber. For a personal vote members may indicate their agreement with the ayes by standing in their place and their agreement with the noes by sitting in their place.

Honourable members, while the count is being conducted I did advise earlier in the week that television pool cameras will be filming and press photographs will be taken during the debate on this bill. As we have this division and a number of subsequent divisions are expected, I have given permission for press photographers to take photographs from the gallery during divisions after the closure of the bars. I advise members, though, that the usual terms and conditions and conventions on the taking of images and vision in the chamber still applies.

Division: Question put—That the bill be now read a second time.

AYES, 61—Bailey, Berkman, Bolton, Boothman, Boyd, Bush, Butcher, Crandon, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Hart, Healy, Hinchliffe, Howard, Hunt, A. King, S. King, Last, Lauga, Linard, Lui, Madden, Martin, MacMahon, McCallum, McMahon, McMillan, Mickelberg, Miles, Minnikin, Molhoek, Mullen, Nicholls, O'Connor, O'Rourke, Palaszczuk, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stevens, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

NOES, 30—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crisafulli, Dametto, Frecklington, Gerber, Janetzki, Katter, Kelly, Knuth, Krause, Leahy, Lister, Mander, McDonald, Mellish, Millar, Perrett, Power, Purdie, Robinson, Rowan, Simpson, Weir. Tellers: Powell, Watts.


Resolved in the affirmative.

Bill read a second time.

Mr SPEAKER: Honourable members, before moving into consideration in detail, I wish to remind members who were previously under a warning that those warnings will extend through until 1 pm. Those are the members for Kawana, Buderim, Woodridge, Maroochydore, Inala, Nanango, Chatsworth, Broadwater and Southern Downs.

Consideration in Detail

Clauses 1 to 4—

 **Ms SIMPSON** (12.14 pm): I took note of what the Deputy Premier said in his contribution in summing up the debate last night. Under the principles of the act, the fourth point says—

... every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life—

The Deputy Premier claimed that it was in fact dangerous to claim that people did not have early access to quality palliative care. People can read his comments for themselves, but he said—

... I am concerned that if this is not corrected and if Queenslanders believe it to be true it could prove dangerous. A number of speakers stated that palliative care in Queensland could only be accessed within three months of anticipated death. There is no restriction that people only receive palliative care in the last three months of their life.

Patients can be referred to palliative care at any time, including to receive an initial assessment. Specialist palliative care is available throughout Queensland for patients referred by their treating clinician, including referrals that occur early in the course of a patient's terminal illness.

I have been talking to palliative specialists who say that this is simply not true. One this morning said that it is extremely hard to get a patient referred to public community palliative care services if they have a longer prognosis than three months. Another talked about how care is rationed. So there may not be a legal restriction on accessing quality palliative care when someone is diagnosed more than three months out or in their last few weeks, but there is a funding restriction. The Deputy Premier has misled the House. I have received other quotes from those who are at the forefront in trying to care for people who deserve quality palliative care now.

This is my question to the Deputy Premier on these clauses. Will the Deputy Premier and his government guarantee that someone with a terminal diagnosis can access quality public palliative care services, including with face-to-face care and specialist appointments, upon their diagnosis at least 12 months out from their anticipated death if that is the diagnosis?

Dr MILES: The statement I made last night sought to correct the record for claims that had been made by a number of speakers that there was some kind of rule that people could only access palliative care where they were anticipated to die within three months. As I indicated then, there is no such rule. It was dangerous for that to continue to be restated. I was fearful that people may not seek to access that care having heard the claims that it would not be available to them. It was for that reason that I sought to correct the record.

I note that the member has not actually provided any evidence to substantiate the claims that have been made. Instead, she has sought to restate into the record a series of somewhat unhelpful anecdotes. The approach of the government to palliative care is that good palliative care should be available to patients from the day that they receive a diagnosis right through to their final days. However, obviously, the intensity of that care increases over time, and they may in their final weeks require hospital or hospice care, and that is precisely what I said last night.

Clauses 1 to 4, as read, agreed to.

Clause 5—



Mr JANETZKI (12.18 pm): I move the following amendments—

1 Clause 5 (Principles)

Page 11, line 13—

omit, insert—

- (1) A person exercising a power or performing a function under this Act must have regard to the principles that—

2 Clause 5 (Principles)

Page 12, after line 3—

insert—

- (2) In subsection (1), the reference to a person exercising a power or performing a function under this Act includes QCAT.

Let me start by making some opening remarks about the amendments that I will be moving. In moving these amendments, I accept that the bill will pass. That is obvious from the votes on the second reading. My objective in moving these amendments is the opportunity to give voice to some of those concerns that have been made clear not just in the debate over the last couple of days but also through stakeholders. The amendments that I am seeking to move today have not been plucked from the sky; they have been drawn from serious sources, whether it be the Queensland Law Society, the Bar Association of Queensland or key stakeholders that have expressed concerns. I acknowledge that the Queensland Law Reform Commission have gone into these issues quite deeply, but a lot of the amendments that will be moved will be drawing on those sources.

I do not intend to frustrate the House. We are not going to be dividing on all clauses. On some clauses that are consequential in nature we will not be dividing, but there is a rare opportunity here in consideration in detail in this single chamber parliament and with a deadlocked committee—it was conceivably 3-3; there were statements of reservation and statements of dissent—to flesh out some of these issues and concerns.

In respect of some of the amendments, I understand the government and cabinet were considering amendments on Monday and my amendments were circulated by Tuesday. I accept that the Queensland Law Reform Commission has gone to great length, but this is an opportunity for those who are concerned with the bill to raise issues, as I intend to do, through these amendments that have drawn on a range of sources, both legal and medical.

Speaking briefly then to that first amendment that I have moved, it is a technical legal amendment. Instead of just talking about principles underpinning the bill, it actually states clearly that persons acting under the bill give regard to the principles. It is just confirming that everybody acting under the bill is acting in accordance with the principles. This is, in fact, drawing on the Queensland Human Rights Commission and the Queensland Law Society, which talked about requiring decision-makers to consider each principle defined in clause 5 of the bill. They thought that would greatly assist compliance with the protections in the act and would provide guidance to bodies reviewing the exercise of functions under the act.

Dr MILES: Given that this is the first of a series of amendments, I want to briefly outline a general approach to them and to urge members to vote against them. I went to this in some detail in my speech last night.

As members are aware, the bill is the product of three long years of work by members of this parliament sitting in the health committee as well as by the Queensland Law Reform Commission. The proposed amendments moved by the member for Toowoomba South diverge dramatically from the independent, evidence based recommendations of the Law Reform Commission. There is little rationale or justification provided for them. In fact, there are nine pages of explanatory notes from which we are to understand the rationale for these weighed up against nearly 900 pages of consideration by the Queensland Law Reform Commission on top of the very detailed report that our colleagues have written for us on this bill itself, which itself rests on top of their earlier and very thorough analysis.

On the two amendments that we are addressing here specifically, the Law Reform Commission did consider this matter very carefully. They stated that requiring every person who exercises a power or performs a function under the draft bill to have regard to a long list of principles, some of which may be irrelevant to their task or decision at hand, is likely to cause confusion and uncertainty and impede rather than improve the operation of the draft bill. So the Law Reform Commission did not recommend the inclusion of a requirement such as that proposed by the member for Toowoomba South. Instead, they recommended a general statement of principles like what has been included in the Western Australian act. The intent of this amendment is very similar to a number of the amendments, and that is simply to confuse and limit access to the scheme. For that reason I call on members to reject these amendments.

Mr POWER: I seek to echo in this case the call of the Deputy Premier to reject this and I want to speak more generally about the amendments that have been moved. I express disappointment that we were not given greater time to examine them. The opposition, especially in the case of a conscience vote, has a role to put things on the table. The Deputy Premier is correct in that this has been an almost three-year process and a long examination. I feel inadequate to make judgements on some of these difficult issues and to examine their underlying meaning and their unintended consequences. It needed time, both for supporters to put forward arguments and also for critics to examine the possible dangers.

I could speculate as to why they chose this path of action. The Deputy Premier has urged me to be charitable and to be careful in this debate. However, I am very disappointed that those who perhaps were open to amendments are not given the time to deal with them properly, to examine them and to not bring about unintended consequences about something that is fundamentally a life-and-death issue.

Non-government amendments (Mr Janetzki) negatived.

Ms SIMPSON: I want to speak further in regard to the question of access to quality palliative care because I do believe that the Deputy Premier is misleading people at such a critical time. We understand that the palliative care experts have put on the record already that there is not equal or timely access across this state to quality palliative care. Whether honourable members agree with voluntary assisted dying or not, we should agree that people deserve to have universal access—and quality access—to early intervention, quality care and integrated care.

The message has come today from one of the palliative specialists that they have had to unfortunately move away from an integrated model to a disintegrated model. That means that people are ending up in hospital for pain management when that should be able to be done at home. If there were an early intervention and an integrated approach to provide timely help, then people would not die after suffering in pain. I will quote from the Palliative Care Queensland submission. This is evidence, Minister. Understand that you are not correct when you say people have access to—

Mr SPEAKER: Member for Maroochydore, you will direct your comments through the chair.

Ms SIMPSON: I will, Mr Speaker. My question to the minister will follow in a moment. Palliative Care Queensland said—

Dr MILES: Mr Speaker, I rise to a point of order. Are we currently considering clause 6 of the bill?

Mr SPEAKER: No, we are doing clause 5. There were the amendments. Now the question is: clause 5, as read. The member for Maroochydore is speaking to that.

Ms SIMPSON: Palliative Care Queensland in their submission said—

... the reality in Queensland is that the relatively small funding pie for palliative care services in Queensland means that most people with a life-limiting diagnosis can't get access to specialist palliative care until they're an estimated six to three months from death—which leaves a potential massive gap of six to nine months with little to no access to specialist palliative care for most Queenslanders who want to consider VAD as an option.

These anomalies and discrepancies are of deep concern and alarm to PCQ. Evidence suggests that there is inadequate and unequal access to palliative care services due to limited resources.

I ask the health minister again: will he give a guarantee that people will get access to quality—

Mrs D'Ath: The health minister is a she.

Ms SIMPSON: I ask: in relation to this legislation that is being chaperoned through by the Deputy Premier, will this government provide a guarantee that people will get access to quality integrated palliative care services wherever they live in Queensland when they have a terminal diagnosis and not just in the last few months of life?

Dr MILES: A number of speakers, including myself, in the second reading debate outlined the extent to which the government has committed additional funding to palliative care. I would like to call out the member for Maroochydore's argument because it is a false one. Members do not have to choose between palliative care and voluntary assisted dying; they are not competitive. They, in fact, can and do operate side by side. By continuing to harp on as though it is a choice, the member is attempting to demand members make a false choice, and it is indeed a false argument.

Dr ROWAN: Whilst I understand what the Deputy Premier was saying in that they are not mutually exclusive, I will add to what the member for Maroochydore has said in relation to palliative care here in Queensland. The question that really needs to be asked of the government as part of this debate is whether they will commit to a universal service obligation for all Queenslanders to ensure they have access to high-quality palliative care services, particularly multidisciplinary and coordinated care across the spectrum from primary care where general practitioners and nurses provide some access to palliative care within the primary care services that they provide through to secondary care services as well and then on to tertiary hospitals. Will this be accessible and available to Queenslanders regardless of where they live—whether they are in remote Queensland or rural Queensland, whether they are in urban contexts—and regardless of their background—whether they come from different ethnic or cultural backgrounds or whether they are of Aboriginal and Torres Strait Islander heritage?

This is about equity of access. This is about ensuring that people get high-quality care. Certainly Palliative Care Queensland has been calling for this, along with many other organisations including the Australian Medical Association Queensland.

The question I put to the Deputy Premier is: when it comes to equity of access, when it comes to equality in terms of ensuring that people get high-quality access—all people in Queensland pay fees, whether that be to the state or to the federal government—will there be a universal service obligation so that people can be assured they will get funding access in communities right across Queensland?

As I have previously said as part of this debate, when I was president of the Rural Doctors Association, having travelled to communities right across Queensland—whether that be in the south-west, central west or Far North Queensland—general practitioners and health service providers consistently raised the lack of palliative care funding that exists for people in these communities. It is very important that the government considers this. I would ask the Deputy Premier whether the government will commit to or look at a universal service obligation for palliative care funding for all Queenslanders regardless of where they live.

Dr MILES: I thank the member for his question. I note the interest in the member's question regarding primary care. Clearly, that in most cases is not our responsibility but we do play a role in supporting the primary care sector. It is important that we do that to ensure it is properly integrated with more tertiary services.

Embedded in the \$171 million package that the government announced is a commitment to develop and implement a new palliative care and end-of-life care strategy which does aim to go to the very questions the member has raised. We will invest in community-based services, with a better focus on regional, rural and remote service provision as well as growing and investing in more specialist palliative care workers and a focus on driving equity outcomes for First Nations people. In some parts of the state the full range of services cannot be delivered face to face, so supporting practitioners to enable digital delivery and telehealth services is really important, as is education and support to what primary healthcare services there are there, whether that support is delivered during consultation through telehealth, through third-party telehealth or through other support.

It is very much the case that the government is focused on improving and continuing to improve palliative care services. The feedback from the sector is that that needs to be staged and gradual. As the member knows, it takes time to train people into these roles. In order to ensure that the services we fund and deliver are properly constructed and can be staffed by properly trained practitioners, that will take time to build up, but that is precisely what we are working on in parallel with the matters we are here to discuss today. Again I emphasise that this is not a choice between palliative care and voluntary assisted dying. It is the view of the supporters of this bill that the two are complementary.

Mr KATTER: I would like to add to the points made by the member for Maroochydore. Obviously it is highly pertinent to the area I represent. I get frustrated when it keeps being made a binary thing, between palliative care or this bill. I think I can make this point with the greatest respect for people who are in support of the VAD laws being proposed. I know that I am reiterating what I said the other day. We have heard a lot about federal funding of primary health. I do not really care who is funding it. The fact is that out there right now there are decisions being made. In my speech I used the example of the fellow from Mount Isa who said, 'I'll go off renal treatment because I'd rather die. If the treatment is not available to me in Mount Isa, which it is not, I would rather die.' If we multiply that by perhaps hundreds of people, there will be an in-built bias in this system if you pass these laws without any commitment to those protections.

It is a nice, cosy answer to say that you will try—and I believe you; I think you will try—but I can assure you that it will fall hopelessly short of addressing the disparity that is there. If you do ever measure that disparity—it would be a really big, tough thing to do—you must recognise that there is an enormous bias in this system now that will be to the disbenefit of people who live in rural areas who will not make the choice of either/or but are more likely to be influenced by the choices they have in health care and will be, I would argue, a lot more prone to making the choice to take their own life than they would be if they resided in an area where they had better health care provided to them.

I do not think you can escape this point. I do not think you can separate them. I do not mind if you keep going with this, but please acknowledge it. Do not pretend that we are taking care of it or, as the member for Thuringowa said, it is all sorted. It is not sorted and it will not be. I do not care who is responsible for the funding; it needs to be sorted before it proceeds.

Dr MILES: I have largely addressed the perspective on the questions on this clause. I just want to address something that I know the member for Traeger and his Katter party colleagues raised in the second reading debate and that I think is relevant—that is, the view or perception that voluntary assisted dying might be disproportionately accessed by people who have less access to palliative care, who are in rural and remote areas or who may be of low socio-economic status. The evidence from other states, particularly Victoria, is that the opposite is true: it is much more likely to be accessed by people in urban areas, those who are highly educated and those of higher income. The experience in Victoria is not that it becomes an option of last resort with access to other services. In practice, it is and has been seen to be more likely to be more accessed by those who actually have the means to access a wider range of services.

Clause 5, as read, agreed to.

Clause 6, as read, agreed to.

Clause 7—



Mr JANETZKI (12.37 pm): I move the following amendments—

3 Clause 7 (Health care worker not to initiate discussion about voluntary assisted dying)

Page 12, lines 11 and 12, 'must not, in the course of providing a health service or personal care service to a person'—

omit, insert—

who provides a health service or personal care service to a person must not

4 Clause 7 (Health care worker not to initiate discussion about voluntary assisted dying)

Page 12, lines 17 to 25—

omit.

5 Clause 7 (Health care worker not to initiate discussion about voluntary assisted dying)

Page 13, lines 1 to 5—

omit.

I take on the comments from the member for Logan. I want to acknowledge that the committee reported on 28 August, so any amendments that could be proposed could only be started after that. I think it was the member for Nanango who last night commented on the resources available to the opposition, let alone a private member acting in Her Majesty's opposition, compared to government. That is why my amendments are drawing heavily on the resources of legal and medical authorities, whether it be the Queensland Law Society, the Bar Association of Queensland or a range of medical authorities. I continue to believe that this consideration in detail stage is an opportunity for us to debate some of these ideas.

This amendment to clause 7 seeks to omit the allowance that voluntary assisted dying may be raised in the context of advising on palliative care. This particular amendment will align the act with the position in South Australia, Victoria and New Zealand. Western Australia, I understand, has an approach similar to that proposed by this bill before the House.

This really is one of the first clauses that goes to that question of coercion, and I noted Frank Brennan wrote about this in the *Australian* again this morning in an op-ed. I may not agree with Frank Brennan on everything, but he raised concerns in particular about amendments to clause 7 that are starkly in contrast to the position taken in Victoria in respect of the ability to initiate discussions, and I thought that was a very telling article on this. The Royal Australasian College of Physicians states that the provision—

... has the potential for coercion and misuse of power. Safeguards against coercion within the Bill must closely oversee and monitor those cases where a medical practitioner initiates a discussion of or suggests VAD.

This is one of the first amendments that goes towards that question of coercion—that risk of coercion—and that is why it has been put forward for consideration during consideration in detail.

Mrs FRECKLINGTON: I want to start by saying that it has been a very considered debate and, as many members on both sides of the House have said, it has been a very difficult debate, but I think our goal is to make sure we get this right, and that is what I certainly said in my speech. In relation to this clause, I do feel the need to speak to the amending clause by the member for Toowoomba South because it goes to the heart of one of the biggest issues that I have had with this bill, and that is in relation to coercion. We know it is a difficult issue. We know that there is a great—extra—need for palliative care, and that has been said, but to go to the point of amending this clause it actually has been considered by other jurisdictions. I take on board the comments that have been said by the other member just before in relation to consideration of the amendments of the member for Toowoomba South. This amendment has been considered by other jurisdictions. It is being used by other jurisdictions. It is being used in South Australia, Victoria and New Zealand, and that is all around not commencing, initiating or putting to a patient that this is available.

The health minister has just said that the people who access VAD in Victoria are highly paid and they are educated, so this clause is talking about initiating discussion with people which can only go to coercion. It can only go to, unfortunately, an aspect of elder abuse, which is something that I am deeply concerned about and is a rising issue within our society. This is a clause that has been, and I will say it again, considered by other jurisdictions—New Zealand, Victoria, South Australia—and I would plead with this House to follow suit.

Mr SPEAKER: Before calling the next member, I just wish to inform members: whilst the Deputy Premier has carriage of the bill, the Deputy Premier is not the Minister for Health.

Mrs Frecklington: Sorry.

Mr SPEAKER: No, that is okay, member, but it is just important in terms of preciseness for *Hansard* and ensuring that we do continue to get that right throughout the remainder of consideration in detail.

Mr POWER: To some extent I feel like I have to explain to the LNP, while I support this amendment, some of the nature of what it is. It is important that we look at the whole of clause 7, 'Health care worker not to initiate discussion about voluntary assisted dying'. The report made it really clear in that it identified that the patient themselves should be the one to first identify that they wish to seek voluntary assisted dying. We have heard really powerfully from the member for Greenslopes and from other practitioners how often people who are in pain and despair and existential despair about dying will bring up these issues of wanting to die which provides many openings for discussion. The report by the QLRC and many others identified that healthcare workers should not initiate a discussion about voluntary assisted dying, and that is what subclause (1) of this clause does. It states clearly—

A health care worker must not, in the course of providing a health ... care service ...

- (a) initiate discussion with the person that is in substance about voluntary assisted dying; or
- (b) in substance, suggest voluntary assisted dying to the person.

So it is relatively clear what subclause (1) means and it provides those safeguards that were intended—that the person themselves is at the centre of the care and the person nominating it. However, I think that subclause (2) goes against the spirit of what they are suggesting. This does not reach the level of coercion, as some would suggest, but it is very powerful when the person who administers your care brings up issues and the message intended, especially when initiated by that person, may be different from the message that is actually received by the patient. Subclause (2) says

that however they can, in substance, suggest voluntary dying to the person if they have also brought up treatment options and palliative care treatment options. What we do not know is whether the patient receives these in a completely balanced way—we would hope—but given that we have put in subclause (1) to ensure there are safeguards of this happening because we fear that there will be no presentation of it whatsoever could we also not fear that there is not a balance between the presentation of treatment options or palliative care options? Further, the member for Greenslopes raised these issues about other provisions that are quite prescriptive on healthcare providers—that is, is there not some safety that in terms of complaints against healthcare workers—and I wish to reiterate that this is centred on the patient but also for the healthcare workers—if they had the safety of being able to nominate that the patient themselves had raised voluntary assisted dying first would give them that safeguard?

(Time expired)

Dr ROWAN: I rise in support of these amendments and, as has been said, this really goes to the heart of coercion. Firstly, I declare that I am a fellow of the Royal Australasian College of Physicians Chapter of Addiction Medicine and the reason that I put that on the record is that the submission by the Royal Australasian College of Physicians is the basis for this amendment and can be justified for the following reasons: firstly, as the member for Nanango has said, it would align the legislation in Queensland with that of other state jurisdictions around Australia including Victoria, South Australia and Tasmania, as well as New Zealand, by omitting the provision for voluntary assisted dying to be raised in the context of advising on palliative care. It is important to realise that in relation to other jurisdictions, including Victoria, they do not allow a registered health practitioner to initiate a discussion about voluntary assisted dying with a patient or resident whom they are providing health or professional services to. The first reason is to align with other jurisdictions.

Secondly, it aims to avoid the potential for coercion and misuse of power by medical practitioners and, thirdly, it has always been my view that self-regulation of the medical profession is not in the best interests of the public and that there needs to be strong and rigorous checks and balances and oversight, and nowhere would this be more important than when initiating a discussion and conversation about voluntary assisted dying. There have been instances where treating medical practitioners have been the direct beneficiaries from patients they have been treating. Whilst there are provisions in the legislation that specifically deal with conflicts of interest, there can be some highly questionable and unethical and convoluted strategies that some people have gone to to either benefit from wills or direct financial benefits and there can also be subtle influences.

Whilst this is not in line with the Australian Health Practitioner Regulation Agency or codes of conduct under the Australian Medical Council or the Medical Board of Australia or other professional bodies, it is important that we do have these rigorous checks and balances. This amendment could further serve to strengthen the legislation to ensure there is no potential for coercion or misuse of power resulting in pecuniary benefit, whether that be for medical practitioners or whether it be for other health service providers or health carers. Therefore, I believe that this amendment is important. It is absolutely worth considering because the last thing that we would want is either direct or indirect influence—subtle influence—and/or people to be the beneficiaries of some of this, so it is an important amendment to protect against coercion.

Mr WATTS: I rise to support this amendment. As stated by the Royal Australasian College of Physicians, it has potential for coercion and misuse of a power in the context that it is put in this bill. It is an uncomfortable conversation to have, but unfortunately some doctors may use their power to steer patients in the direction of assisted suicide or euthanasia. This bill allows a doctor to use their enormous influence over a patient by actually raising the possibility of assisted suicide with the patient. We know that older patients, sick with terminal illness, put enormous weight on their doctor's advice. This is a recipe for undue influence and I believe it should be removed as per the amendment. It does not exist in other jurisdictions. It is prohibited for a doctor or a nurse to raise VAD with a patient in Victoria, South Australia or New Zealand so we are not asking for anything too extreme here. We are just asking for a check and balance on the power a doctor even unconsciously may have over their patient by initiating this conversation. Professors Frank Varghese and Brian Kelly wrote in the journal *Psychiatric Services*—

Much of the debate about euthanasia and physician-assisted suicide has as its underlying assumption that doctors will always act in the interests of their patients. This assumption fails to take into account the doctor's unconscious and indeed sometimes conscious wishes for the patient to die and thereby to relieve everyone, including the doctor, of distress. Legislation to enable assisted suicide has been designed to provide a safeguard, through the psychiatric assessment, that protects patients from themselves. What these laws do not do and cannot do is protect the patient against unconscious factors in the doctor.

I think it is very important that we remove this potential abuse and that we provide an opportunity for a doctor to have a discussion about palliation and not raise the potential of VAD. If the patient raises it then that is the patient's choice, but it should not be the doctor's choice for the patient. That is getting things around the wrong way.

Mr KRAUSE: I support the amendment moved by the member for Toowoomba South and thank him for his contribution. I also thank the member for Logan for his contribution, especially in the context of what is occurring with the bill overall, the chipping away at a cornerstone of the legal system that has been with us for many, many years. Coercion is a big concern held by many people in relation to this bill, even those who support the concept as a whole. I support the amendment, especially in the context of if not a formal difference in access to palliative care, a practical differential in access to palliative care depending on where you live in Queensland and also a differential access to publicly funded palliative care for three months before the expected date of death for someone as opposed to a 12-month period where VAD will be accessible under this bill. It is important to put whatever safeguards we can in place against coercion. When one takes into account the entire context as I have just outlined, members should support the amendment.

Ms SIMPSON: The issue of elder abuse is of grave concern. I want to pick up on the criticism of members privately bringing amendments to the floor. The health committee did not recommend any amendments. That is the right of the majority members to do that. The reality is that there are significant concerns that have informed this debate and the recommendation around these amendments that are before the House from people who do care for the most vulnerable in our community. Some of those people—highly respected clinicians—have already raised that there is not access to palliative care. The government is trying to say that is not an issue and that it is not relevant. It is entirely relevant. Whether or not you want VAD, everyone should have the right to have access to palliative care without having to jump through hoops and go through convoluted processes.

In addressing elder abuse I will quote from the *Review into the prevalence and characteristics of elder abuse in Queensland*, which reports that there were 105,618 victims in 2017. That was here in Queensland. They were expecting that to double by 2037. We have talked about coercive control with domestic violence but so too it is true that there is coercive control with the elderly. It breaks our hearts to see stories of elder abuse. So much of this is underreported. Unfortunately this is an issue that I do not think has been adequately addressed.

I did raise the issue of disparity of access to palliative care with the Law Reform Commission in the briefing that we had ahead of this debate. I made the point that there are people saying they do not have access. The Law Reform Commission could not adequately address the issue of why there was a difference in legislation requiring access to VAD as an option 12 months out for those diagnosed with a terminal illness, but that same guarantee could not be provided for those who may choose to access palliative care.

I will table the *Review into the prevalence and characteristics of elder abuse in Queensland*. It addresses—and I will not table—some of the international figures around what happens in aged care. The document makes reference to abuse by carers in aged-care facilities, whether they are public or private. We have to be honest about this. It happens. That is why we have a concern that people in those positions of trust with the most vulnerable do not abuse that trust. They need additional protection. I table this document.

Tabled paper: Bundle of documents relating to elder abuse [\[1412\]](#).

Dr MILES: In responding, let me first note that the clause and the amendments that we are currently discussing do not go to the matters raised by the member for Maroochydore. Other clauses do. The member for Logan well outlined how some of the speakers on this amendment are either confusing the purpose of this clause or intentionally misleading the House about the intention of this clause. This clause specifically goes to prohibiting the raising of voluntary assisted dying, not encouraging or allowing the discussion of voluntary assisted dying. The prohibition ensures that someone in a therapeutic relationship with the person who is likely to be influential and trusted does not initiate a discussion about voluntary assisted dying. Such a person may not necessarily be clinically skilled or sufficiently qualified to adequately discuss those options.

However, in clause 2 it notes that those who may be sufficiently qualified, medical practitioners and nurse practitioners, may be able to discuss it amongst a full range of options. This exception for medical practitioners and nurse practitioners was carefully considered by the Law Reform Commission. It ensures that only sufficiently qualified health professionals can have a discussion about a full range of options, including voluntary assisted dying. To the member for Toowoomba North, that would require

them to include discussions on palliative care in contradiction of the point that he raised. While I note the member for Logan's comments in drawing on the experiences of the member for Greenslopes that it is important to ensure that all of those options are appropriately balanced, it might not be possible to codify that in law. However, it is possible to codify that in training, in professional standards and in codes of ethics that do apply to that level of practitioner.

I also note on that point that some speakers invoked the Victorian act in supporting this amendment, but in fact the clause that we are discussing here is stronger and goes further than the Victorian act in that it restricts all healthcare workers from raising voluntary assisted dying. The Victorian act only prohibits registered health practitioners. The Law Reform Commission considered that was very important, given the full range of healthcare workers who may be having discussions with people, particularly in an aged-care context where you could well have people who are not trained and do not have the kinds of skills where it would be appropriate. Under the Victorian act they could have those discussions. It is not prohibited. Under this proposed act it is. I call on members to reject these amendments.

Division: Question put—That the amendments be agreed to.

AYES, 33—Andrew, Bates, Bleijie, Boyce, Camm, Crandon, Crisafulli, Dametto, Frecklington, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Millar, Molhoek, Perrett, Powell, Power, Purdie, Robinson, Rowan, Simpson, Stevens, Weir. Tellers: Boothman, Watts.

NOES, 55—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mellish, Mickelberg, Miles, Mullen, O'Connor, O'Rourke, Palaszczuk, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendments (Mr Janetzki) negatived.

Debate, on motion of Dr Miles, adjourned.

Sitting suspended from 1.09 pm to 2.00 pm.

PRIVATE MEMBERS' STATEMENTS

Coomera Connector, Land Purchase



Mr O'CONNOR (Bonney—LNP) (2.00 pm): I rise to raise the matter of the recent purchase of land by the Department of Transport and Main Roads for the Coomera Connector in Helensvale for \$76 million. That massive payment was to a developer for land bought barely two years ago for just \$20 million. The minister has played this down, claiming it is simply part of the process of buying land when building a road, but what he has not admitted is that the government's failure to plan has led to the payment of an extra \$56 million to a developer.

In 2015, light rail stage 2 used the corridor that had been planned for the second M1 since the mid-1990s. I will table documents from 2006 showing how the road would have fitted back then.

As members know, I am a huge supporter of light rail and I believe that the chosen route was correct, but when that decision was made the government should have also planned the whole corridor and made sure they had space to fit a future road in it. The government's design also provided for a car park to the east of the station, taking more of the space needed for the road, rather than using their existing land on the heavy rail station side or having a design that factored in the road. Clearly, the second M1 was nowhere on their radar.

In 2016, the sod was turned for the Helensvale light rail station and developer Villawood announced the Surrounds estate would include 1,500 apartments in what was promoted as a public-transport orientated community on the empty land across from the road. I table the press release with plans that show the location of those 1,500 apartments.

Tabled paper: Bundle of documents relating to the Intra Regional Transport Corridor, Beattie Road to Nerang-Broadbeach Road 4 Lane and Hov Planning, road corridor development plans [\[1413\]](#).

Clearly no-one planning the light rail talked to anyone else in the department because, just a year later in 2017, the road corridor was gazetted but it was nowhere near wide enough. I table that embarrassing oversight, which has been removed from the TMR website.

Tabled paper: Map from the Department of Transport and Main Roads titled 'Road Declaration Plan No. FSCR113-4-B' [\[1414\]](#).

The corridor was finally updated years later in 2019—which I table as well—after I raised these concerns, but by then it was too late. The developer formally purchased the land later that year.


Tabled paper: Map from the Department of Transport and Main Roads titled 'Road Declaration Plan No. FSCR113-4-C' [1415].

The government only corrected their mistake this year. Finally, I table the RP data with the sale information showing this extraordinary payment.

Tabled paper: Bundle of documents from Core Logic titled 'Country Club Drive Helensvale QLD 4121' [1416].

If Gold Coasters did not know that the government is not serious about the second M1 by the fact that no tangible work has started on it in seven years, this proves it. Those huge payments for land that will mostly not be used make up half of the funding spent so far on that road. That failure to plan is not good enough so I ask the Minister for Transport and Main Roads: why did the government take more than four years to resume land they clearly should have known would be required for the second M1, what other resumptions will be required for it and what has the government done to act before the prices potentially increase massively on those blocks as well?

Liz Plummer Cancer Care Centre

 **Mr HEALY** (Cairns—ALP) (2.03 pm): In late July I was honoured to attend the 10-year celebrations of the Liz Plummer Cancer Care Centre. The facility is located at Cairns Hospital and is operated by Icon Cancer Centre. Since the doors of that centre opened in 2011, over 13,500 Far North Queenslanders have received treatment at the facility, including my wife and one of the girls who works in the office. The Liz Plummer Cancer Care Centre holds very special and strong memories for not just me but many thousands of Far North Queenslanders.


The facility came into being due to community campaigning that led to the establishment in September 2006 of the Cairns Organisation United for Cancer Health, better known to locals as COUCH, by Charles and Pip Woodward. They were inspired by Cairns resident Liz Plummer's fight for better oncology services in the Far North. Liz was receiving treatment for cancer and she highlighted, through local media, the inadequacy of cancer facilities in Cairns. COUCH garnered strong support from private businesses, community organisations and the general public. The passion of Liz Plummer and the leadership of Charles and Pip Woodward and the rest of the COUCH committee, with support from the community, has brought the Cairns community a long way since that first meeting. They are to be applauded for the work they have done in getting the facility established.

In 2007 the Australian government committed \$8.3 million and on 1 January 2009 Premier Anna Bligh announced a radiation oncology and cancer care unit would be built at Cairns Hospital. Today that facility offers medical oncology, haematology and palliative care, alongside radiation oncology delivered in partnership with Icon Cancer Centre.

I had the privilege of knowing Liz Plummer. She truly was one of those remarkable few who viewed her diagnosis as a means to fight for other cancer victims. After being diagnosed with breast cancer in 2004, she transformed into a one-woman campaigner for other cancer patients. Liz was born in Greece in 1951 and her family migrated to Western Australia in 1955. In 2005 she was in remission but unfortunately, whilst on holidays, she learned that the cancer had returned. In 2009 Anna Bligh confirmed that her government would fund an oncology and radiation unit to be named in Liz Plummer's honour. That moment was described by Liz's husband, Max, as the proudest day in her life.

Sadly, Liz passed away on 14 July 2009, aged 58 years, two years before the centre opened. At the 10-year anniversary celebrations she was well remembered, as were each and every one of those who have contributed to make that terrible illness a little more palatable.

General Practitioners; Schools Support Staff Recognition Week

 **Dr ROWAN** (Moggill—LNP) (2.06 pm): I rise to firstly acknowledge the important role that general practitioners undertake as a part of primary and secondary healthcare in Queensland. General practitioners ultimately ensure the health and wellbeing of not just individuals but also entire communities. As primary healthcare professionals, general practitioners provide effective health services, interventions and public health advice and, as such, they are an integral part of our healthcare system. Ultimately, as part of multidisciplinary primary healthcare teams, general practitioners keep patients out of hospitals and, in doing so, relieve pressure on other parts of our health system.

As a former president of the Rural Doctors Association of Queensland, I can attest to the vital importance of general practitioners, as well as rural generalists, in rural, regional and remote communities. More than 50 per cent of all COVID-19 vaccinations administered across Australia have

been done so by general practitioners who have worked hard to achieve this whilst also providing other healthcare services for their communities. The more than 50 per cent of all COVID-19 vaccines administered represents more than 11 million vaccine doses.

I acknowledge Dr Bruce Willett, Vice President and Queensland Faculty Chair of the Royal Australian College of General Practitioners, and also RACGP state manager, James Flynn. As the peak representative organisation for general practice and through the efforts of Dr Willett and his executive, the Royal Australian College of General Practitioners continues to work closely with all stakeholders on the pandemic response, the vaccine rollout and supporting all general practitioners so they can continue to carry out their important community health work. I acknowledge former Australian Medical Association Queensland presidents Dr Steve Hambleton and Dr Zelle Hodge. Both are well respected general practitioners.

Speaking of important health and community care, I also acknowledge the vital and invaluable contribution of Palliative Care Queensland. For over 30 years, Palliative Care Queensland has continued to support Queensland individuals, families, carers and community members as well as specialist and generalist healthcare professionals working with Queenslanders experiencing serious illness, dying, death and grief. Recently there has been a greater focus within our community on the realities as well as the current funding allocation and provision of palliative care in Queensland. Anything that can enhance access and improve the quality of care for all Queenslanders is always worthy of consideration, discussion and implementation. I would like to acknowledge a number of medical practitioners with specialist training, qualifications and experience in palliative care: Dr Carol Douglas, Dr Anthony Herbert, Dr Luke Garske, Dr Sue Colen, Dr Judith McEniery, Dr Ralph McConaghy and Dr Thomas Brucklacher and the entire staff of the Wesley Hospital palliative care unit.

Finally, as the Liberal National Party's shadow minister for education I take this opportunity to mention that this week is Schools Support Staff Recognition Week 2021. I thank all of Queensland's dedicated school administration staff, school officers, operation officers, business managers and all other support staff who are crucial to the delivery of education and learning in our state. I particularly wish to acknowledge and thank all school support staff in the electorate of Moggill. This week I was delighted to again sponsor a thank-you morning tea for school support staff at the Kenmore State High School.

Bundamba Electorate



Mr McCALLUM (Bundamba—ALP) (2.09 pm): This week I joined students at Bellbird Park State Secondary College for the induction of their first ever senior school captains. The school opened in 2017 and in 2022 will make history as it welcomes its first cohort of year 12s led by Benny and Fia. Next year will also signal the opening of three new buildings as part of our near \$17 million investment in new facilities and improved infrastructure. These buildings will support learning across areas of the curriculum like junior technology and food studies. A three-storey learning centre will feature 12 learning spaces and three collaborative spaces, and the project will also offer new staff facilities and multipurpose courts.


Our ongoing investment in world-class education means one day students from Bellbird Park State Secondary College could be working at our local TAE aerospace where I recently had the pleasure of catching up with Andrew and the team. At TAE's state-of-the-art \$60 million facility in Bundamba, over 200 highly skilled workers specialise in the servicing and sustainment of defence and commercial aircraft and vehicles. It is the first location outside of the US capable of repairing and maintaining the F135 jet engine and also carries out work on our F/A-18 Super Hornets with No. 1 Squadron just down the road at RAAF Base Amberley.

While our planes are in the air thanks to workers at TAE, our essential passenger rail line remains off the tracks at the hands of the Morrison government. Only federal Labor has committed \$2 million to the next steps in building our vital rail link between Ipswich and Springfield, via the booming Ripley Valley. In addition to this \$2 million, the Palaszczuk government has committed \$1 million and Ipswich City Council has pledged a further \$500,000. But the Morrison government remains silent, once again turning its back on the fastest growing city in Queensland. They duded Ipswich and the rest of our great state in the budget and nothing has changed.

I conclude today with some sad news for our local community. In the early hours of Tuesday morning, our iconic Goodna Street Life Op Shop on Queen Street was destroyed by fire. Thankfully everyone was safe and accounted for. I would like to acknowledge the wonderful work of our police and firefighters. Helen, Steve and the rest of the team at Goodna Street Life support those most in need

and now it is time for us to support them. Donations are being accepted online. You can find more on the Goodna Street Life Facebook page, along with my own. The group's strength, resilience and determination continue to shine through and they plan to reopen the op shop in a new location as soon as they can.

Queensland Border Restrictions; Coronavirus, Hotel Quarantine

 **Mr PURDIE** (Ninderry—LNP) (2.12 pm): Six weeks ago, 52-year-old David Lesley from Maroochy River in my electorate of Ninderry raced down to New South Wales to save the life of his dying sister, who was suffering from stage 5 kidney failure, by donating one of his own kidneys. I am happy to report the operation was a success and both are now on the long road to recovery.

Unfortunately since then, David has been isolating and trying to get back home to his family including his three young children and his wife, Simone, so he can continue that road to recovery. They have applied for exemptions, like hundreds of other Queenslanders, so he can recover at home as advised by his specialist.

Royal North Shore Hospital transplantation nephrologist, Susan Wan, said in a medical certificate that it was not safe for David to quarantine in a hotel room and specifically requested David quarantine at home, supported by his wife and three children who are also prepared to quarantine.

In her letter, the specialist outlined the highly restrictive conditions of the ward he was treated in to ensure limited risk to exposure to COVID during his treatment. The certificate goes on to talk about hotel quarantine being unsafe for David as he needs the support of his family and access to mobility, fresh food and regular treatment.

David himself is fully vaccinated and recently returned a negative COVID test, yet despite the specialist medical advice he provided to Queensland Health his request has been denied not once, but twice. He made several requests as part of his quarantine on the recommendations of his doctors, including room to walk, as I outlined earlier, and healthy food, but he has been told that he needs to quarantine in a hotel.

I spoke to David just before and he has just arrived back in Queensland where he was herded onto a bus and is now being transported to Crest Apartments at Chermside. His wife, Simone, has been left speechless by the heartless treatment of Queensland Health. She said—


It blows my mind that footballers and their wives can freely cross the border and yet an everyday hero with a medical recommendation to be exempt from hotel quarantine is forced to yet again put his life at risk without family or medical support. I wonder how the Premier or the Chief Health Officer would cope if it was them.

David also said just before that he just cannot get over the hypocrisy of the government—

They call themselves Queensland Health, but they are forcing me into an unsafe environment, not a place of recovery after major surgery. They are basically playing Russian roulette with my life.

This is just one of many desperate and sad stories of Queenslanders trying to return home. Again, on behalf of these Queenslanders and David and his family, I urge the Premier, the health minister and the CHO to show some compassion to her fellow Queenslanders and put common sense and logic ahead of politics. Thank you.

Respect@Work; Women, Safety

 **Ms KING** (Pumicestone—ALP) (2.15 pm): Even the LNP cannot dispute that Scott Morrison is absolutely useless in a crisis. When we faced horrific bushfires, he did not hold a hose. In the global pandemic, he did not order the vaccines and he did not give the doses. Christian Porter goes from bad to worse, but Scott Morrison just will not let him go. When it came to the absolute crisis in women's safety and *Respect@Work*, Scotty did not want to know. Scott Morrison always has some syrupy words about the importance of women being safe and respected. He is big on announcements, but he is forever missing in action.

For as long as possible, the Morrison government refused to release Kate Jenkins' groundbreaking *Respect@Work* report into women's experiences of sexual harassment at work, but once he decided that the heat was off, the truth came out. The very week before the national summit into women's safety, Scott Morrison and his women's cabinet voted to implement only six of 52 recommendations from the *Respect@Work* report. Shameful! They blocked amendments to include positive duty on employers to prevent sexual harassment from happening in the first place. They blocked amendments reviewing the Fair Work system to ensure sexual harassment was specifically prohibited. They blocked amendments to protect victims of sexual harassment from massive legal bills.

Labor knows it, Queensland knows it, Australia knows it and women everywhere know it: Scott Morrison and the LNP just do not back women at work. Maybe that is why in this parliamentary workplace the entire LNP women's caucus would fit in a maxi taxi. Occasionally, the LNP say that they would like to see more women in parliament, but we—

Ms CAMM: Mr Speaker, I rise to a point of order. I take personal offence to the comments made by the member for Pumicestone as a member of the LNP and being female.

Honourable members interjected.

Mr DEPUTY SPEAKER (Mr Kelly): I do not need any assistance taking that point of order. I will just take some advice. Because the member has said something that you take personally offensive and we are able to identify you in a narrow class, to put it that way, I will allow the point of order. I ask the member to withdraw.

Ms KING: I withdraw. Occasionally the LNP say they would like to see more women in parliament, but they are certainly not taking any concrete steps to ensure that happens. There has not been a peep out of the Queensland LNP when it comes to the need to see the *Respect@Work* report implemented.

What a contrast to the actions of the Palaszczuk Labor government. We have taken every single action on every single step toward implementing the recommendations of the *Respect@Work* report where they apply to the Queensland government.

When Scott Morrison's government would not commit ongoing funding to the Queensland Working Women's Centres, we picked up their slack. We are looking at a review of the Anti-Discrimination Act which will include looking at a positive duty for employers.

The reason is that when women across this country marched asking for respect at work we listened. When they came out and shared their experience of sexual harassment, we listened. We are still listening and we will always listen. I do not know if the LNP can listen. When it comes to women being safe and respected at work, I quote the Prime Minister's most memorable campaign: Scott Morrison, where the bloody hell are you?

(Time expired)

Mr DEPUTY SPEAKER: Member, I will ask you to withdraw that unparliamentary language.

Ms KING: I certainly withdraw.

Coomera Electorate



Mr CRANDON (Coomera—LNP) (2.19 pm): I rise to alert the House to three matters in the Coomera electorate that are somewhat urgent. There are many issues, but I would like to bring these burning issues to the attention of the House. I wrote to Paul Noonan, the regional director at the Department of Transport and Main Roads, about a matter in my electorate that we have been pursuing for some time. I refer to the exit 41 upgrades that were hard fought for by the community. Some 50 per cent of the funding came from the federal government and the Labor Party came kicking and screaming to the table and finally put money on the table on the day of the budget.


The bottom line is that we need a slip lane on the north bound side of highway back into the Norfolk Village community. That has been knocked back on several occasions, including a petition on the issue. We are now having a public meeting. I have written again to the regional director asking him if he could please have some people come along to discuss the issues with the community. He has forwarded that email to the minister for the minister's consideration. We are yet to hear from him. The meeting is on 29 September at 6 pm so we are running out of time. I am hopeful that we will hear from the minister shortly to confirm that we can have some TMR people come along to discuss the issues with the community.

The second matter relates to the new Coomera State Special School, which I recently toured. It is an amazing facility. We as a community have a concern—and indeed the feedback I have been getting from right around the area informs this—that we do not have a set of traffic lights in place on the corner of Foxwell Road at the school. Foxwell Road is a very busy road. We have tried to organise a meeting. We are trying again now through regional director John Norfolk, who has been very helpful in trying to arrange this meeting with TMR, the Gold Coast city council et cetera. The response to the initial inquiry was that it was not needed. No-one inquired of me about it. We will have that meeting and hopefully those traffic lights will be put in. It is the Coomera State Special School that we are talking about. Many small buses will come in and out of that street all the time.

The final matter on which I am awaiting a response from the minister—normally she is very quick to respond to me—is in relation to a letter I wrote to the minister about Cedar Creek State School's Albert Hall that we are looking to have closed in. I have written to the minister again. I wrote on 2 August and today is 16 September. I look forward to hearing from the minister.

(Time expired)

Mackay Manufacturing Hub

 **Mrs GILBERT** (Mackay—ALP) (2.22 pm): Businesses are discovering that if they want something manufactured that is innovative and built to world-class standards then get it manufactured in Mackay. The Mackay engineering sector is bursting at the seams with highly skilled products being produced in our local workshops and designed and crafted locally.

This is why Mackay is home to the Palaszczuk government's sixth manufacturing hub, officially opened last week by the Minister for Regional Development and Manufacturing and Minister for Water, Glenn Butcher. Thank you, Minister. The hub is located at the Mackay Resources Centre of Excellence—another Palaszczuk government commitment delivered to my region. The hub will support manufacturers across initial key focus sectors—mining equipment, technology and services; resource recovery; and agriculture. Mackay has so many green shoots and new industries starting up.

The \$4 million commitment will support manufacturers across the Mackay-Isaac-Whitsundays region and links to the neighbouring hubs in Townsville and Rockhampton. The hub will help secure vital grants that help manufacturers increase capacity and capability, further improving the ability of businesses to compete with international markets.


At the opening, Ryan Norris from Vayeron said that the Mackay manufacturing hub will help develop the high-tech manufacturing segment in the industry through building the skills and knowledge base of those working in the manufacturing sector. Vayeron produce electronic equipment from scratch—the first manufacturer to do so in Mackay.

The minister and I took new hub employees—Deb and Laura—on a visit to some of the manufacturing stars of our region. Mainetec, a business built by Brett Hampson as a sole operator, now employs over 100 staff. Brett and his team design and build innovative mining buckets that require less steel and have a greater capacity for digging, saving time out on the field and reducing maintenance. D&T Hydraulics and Engineering is another family-based company that has grown into a manufacturing business, employing over 70 highly skilled tradespeople. The innovation of 3D printing powdered metals onto a hydraulic to be refurbished is incredible.

There is a lot going on in my region. These are just two really important businesses. Before finishing, I congratulate the students—past and present—teachers, staff and wider community of the Mackay Central State School on their 150th anniversary this weekend.

(Time expired)

Burleigh Electorate; Queensland Border Restrictions

 **Mr HART** (Burleigh—LNP) (2.25 pm): If one has a very strong arm and a very small rock, one could almost throw a rock from the border crossing on the M1 at the Gold Coast to my electorate so I was really surprised when I saw that my electorate was excluded from applying for the emergency border business COVID grants. If the so-called Minister for Small Business thinks that the businesses in my electorate in Palm Beach and Burleigh are not affected by the restrictions that this government has put in place on the border she is quite frankly delusional.

I have a number of businesses in my electorate that have been affected. I will give members a couple of examples. The lady who runs my local bakery lives just across the border in New South Wales. It is 10 kilometres away. People drive that far to go to work every day. I know that most of us do. This lady cannot cross the border. She cannot operate her bakery. She cannot pay her bills. She is telling me now that she is struggling with her mortgage. Her husband has recently passed away and she is taking care of her two small children.

I also have a crane company in my electorate that has had to sell two of their cranes because they can no longer operate around that part of the coast. They cannot cross the border and come back in. That is where most of their business is. We have a number of builders who are operating under fixed price contracts and they can no longer do the work on those buildings because they cannot get across the border.


What we have here is, quite clearly, a Premier who is making political decisions about the border, reinforced then by information from the Chief Health Officer to put in place what the Premier has already decided. She has let in a bunch of footballers and their wives, but she is decimating the businesses in my area. I also have a corn chip company that cannot get their people across the border. I have an air-conditioning company that has half of its staff who cannot come across the border.

I have nurses and teachers in the same situation. One of my schools has 30-odd teachers who live in New South Wales and could not come across the border. I have been speaking to the students at that school. They are not getting the attention they need, especially the students getting close to finishing—

Ms Grace interjected.

Mr HART: If the Minister for Education would like to come down and talk specifically to some of those students, I would be happy to introduce her to them so she can learn for herself. After all, we need to hear it from the horse's mouth. This lunacy has to end. Please give grants to the people in my electorate who are suffering because of this border chaos.

Rural Fire Service Awards

 **Mr MADDEN** (Ipswich West—ALP) (2.28 pm): On 4 September I was pleased to represent the Minister for Fire and Emergency Services, Mark Ryan, at the Rural Fire Service Awards ceremony held at Hatton Vale State School hall, where we recognised the distinguished service and outstanding contributions of more than 100 Rural Fire Service officers in the West Moreton district. I am fortunate to have Marburg and Pine Mountain RFS brigades in my electorate, while RFS brigades in Hatton Vale, Ripley Valley, Coominya, Fernvale, Prenzlau, Lower Mount Walker and Mount Forbes are not far away.


In officiating at the ceremony, I was joined by Greg Leach, Commissioner of the Queensland Fire and Emergency Services, the QFES; Mark Stuart, Acting Assistant Commissioner, QFES; Superintendent Alan Gillespie, Regional Manager, RFS; and Kaye Healing, Acting Area Director, West Moreton, RFS. We presented RFS members with national medals and class, Queensland Fire and Emergency Services medals and class, diligent and ethical service medals and class, and national emergency medals. RFS members play a vital role in supporting their community in the management of local fire risk, as well as planning and conducting bushfire hazard reduction activities. RFS members also answer the call for help during times of natural disasters and are highly respected members of their communities.

I was pleased to see so many of my friends receive awards. They included: Dennis and Jody Mahon of Pine Mountain RFS, David Wandel and Henry Abbott of Prenzlau RFS, Daniel Giddins of Fernvale RFS, Patrick 'Rusty' Kraut of Toogoolawah RFS, Jim Runham and Amy Hartness of Ripley Valley RFS, as well as my cousin Gerard Ahearn of Lower Mount Walker RFS—just to name a few of the many RFS officers who received awards. We also presented the RFS South Eastern Region Volunteer of the Year Award, which was awarded to David Clarke, first officer at the Mount Forbes Rural Fire Service.

With the RFS awards we recognise service to the RFS but also service to the community. It seems the word 'community' takes on a different meaning in rural and regional Queensland as opposed to urban areas. In urban areas, community usually just describes a suburb, but in rural areas community describes the relationship between neighbours—neighbours who look out for each other and help each other when the chips are down, and friendships in rural areas are formed more easily.

It is always a privilege to meet hardworking RFS officers. We have about 1,400 rural fire brigades in Queensland and about 30,000 RFS volunteers. I would like to thank them for their service both to the Rural Fire Service and to their communities.

Mountain Creek, Noise Barrier

 **Mr MICKELBERG** (Buderim—LNP) (2.32 pm): People who live in Glenfields have suffered for too long. They have suffered with the incessant drone of traffic noise rising from the Sunshine Motorway, punctuated by sirens and hoons for far too long. They have suffered because their calls for assistance continue to fall on the state government's deaf ears.

This week a petition with the signatures of 633 Glenfields locals was presented to the parliament. The petition, which has galvanised our community, called on the Minister for Transport and Main Roads to install noise abatement barriers along the Sunshine Motorway from Abelia Place to Glenfields Boulevard to mitigate the high level of traffic noise.

It is a cry for help from local residents who simply cannot enjoy their own homes. Local resident Joyce Lambert has invited Minister Mark Bailey to come and see firsthand what local residents have to deal with every day. In inviting the minister to come up, Joyce said, 'Have a look and listen. Have a drink with us and see what it's like to sit outside in the summer—because we cannot, because it is just too noisy and we can't hear anyone speaking.'

I am pleased that the state government have finally come to the party and have committed to upgrading the Mooloolah River Interchange—something that the LNP has been fighting for since before I came into parliament in 2017. Upgrading the Mooloolah River Interchange will benefit the entire Sunshine Coast community, who, like clockwork each day, must deal with congestion and the regular serious accidents that arise on this poorly designed and inadequate stretch of road. I am, however, concerned that, in designing upgrades to the Mooloolah River Interchange, the government will not pay sufficient attention to the impact on Glenfields residents who will bear the brunt during construction and after completion when traffic volumes and associated noise will only increase.

As the state government undertake detailed design for the Mooloolah River Interchange, it is time for them to listen to locals and build a noise attenuation barrier before major works start. It is time for the state government to build the infrastructure that we need to support our rapidly growing Sunshine Coast population but also to ensure that local residents do not continue to suffer as a consequence of a lack of investment and planning.

Minister Bailey's response to earlier media reports in relation to this issue has been disappointing and I expected better. I have previously praised Minister Bailey's approach when dealing with upgrades to the Sugar Road-Mooloolah Road intersection. In that example, Minister Bailey listened to my requests to work productively for the good of Sunshine Coast residents. He came out and inspected the site with TMR staff, which I appreciated and which has resulted in the government committing \$15 million to resolve those very issues. That is how government should work.

I again ask Minister Bailey to listen to the voices of Glenfields residents. Work with me in a bipartisan and constructive manner to address the concerns of locals like Joyce Lambert. If the minister would like to take Joyce up on her offer to come out and have a drink with her, I would be more than happy to join him. We can discuss how together we can get on with the job of reducing the impact of road noise for all Mountain Creek residents.

Coronavirus, Vaccination



Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (2.35 pm): As we have seen throughout the COVID-19 health pandemic, Queenslanders have continued to step up. They continue to work hard. They continue to back in strong decisive action by the government. Now there is another opportunity for Queenslanders to step up, and that is by getting vaccinated. What we see right across the state is people rolling up their sleeves and attending vaccination hubs, their GPs and their pharmacies to be vaccinated.

In the Moreton Bay region, of which the Morayfield-Caboolture area is located, we have 54.6 per cent of the population over 16 who have received their first dose. I encourage all of those people who have received their first dose to make sure they are booked in for their second dose. That is a 3.1 per cent increase on last week. People of the Moreton Bay north area are stepping up.


There is an opportunity for those who have not had their vaccination yet to attend the super vaccination weekend that we have coming up because vaccination is the most important safeguard that we can all have against COVID-19. Without any doubt at all, it is something that people need to do for their own health as well as the health of the community. For those who have already had the vaccination, well done and thank you. For those who have not yet, use this opportunity now to get vaccinated.

As I said, we have the super Pfizer weekend of vaccinations coming up this weekend. That means that people can turn up at the Queensland Health vaccination hub on King Street, Caboolture this weekend—Saturday and Sunday—to be vaccinated. If you have a booking, still turn up, but there is also the opportunity for walk-ins. Please walk, in roll up your sleeve and get the jab. It is very important not only for your own health but also for the health of all Queenslanders. For those who might be not able to get in on the weekend, I encourage them to make a booking to get their vaccination as soon as possible.

I want to highlight that there are a number of locations right across the Caboolture-Morayfield area. It is a long list, but I think it is important for people to know that they can get vaccinated at one of the following places: the Caboolture Indigenous and Community Medical Centre; Amcal Pharmacy Caboolture; Bertha Street Medical and Dental Centre; the Caboolture Respiratory Clinic; the Caboolture

Square Vaccination Clinic; the Caboolture Super Clinic; the Chemist Discount Centre Caboolture; Priceline Pharmacy Caboolture North; The Lakes Family Medical Centre; United Medical Centres Caboolture; the Health Hub Doctors Morayfield; Morayfield 7 Day Medical Centre; Morayfield Road Medical and Dental Centre; Priceline Pharmacy Morayfield; and TerryWhite Chemmart Morayfield. There are lots of places to get vaccinated. I encourage all people from Caboolture and Morayfield to do so.

Firefighters, Safety

 **Mr LAST** (Burdekin—LNP) (2.38 pm): Every day Queenslanders rely on our firefighters to save their homes, their workplaces and even their lives. These brave men and women confront hostile and dangerous environments to protect life and property and, as one former firefighter put it, 'We take risks, but they are calculated risks.' Today, the calculation of those risks is dangerously skewed and at risk are the lives of those very brave men and women we rely on.

On 11 February 1994 two Queensland firefighters perished in what is now known as the Southport Honda fire. The pursuant coronial inquiry found that lack of communication was one of the contributing factors to their deaths and recommended the development of new communications equipment to prevent a similar tragedy. Lessons were learned—but, today, those lessons are being ignored. The QFES Communications Technology Enhancement Committee, or CTE Committee, was formed in partnership between Queensland Fire and Emergency Services and the United Firefighters Union of Queensland to identify, test and implement communications solutions that could increase firefighter safety.


When QFES transitioned to the government wireless network, appropriate equipment was identified. Instead of that equipment being supplied, firefighters were supplied with what the CTE Committee describes as 'significantly less capable equipment' and it is that 'significantly less capable equipment' they are still using today—three years later. In 2018 the CTE Committee identified what they referred to in their report as 'critical safety issues' with that equipment, including partial or even total communications loss. The CTE Committee came to the conclusion that 'these issues must be addressed as an absolute priority.' Even more concerning is that after the CTE Committee completed its report an edited version was produced that completely dismissed the severity of the concerns raised by the CTE Committee. Paragraphs referring to the obligations of QFES under workplace health and safety laws were deleted and paragraphs were added downplaying the need for an urgent safety bulletin to be issued.

I, for one, will not sit back and wait for our firefighters to be seriously injured or lose their lives. A full investigation is needed to get to the bottom of why and how, but more importantly to ensure that the risks faced by Queensland's firefighters are minimised. I table the original unedited CTE Committee reports.

Tabled paper: Queensland Fire and Emergency Services Communications Working Group: Communications Technology Enhancement Committee Report titled 'Interim report: Stage 1-Breathing Apparatus & HAZMAT Communications Solution' [1417].

Today I am calling for a parliamentary inquiry through the Legal Affairs and Safety Committee to urgently inquire into this issue. The people that Queenslanders rely on, our hardworking firefighters, deserve better.

Mundingburra Electorate, Infrastructure

 **Mr WALKER** (Mundingburra—ALP) (2.41 pm): I joined the Palaszczuk Labor government because of its strong leadership and vision for Queensland and the Premier's tough stance to protect the people of Queensland from the COVID-19 pandemic. You know a government is getting it right when the LNP opposition continually attacks the Premier and Chief Health Officer about border closures. It is only with a COVID economic recovery plan that you can make sure you grow your state's economy.

A government member: Hear, hear!

Mr WALKER: That is right. The Premier, Deputy Premier and the Treasurer have been very focused on growing the economy with investment in key infrastructure and services in health, education, roads, agriculture, tourism and events—and the list goes on. That equals jobs, jobs and more jobs.


In the seat of Mundingburra we are seeing over a billion dollars of investment in the Townsville University Hospital, a new 12-bed paediatric emergency department and a new paediatric cardiac unit, just to name a few. In relation to education, there has been: a \$7.4 million investment in the Townsville

Community Learning Centre, increasing the school's student capacity by more than 50 per cent; \$700,000 for a new fence at the Cranbrook State School; upgrades to the learning space at William Ross State High School—and the list goes on.

Survey and design work costing \$1.3 million has commenced on the Stuart Drive upgrade to four lanes from University Drive to the Bowen Road Bridge—a start to a \$43 million commitment by the Palaszczuk Labor government. Across the region we have more investment in road upgrades, including: a \$5 million intersection upgrade at Lansdown Eco Industrial Park; the Bruce Highway upgrade at Giru; and the Port of Townsville expansion and channel widening. The port will continue to be a part of Townsville's future. The Port of Townsville is important to the city's economy and provides both direct and indirect jobs by supporting many other industries across the region such as hydrogen—we have the world's first minister for hydrogen—and we are investing right across the state with the private sector in this very important renewable energy source. That is why the upgrades to the Port of Townsville I just mentioned are important, as they will increase capacity at the port and improve confidence in the region and the state.

The Palaszczuk government will continue to back and invest in key assets like the Port of Townsville because we know how important they are for all of Queensland. This about is jobs, jobs and more jobs. As member for Mundingburra, I will continue to advocate for our fair share of investment in key infrastructure for the region.

Maiwar Electorate, Transport Infrastructure

 **Mr BERKMAN** (Maiwar—Grn) (2.43 pm): I rise to place on record the growing concern on the west side about the transport minister's and council's plan to create more traffic by duplicating the Walter Taylor Bridge for private vehicles. At the minister's urging, the LNP council has started a prefeasibility study on this project, but it is a bad idea. It will make traffic worse, it is a waste of money and it distracts from real solutions. Yes, there is some congestion at the bridge during school times and on Saturdays, but the solution is shifting more trips onto public transport and not building wider roads. In July I obtained secret council documents under right to information laws which I now table.


Tabled paper: Bundle of documents from the Brisbane City Council regarding the Chelmer to Indooroopilly River Crossing modelling [1418].

They show that any possible timesaving from a new bridge would be undermined by 'sudden increases in traffic ... as currently diverted trips shift back to the corridor'. A new bridge would eliminate one bottleneck but create two new ones at Coonan Street and Oxley Road. The new bridge would also run right over the top of Witton Barracks Park in Indooroopilly. This much loved green space would become a noisy, polluted dead zone—much like the underside of the Riverside Expressway. A new bridge would cost hundreds of millions of dollars but will not fix congestion. A far better use of that money would be fixing public transport to maximise the use of our excellent existing train line. The council documents show that the vast majority of trips over the existing bridge are local: between Oxley, Tennyson, Yeerongpilly, Indooroopilly and St Lucia. That is great news because short trips like that are easier to shift onto trains or buses.

To do that I have launched a campaign to re-open the Tennyson train line from Corinda to Yeerongpilly. In the 10 years since Labor closed that line thousands of new apartments have sprouted up in Indooroopilly and on the south side. Re-opening that line would mean that all of those residents near Indro or Toowong stations could quickly and easily get a train to the south side without going through the city. It would also make longer trips easier on public transport, including Ipswich to the Gold Coast or Logan to Springfield.

The reception to our plan from westsiders and southsiders alike has been terrific. There is a huge hunger out there for more public transport links between the suburbs. With Cross River Rail opening in 2025, the technical constraints that have limited services in the past could be resolved. I would love for Indro residents to be able to step on the train to catch an Olympic tennis match at Tennyson in 2032. As well as reopening the train line we could pretty cheaply fix the bus connections from Indro station to UQ and Fig Tree Pocket to make it easier for south side drivers to leave their cars at home. In conclusion, we are in a climate crisis. Traffic is worse than ever and public transport usage is stagnant. It is time for a bit of imagination and ambition, not another wasteful road project.

Gallacher, Mr A

 **Mr SKELTON** (Nicklin—ALP) (2.46 pm): I rise to honour the legacy of Senator Alex Gallacher and his service to the working people of Australia. Alex Gallacher was born in New Cumnock, Scotland, on 1 January 1954. He immigrated with his family at the aged of 12 to seek a better life here in Australia,


one of thousands of families from the UK like my own who became known as ten-pound Poms. Alex came from a working class family and, like so many of us on this side of the House, knew the value of an honest day's work for a fair day's pay.

After leaving school he worked as a truck driver and labourer before becoming a ramp services operator for Trans Australia Airlines. Alex became an active member of the Australian Labor movement with a long involvement with the Transport Workers Union. He started as an industrial officer in 1988 before working his way up and eventually becoming state secretary of the SANT branch in 1996 and federal president in 2007. Senator Gallacher was elected to the federal parliament in 2010 and vowed to be a staunch advocate for road safety and aviation workers. He took leading roles in foreign affairs and economics committees and was a long-time member of the Rural Affairs and Transport Committee. It was in this role that I met Alex as a representative of the UFU Aviation Branch.

Alex gained a reputation for being a straight shooter. You would always know where he stood on any issue. I can testify to this, as I watched and listened during Senate inquiries. He was a no-nonsense operator with a laser-like focus on improving the lives of the workers he represented all his working life. Although diagnosed with lung cancer in 2019, Senator Gallacher continued to represent the people of South Australia, the Labor Party, the trade union movement and his constituents with diligence and passion.

He was a loving father, husband, brother and grandfather and a giant to those for whom he was a champion. He will be sorely missed by his family, his constituents and his colleagues, in particular Senator Glenn 'Sterlo' Sterle, because they were always on committees together. Alex's life story is emblematic of our proud Labor movement—solidarity forever. Rest in peace, comrade. Vale Senator Alex Gallacher.

Castor Park Sporting Facilities


 **Mr KNUTH** (Hill—KAP) (2.49 pm): Castor Park at Mourilyan, Innisfail, is the central sporting hub in the region, used for junior and senior soccer, Little Athletics and used by various schools. However, the usage has grown well beyond what the current facilities can provide and it requires an urgent upgrade. The Castor Park Users Group comprises the Innisfail United Football Club, the Boogan Stars Junior Football Club and the Cassowary Coast Little Athletics Centre. The users group is seeking funding of \$705,000 to upgrade car parking and floodlighting and provide a covered area to meet the current demand and future patronage as these clubs continue to grow quickly.

Over 500 players use the venue during the off-season for the summer sixers competitions. This is on top of the 80-plus members of the Little Athletics club, the thousands of school kids and the junior and senior soccer club players, parents and spectators from Mission Beach, Tully, Innisfail and surrounds who use the venue during the soccer season. The funding will greatly relieve the pressure on the current facilities and allow for increased use through the paving of the car park and better lighting to play fixtures at night. The car park will allow people to park closer to the complex. I have personally witnessed the traffic chaos, having to park over 400 metres away from the venue. The proposed all-weather car park will eliminate safety risks and traffic congestion during training and playing days. The outdoor covered area would also be a great asset and seat approximately 150 people, sheltering them from the severe Far North Queensland heat, sun and rain.

There is overwhelming support for the project in the Innisfail and wider Cassowary Coast region. The project will promote recreational and social opportunities which play an important role in the sustainability and resilience of rural communities. Sport is often regarded as an important part of life in rural Australia, contributing to community identity, sense of place, social interaction and good health. The activities at Castor Park will provide all these benefits and more to the Cassowary Coast community.

I am aware of the state government's commitment to upgrading facilities in regional Queensland ahead of the 2032 Olympics. I cannot think of a more worthy project and urge support and approval of funding towards the Castor Park project.

Macalister Electorate, Coronavirus

 **Mrs McMAHON** (Macalister—ALP) (2.52 pm): I would like to take this opportunity to pay tribute to my community in responding to the recent COVID delta cluster. Just over two weeks ago, I became aware of a Windaroo resident who had tested positive for COVID-19. Contact tracers went straight to work and our Queensland Health team did a fantastic job.

At the centre of this potential outbreak was an early childhood learning centre and Windaroo State School—my largest state primary school with over 950 students. I would like to thank the over 1,000 families who went into home quarantine at a moment's notice. All those close contact families were identified and tested largely within a 24-hour period. I would like to acknowledge the community that rallied behind these families, supported them and then went on to give the rest of the South-East Queensland population confidence by going out and getting tested in large numbers over that weekend. As a result, the Chief Health Officer was given a comprehensive set of numbers to consider the risk that this cluster posed to the local community. A school that was shut down for potentially 14 days on a Friday afternoon was open again the following Tuesday morning.

I would like to thank the Windaroo State School community—its parents and students, its staff and the school leadership team headed by principal Alisha Le Brese—for their quick response, their adaptability and their resilience. I was able to host some of the school executive group student leaders and their parents here at Parliament House on Monday night and congratulate them publicly and deservedly.

We still have over 100 families in home quarantine—those close contact families who attended the early childhood education centre. There are only a few days left for most of them and I would like to acknowledge their sacrifice for the sake of the community. I would especially like to acknowledge Ros and the team at the Coffee Cube at Mount Warren Park who have been making coffee deliveries to the quarantine families—because there are some sacrifices that are just too great.

Lastly, I would like to send our best wishes to Jorgee, who is currently doing it tough in the Gold Coast University Hospital with Holly and Noah. I cannot imagine being a mum in hospital alongside two of your kids as they struggle through their COVID treatment. Her 14 days had to start again when young Noah tested positive and joined them last week. This family did nothing wrong and complied with all health restrictions but were in the wrong place at the wrong time and as a result have borne the brunt of this delta cluster.

It is a timely reminder for all members in this House that, when we hear these daily numbers, they are not just numbers; they are people and their lives are turned upside down and potentially imperilled by this pandemic.

Glass House Electorate, School Celebrations



Mr POWELL (Glass House—LNP) (2.55 pm): It is raining milestone birthdays for the schools in the Glass House electorate.

Ms Grace: Hear, hear!

Dr Rowan: Hear, hear!

Mr POWELL: 2021 is a big year for two schools at opposite ends of the electorate. In the north, Montville State School is celebrating its 125th anniversary today. The area we now know as Montville was first settled in the 1880s. The rich stands of timber attracted many a timber-getter and bullock team. As the land was cleared, fruit growers and dairy farmers moved in.

In this great publication compiled by Barbara Ramadge-Ross from research undertaken by Margaret and Russell Siddall for the centenary of the school, I loved reading the interplay between those settlers and the Department of Land and the Department of Public Instruction—first to get approval to set aside the land, then to build and open the school. In particular, after the locals constructed the first school building in August 1896, Mr Thorvald Weitemeyer wrote to please send 'the Inspector, a cheque and a good Teacher as soon as at all convenient'.

Today the school and the broader community held a celebratory high tea. It is always difficult to single out individuals when organising a celebration of this nature, but I must acknowledge the principal, Adam Montgomery, and the P&C president, Simon Lutkin. One of the highlights of this year will be the period costume old time photographs of the staff and students, and that is all thanks to Simon. I also acknowledge Jaqueline Watkins, Doug Patterson and Cathy Kelly for updating that centenary book with *The Decades that Follow*. Thank you to the entire Montville State School P&C Association, the Montville Village Association, the Montville Chamber of Commerce, the Montville Historical Group, the Lions Club of the Blackall Range, staff, students and many, many businesses.

In the south, Wamuran State School is celebrating 100 years. Like Montville, Wamuran first welcomed timber-getters before dairy, bananas, tobacco, pineapples and strawberries took over. Originally known as Waraba, the town took its name from a local Aboriginal leader, Menvil Wanmaurn, when the railway to Woodford was constructed. After very humble beginnings, the school is now home to more than 320 students who will be enjoying the centenary celebrations on Saturday, 16 October.

As well as acknowledging the efforts of the principal, Lisa Cutter, can I also pass on my thanks to the amazing community representatives who have helped bring the celebrations together: Estelle Cuffe, the centenary committee chairperson who has coordinated the planning of this milestone event; Amy Wilschefska, for her countless hours documenting the history of the Wamuran community and school in the *Wamuran State School Centenary Book*; and president Ailsa Moorhead and treasurer Hilary Berger from the Wamuran Historical and Visitor Centre and Old Wam School for their tireless efforts.

It is a huge happy birthday to Montville and Wamuran state schools. I acknowledge the earlier hear, hears from both the Minister for Education and the shadow minister for education. Here's to decades more of outstanding educational opportunities for our local kids.

Redland City Council



Mr BROWN (Capalaba—ALP) (2.58 pm): The Redland City Council rip-offs continue. Last month I met a constituent of mine, Alistair Fraser, who is 75, a veteran and suffering from cancer and undergoing treatment. Alistair and his wife received a water bill last quarter of over \$10,000. This is the worst possible time for them to receive this bill and obviously it came as a shock. They went down to Redland City Council to try to understand what they could get back under the Redland City Council concealed leak policy. They quickly found out that the Redland City Council concealed leak policy was the worst in South-East Queensland.

Let us compare it. Urban Utilities give back 100 per cent of the charges, with eligible pensioners given back 80 per cent on the bulk water. Unitywater give 50 per cent across the board. It is a similar situation from the Gold Coast city council. The Logan City Council give 50 per cent back on the differential of the previous bill. This is all far better than what Redland City Council does—with only 80 per cent on the retail and absolutely nothing on the state bulk water price.

Instead of fixing this issue yesterday, the mayor went into council and put in an urgent mayoral minute to write to the water minister, knowing full well that it is not the state government's responsibility. Do not take my opinion on that. Take the opinion of former councillor Craig Ogilvie, who was the councillor for Cleveland. He wrote about Alistair's story and it was published this week in the *Redland City Bulletin*. He said—

After 15yrs in Council "Our Mayor"—

smiley face—

suddenly thinks that the weak concealed leak policy is the States fault—

smiley face—

I remember fighting tooth and nail with her and others to move to share financial responsibility for those leaks to all ratepayers.

He goes on saying, 'For goodness sake'—

... nobody gets one on purpose, it's small beer when shared amongst everybody, and keeping as it is does not incentivize residents to be vigilant. Just change the policy and stop shifting blame.

I could not agree with that more. I table that for the benefit of the House.

Tabled paper: Extract, undated, from the Facebook page of Mr Craig Ogilvie [1419].

Tabled paper: Document, undated, titled 'Table 2—Concealed Leaks policy details' [1420].

The Redland City Council have an opportunity. Alistair fought for this country. He is a veteran. He is fighting right now; he is undergoing cancer treatment. He and his wife do not need to have a \$10,000 water bill hanging over their head.

I suggest the mayor has a bit of heart and wipes the bill. Next time she goes back into council, instead of writing a letter that does nothing, how about she changes their concealed leak policy? Instead of having the worst policy, she should bring it back up to one of the average ones or, if not, better than average. She should have a heart and do the right thing by Alistair and do the right thing by the residents who come and see me every quarter when they discover they have a concealed leak. As the former councillor said, people do not know they have one until they get the bill. It can happen to anyone, rich or poor. I urge the Redland City Council to have a heart and do the right thing by Alistair and by their ratepayers.

(Time expired)

COMMITTEE OF THE LEGISLATIVE ASSEMBLY

Portfolio Committees, Reporting Dates; Referral of Auditor-General's Report



Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (3.01 pm): I seek to advise the House of the determinations made by the Committee of the Legislative Assembly at its meeting today. The committee has resolved pursuant to standing order 136 that: the Economics and Governance Committee report on the Appropriation (Parliament) Bill (No. 2) and the Appropriation Bill (No. 2) by 1 November 2021; the State Development and Regional Industries Committee report on the Justice Legislation (COVID-19 Emergency Response—Permanency) Amendment Bill by 1 November 2021; the Legal Affairs and Safety Committee report on the Police Legislation (Efficiencies and Effectiveness) Amendment Bill and the Police Powers and Responsibilities and Other Legislation Amendment Bill by 1 November 2021; and the Community Support and Services Committee report on the Child Protection Reform and Other Legislation Amendment Bill by 12 November 2021.

The committee has resolved pursuant to standing order 194B that the Auditor-General's report No. 2: 2021-22: *Measuring emergency department patient wait time* be referred to the Health and Environment Committee.

VOLUNTARY ASSISTED DYING BILL

Consideration in Detail

Resumed from p. 2813.

Clause 7, as read, agreed to.

Clauses 8 and 9, as read, agreed to.

Clause 10—



Mr JANETZKI (3.03 pm): I move the following amendments—

6 Clause 10 (Eligibility)

Page 14, line 15—

omit, insert—

(ii) is expected to cause death—

(A) for a disease, illness or medical condition that is neurodegenerative—
within 12 months; or

(B) otherwise—within 6 months; and

7 Clause 10 (Eligibility)

Page 14, lines 16 and 17, 'that the person considers to be intolerable'—

omit, insert—

to the person that cannot be relieved in a manner that the person considers tolerable

8 Clause 10 (Eligibility)

Page 14, after line 17—

insert—

(iv) is incurable; and

9 Clause 10 (Eligibility)

Page 15, after line 10—

insert—

mental suffering means mental suffering that is a reasonably foreseeable consequence of a disease, illness or medical condition diagnosed in a person of ordinary fortitude.

These amendments relate to a number of areas in clause 10, which relates to the eligibility features of the bill. They include a number of definitional amendments around 'incurable and mental suffering'. The area I want to focus on in my contribution in moving these amendments is the 12-month to six-month time frames. Over the last couple of days there has been some discussion about those time frames. I just want to draw on the Law Reform Commission's report to confirm their position.

At page 88 of the Law Reform Commission's report the commission stated—

The main diseases, illnesses and medical conditions for accessing voluntary assisted dying are cancers, neurodegenerative diseases, and chronic heart and respiratory diseases.

At 7.75 it comments—

Similarly, referring to specific diseases, illnesses or medical conditions, such as ‘terminal’, ‘chronic’ or ‘neurodegenerative’, is not necessary or desirable.

Noting what they said in the report, the amendment seeks to draw on the distinctions that are seen in Victoria and Western Australia to make those consistent—namely, that the eligibility time expected to cause death is reduced from 12 months to six months. Neurodegenerative conditions is left at 12 months. Given the Law Reform Commission’s comments, I understand that the bill currently provides for voluntary assisted dying in respect of neurodegenerative diseases. As I commented, there are some other changes in respect of ‘incurable mental suffering’ that stand on their own in relation to finding a causal link.

The only other comment I want to make in relation to this amendment is about the Australian Medical Association Queensland branch comment as to the time frames. As commented, the time frames in other jurisdictions are at six months with 12 months for neurodegenerative conditions. The 19 doctors of the AMAQ who signed the letter wrote—

The closer a patient comes to dying the easier it is to give an accurate assessment of life expectancy. Giving an accurate assessment 12 months prior to death is a difficult task even for the most experienced doctor—let alone one that has little or no knowledge of the disease’s progress or end of life care.

I expect my colleague the member for Moggill will add his comments.

Mr STEVENS: If I may, I would like to quote from a document that I have received from Dr Luke Garske, the leader of the Queensland Care Alliance and a thoracic physician, representing around 40 professionals. This document contains a survival curve based on empirical studies. In this document, Dr Garske writes—

The Queensland VAD Bill simplistically assumes that doctors can accurately predict how long patients with severe life limiting disease will live. It requires two doctors to agree that a patient is expected to live for less than 12 months, compared to less than 6 months in four other states. It is known that doctors are better at predicting if you will live less than six months, but are very poor at accurately predicting whether you will live less than 12 months. At least 10% of patients predicted to live less than 12 months would have still been living in three years.

I table that document for the consideration of the parliament.

Tabled paper: Document, undated, titled ‘The Queensland VAD bill promotes unsafe medical practices: how many wrongful deaths are acceptable in the name of autonomy?’ [\[1421\]](#).

As I referred to in my second reading speech supporting this particular bill, there were amendments that I was looking forward to, and this is one of them. I will be supporting the Deputy Leader of the Opposition on this matter. I hope that some of these amendments will ease some of the concerns that have been put forward to us by people who are particularly concerned about this legislation.

Dr ROWAN: I rise in support of these amendments. At the outset, some things need to be made very clear, given some of the commentary of the Minister for Health. What is being referenced here and, as I understand it, the intent of the member for Toowoomba South, is about neurodegenerative conditions where decision-making capacity is not impaired or where decision-making capacity has not been lost. These amendments would certainly bring Queensland into line with other state jurisdictions which have enacted voluntary assisted dying.

Amendment No. 8 aligns with a key recommendation of the Australian Medical Association of Queensland. It inserts a new subclause that access to voluntary assisted dying can only be granted for a disease, illness or medical condition which is incurable. The definition for ‘incurable’ is defined as it is in Victoria along with the Australian Medical Association of Queensland and as it was proposed by the Queensland Nurses and Midwives’ Union, the Nurses’ Professional Association of Queensland and the Bar Association of Queensland. This is what the Australian Medical Association of Queensland had to say in its submission last year to the Queensland Law Reform Commission, and I encourage all elected representatives to give this full consideration—

The word “incurable” must be included otherwise the legislation could include curable conditions such as depression, anxiety about future financial independence and lifestyle, and anxiety about the possibility of cancer which seemed to be the issue in the most well-known patient to receive euthanasia the Northern Territory’s voluntary assisted dying pathway.

As has already been alluded to, the blanket eligibility requirement of a life expectancy of no greater than 12 months is an incredibly long time and, even for the most experienced doctor, is a very difficult prognosis to make. Dr Steve Hambleton, a former federal president of the Australian Medical Association of Queensland, has said that for every 100 terminally ill patients with a prognosis of 12 months only 50 will be alive at the end of 12 months; we just do not know which 50.

Past presidents of the Australian Medical Association of Queensland have raised significant concerns. They have said that the closer a patient comes to dying, the easier it is to give an accurate assessment of life expectancy. Giving an accurate assessment 12 months prior to death is a difficult task for even the most experienced doctor, let alone for one who has little or no knowledge of the disease as it progresses or of end-of-life care. That is a crucial point to understand here as it comes to prognostic accuracy or inaccuracy. That certainly can have implications for people making informed decisions about clinical care, financial matters and, ultimately, family. They need to have accurate information. This could certainly jeopardise end-of-life treatment, care and decision-making for those patients. It is for all of those reasons that I support these amendments moved by the member for Toowoomba South.

Mr POWER: I will not repeat the points relating to uncertainty in the ability to diagnose people's time of death. There certainly is uncertainty at 12 months and less uncertainty at six months. I want people to reflect that patients making this decision are often making it on the time frame they are provided. That their prognosis is on a bell curve is something that has to be carefully explained to them. If a patient knows that there is a 10 per cent chance or a 15 per cent chance of them living not one year but three, their patient centred decision might be quite different. This is a very difficult exercise for people. I think there is more security of understanding at six months. A patient would have a much greater understanding of and certainty about their diagnosis at that point.

Mr WATTS: We know that the 12-month cut-off is potentially highly inaccurate. It can be compared to a long-range weather forecast, which we know is unreliable. That comment is based on medical research. We should not be using unreliable estimates in this bill when the consequence of getting it wrong is a matter of life and death. We should at least pull back to a six-month cut-off, as Victoria and Western Australia have done.

An international review titled 'Predicting survival in patients with advanced disease' was published in the *European Journal of Cancer* in 2008, led by a specialist at the Sydney Cancer Centre, Dr Paul Glare. The paper concludes that 'cancer survival prediction is comparable with meteorological forecasting'. In other words, it is as good—and as bad—as the long-range weather forecast. The educated guess as to whether a person would survive 12 months was wrong about half the time, even with the most experienced specialists using the most sophisticated assessment tools. Is such a poor accuracy rate, just 57 per cent—essentially the toss of a coin—a safe and reliable basis to tell a patient the terrible news that they have only 12 months to live, at which point this bill lets them take access to assisted suicide? The accuracy improved when the expected time of survival was three months. For the shorter forecast, specialists were 75 per cent accurate. The accuracy for six months was in between the two—not great but a lot better than the long-range forecast.

Another study, led by Sydney cancer specialist Dr Martin Stockler, was published in the *British Journal of Cancer* in 2006 titled 'Predicting survival in newly referred patients with incurable cancer'. Based on its findings, Dr Luke Garske of the Queensland Care Alliance estimates that under this bill at least 10 per cent of patients predicted to live less than 12 months would still be living in three years. This means that at least one in 10 of those Queenslanders who access assisted suicide under this unamended bill will be doing so under the mistaken advice that will cost them years, not months, of their life, all because this House allowed a 12-month cut-off that is twice the length of other jurisdictions and is only as reliable as a long-range weather forecast. We must reduce the risk and bring the cut-off back to six months, like other states, and not mislead Queenslanders by telling them we can have confidence in a 12-month cut-off.

Mr HART: This is one of the amendments that I struggle with a little, so I really would like an explanation from the Deputy Premier. I listened to the good doctor's explanation a minute ago. I wonder how a doctor may be able to decide with any certainty that somebody may pass away in 12 months. If not, will doctors actually make that decision or will this lead to 'doctor shopping', for want of a better term? Will people go around looking for that doctor who will make that decision for them? If a doctor is struggling with actually locking in that date, how will two doctors determine that this person will pass away in 12 months? Maybe the Deputy Premier can give us some insight into that so I can make my decision.

Mr KATTER: It was brought up in the debate, but I reiterate: how many people do we know who were given 12 months to live who then lived another five or 10 years? Shortening the eligibility time frame to at least try to provide more certainty in what is an imprecise science I think is imperative.

I ask the Deputy Premier to do us the courtesy of explaining something. Earlier I made a point about how this bias can play out in remote areas. That includes disadvantaged parts of metropolitan areas; it is not just limited to remote areas. In Victoria we are talking about Melbourne city, because its

population is five million people compared with a state population of six million people. As I said, the proportion in rural areas was higher. I just want that to be clear, because that was a pretty major part of the minister's response. I want to be sure that was in fact accurate.

Dr MILES: This is a very substantial part of the bill and the amendments go to a whole range of points, so I will do my best to work my way through them. The focus of speakers in favour of these amendments, though, has been largely on the six-month or 12-month time frame, so I will start there.

I would like to emphasise that the 12-month time frame proposed in the bill is the point at which one can begin the process—for example, begin to seek information about how the process might work for them. It is not the case that someone could access voluntary assisted dying at the 12-month mark, because the process itself is rigorous and takes time. I think the kinds of scenarios that have been outlined really misunderstand the experience of people suffering from terminal illness. From talking with people with terminal illnesses or people caring for them, it is not my experience that they are desperately seeking a chance to die sooner. It is quite the opposite. The idea that someone would be shopping around doctors to try to get a worse prognosis so that they could end their life sooner is not just unrealistic but actually pretty offensive if you think it through.

In jurisdictions where there is no time limit, there is no evidence that people access the ending of their life any sooner; it just means they have more time to go through the process, to be assessed and to consider the information. That I think largely addresses this idea that people who are given 18 months to live are going to try to find a doctor to say that they have only 12 months to live. It also ignores all of the other eligibility criteria, including and most particularly that they are in intolerable suffering. I think that is really the most important eligibility criteria—that they are dying, that it is voluntary and that their suffering is intolerable.

The Law Reform Commission looked closely at the situation in other jurisdictions and determined that discriminating based on what illness people had was problematic. I would note that while members have pointed to the Victorian legislation it ended up in that situation not because it was the advice of its advisory panel, which informed its framework; it ended up with that arrangement as a result of an amendment moved in its upper house, not unlike the kind of discussion we are having here. There is already evidence from Victoria in practice that six months for some people does not allow them enough time to go through the rigorous multistep request and assessment process while maintaining the level of decision-making capability required for them to go through that, particularly given the trajectory of some illnesses. I think that needs to be taken into account on that element of the amendments.

On the amendments that go to intolerable suffering, the QLRC carefully considered the drafting of the eligibility criteria. It considered that the requirement for the condition to be causing suffering the person considers to be intolerable reflects the intent that it should only be available for people at the end of their life and who are suffering and who are dying. On the requirement that the condition be deemed incurable, again the Law Reform Commission considered that and it concluded that it is not necessary to include that word because the other eligibility criteria apply and including 'incurable' would not materially add to the other eligibility criteria and may well cause uncertainty and confusion. The eligibility criteria as drafted make it clear that voluntary assisted dying is an option for people at end of life who are suffering and dying. I have attempted to address the most substantive points that have been raised and I would urge members to reject the amendments.

Division: Question put—That the amendments be agreed to.

AYES, 32—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crandon, Crisafulli, Dametto, Frecklington, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Millar, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Weir. Tellers: Boothman, Watts.

NOES, 57—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mellish, Mickelberg, Miles, Molhoek, Mullen, O'Connor, O'Rourke, Palaszczuk, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendments (Mr Janetzki) negatived.

Clause 10, as read, agreed to.

Clauses 11 to 15, as read, agreed to.

Clause 16—



Mr JANETZKI (3.30 pm): I move the following amendment—

14 Clause 16 (Medical practitioner to accept or refuse first request)

Page 19, lines 10 to 27—

omit.

This relates to individual conscientious objection. Given the importance of some of these issues that are throughout the bill and the shortness in time for consideration in detail, with just over a couple of hours left to go, we will be focusing on some of the key issues and key amendments in those that have been put before the House. Individual conscientious objection is a key pillar to this bill. Conscientious objection for medical practitioners should be an unconditional conscientious objection. The conscientious objection at the moment is flawed because medical practitioners are still required to give information to refer.

The Royal Australasian College of Physicians and the Australian and New Zealand Society of Palliative Medicine have said that this requirement to provide that information, to give the details to refer, may amount in some health practitioners' eyes to a requirement to refer. It is quite clear that unless a conscientious objection is unconditional then, in fact, it is not a true conscientious objection. My submission in relation to this amendment is that it proposes to secure that conscientious objection by omitting the requirement for that objecting person to inform or give the person information or give the person the details.

Dr ROWAN: I rise in support of amendment 14 as moved by the member for Toowoomba South. The intent of this amendment is to properly enshrine medical practitioner conscientious objection. As was mentioned by the member for Toowoomba South, significant stakeholders have raised a number of valid concerns with respect to clause 16 of this legislation, including the Royal Australasian College of Physicians and the Australian and New Zealand Society of Palliative Care, with these stakeholders warning that the requirement in this provision may in reality serve as a requirement to refer.

On this specific clause, much parliamentary debate has frequently referenced rights and, in particular, human rights. The Queensland government established legislation and the Human Rights Commission for the particular purpose of recognising the fact that human rights are important. The conscientious objection rights related to health practitioners and medical practitioners are important. The Queensland Human Rights Commission stated that this requirement amounts to a limitation on the right to exercise religious belief, saying—

The bill limits this right by requiring individuals (health practitioners, staff in relevant facilities) to participate in the scheme to some extent even if they conscientiously object.

It is written in the legislation—

The principles that underpin this Act are ...

(h) a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.

Elected representatives should consider that the key principle, in view of the fact that under this legislation a medical practitioner seeking to exercise their conscientious objection right must then refer a patient to another practitioner 'who, in the practitioner's belief, is likely to be able to assist the person with the person's request'. It can be argued that such an obligation does not, in fact, respect a person's freedom of thought, conscience, religion and belief, in this case the person being a medical practitioner, and that would not be in accordance with the human rights of those people.

I would ask members of the House to consider supporting this amendment because it is important to respect the conscientious objection rights and the human rights of all people. We know that this is a difficult topic in which to balance rights and obligations and to respect conscientious objection capacities and individuals' rights, but certainly it is important to recognise that there will be some medical practitioners who wish to exercise that conscientious objection right and this would be in accordance with the charter of the Human Rights Commission here in Queensland and other legislation established by the Palaszczuk state Labor government.

Mr HART: As I said in my speech, I really struggled with this bill. This was one of the issues that almost pushed me towards not supporting the bill. At the end of the day it comes down to freedom of choice: for people to decide how they live their life going forward and how they die. That has to be extended to the people who are involved in that process. I think it is important that members consider that everybody in this process should have a choice. If somebody does not want to participate in this process they should be free to withdraw themselves from that process. I would urge members to please support this particular amendment. This is the amendment that makes a real difference to me, my family and the people I have talked to in my electorate. This is an important amendment.

Mr WATTS: It seems strange for those who would come in here and talk about choice to then compel a medical practitioner to participate in a process of ending someone's life that they do not wish to participate in, even if it is the simple act of providing them with the details of someone who may be able to help. In today's world it seems strange that it could be thought that there is nowhere else to get this information. For example, they could contact many of the members here who have voted to support this legislation and they would be able to provide them with such a list. There will be many places that this information will be available, therefore, it seems to be an overreach of this bill to force medical practitioners to participate in something that they have a conscientious objection to.

I would urge members who have spoken about allowing people choices to not force the hand of medical practitioners and remove their choice from this process. I can only imagine how someone who has studied and spent their life trying to preserve life would struggle passing on and being complicit in giving people information as to how to end their life if that is something that they do not wish to do. I would urge people who have spoken widely about choice and how this bill is all about choice, to extend that choice with gracious nature to medical practitioners and not force them into participating in a service that they do not wish to be involved in in any way.

Dr ROBINSON: In terms of individual medical practitioners and their conscientious objection, I raise a couple of points. I make them as a person of faith. A practitioner can only avoid assisting a patient's suicide if that practitioner identifies another practitioner who has no such objection. Further, despite an institution making it clear to residents of the institution—and we will come to that later—that it will not participate in intentional killing, it must give access to its premises to practitioners who will. The relevant clauses force a practitioner to inform the person that some other practitioner can assist the person and provide the person with information to enable that person to engage with assisted suicide treatment. Many health professionals are not prepared to participate in any way on ethical or belief grounds with an act that they consider to be intentional killing.

Professor Jane Turner from the University of Queensland spoke about this in the hearings when she appeared before the committee. She expressed how some medical practitioners of a faith background do find it completely inappropriate to participate in any way in an act of killing against their strong religious convictions. Others with a faith said it did not bother them. In that sense this bill and these clauses are no problem, but many practitioners do find it offensive and it is these people that this legislation potentially offends.

Some medical practitioners will leave their medical career over this, at great loss to the health system and at a time when we desperately need them all. Others will stay in the system but will not be forced to assist someone to commit a form of suicide and may well find themselves in conflict with the law and subject to being sacked.

Many Christian denominations, the heads of churches here in Queensland, Muslim organisations and other faith groups have expressed their deep concern about this reduction in the rights of their people. The Human Rights Commissioner confirmed that these clauses do, in fact, limit the rights of those individual medical practitioners. So this bill does limit rights, it does remove rights and, in that sense, it discriminates against certain Christians, Muslims and other Queenslanders of faith. Faith communities made it very clear they want this form of discrimination removed from the bill.

I think it is very sad that we have been called upon to ignore this amendment. I hope and would like to think that colleagues in the chamber would all think freely and think carefully before we impose something that takes away the rights of some Queenslanders.

Mr BOOTHMAN: I too share grave concerns about this issue. I have been brought up to believe in a Liberal Party philosophy that governments should get out of the way of people and that governments should not force people to do things they do not want to do. When it comes to this clause, I understand that many practitioners would not want to participate in this. I say to those opposite, this is one of the issues that I really do struggle with. I ask them to, please, support this amendment.

I believe that people should have the right to take control of their own lives, but I do not want a medical practitioner, no matter how minor their participation in the matter, being forced to participate and for there to be consequences if they do not. Therefore, I say to those opposite: this is the one part of the bill that I really grapple with. I believe that governments should get out of the way of people's lives. I ask: please, this is one part of the bill that I ask be amended.

Dr MILES: At the outset I acknowledge the sincerity of the statement that the member for Theodore has just made. The bill itself imbeds very clearly the right of individual practitioners to conscientiously object. All it requires of them is that they provide to their patient the details of the statewide care navigator service if asked.

The Law Reform Commission went into this in some detail—that is, that the bill is balancing two sets of rights: the right to conscientiously object versus the right to access care. The argument put by the member for Moggill, the member for Burleigh and others is that, in assessing and balancing those two competing rights, in terms of all of the choice and all of the right, the law should recognise all of the choice of the practitioner and none of the patient. I think that ignores that the power in that relationship, if there is an imbalance, will more than likely favour the practitioner and not the patient.

If we turn our minds to some of the circumstances where these people might find themselves, we will see that it is not reasonable to expect that they can find this information somewhere else. That practitioner might be the only person whom they have access to. They may have motor neurone disease. They may be immobile. They may not have family or friends to assist them. They probably cannot Google. They probably cannot contact a member of parliament who they somehow know supported the bill as—I get facetiously—was suggested by the member for Toowoomba North.

All we are asking for in this is a balance of all of the rights except for the requirement to provide the contact details for the care navigator service rests with the practitioner. I think that is a very strong and well-reasoned balancing. One of the speakers, I am not sure who, suggested that this was unusual. It is actually precisely the conscientious objection provisions that we put in the Termination of Pregnancy Bill—that is, the requirement to provide the contact details of the statewide service run by Queensland Health. Those laws have been in place for some time now and the sky has not fallen in.

I think that this is an appropriate balance of those otherwise competing rights. We can look to the rationale and the reasoning provided by the Queensland Law Reform Commission, which considered this in great detail. I urge members to reject the amendment.

Division: Question put—That the amendment be agreed to.

AYES, 33—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crandon, Crisafulli, Dametto, Frecklington, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Millar, Molhoek, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Weir. Tellers: Boothman, Watts.

NOES, 55—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mellish, Mickelberg, Miles, Mullen, O'Connor, O'Rourke, Palaszczuk, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendment (Mr Janetzki) negated.

Mr SPEAKER: Honourable members, I wish to advise the House that the former member for Currumbin, Jann Stuckey, is in the public gallery today.

Honourable members interjected.


Mr SPEAKER: Order, order! Please resume your seat, former member.

Honourable members interjected.

Clause 16, as read, agreed to.

Clauses 17 to 73, as read, agreed to.

Clause 74—

 **Mr BLEIJIE** (3.54 pm): Clause 74 deals with the storage of the voluntary assisted dying substance. As I expressed in my contribution to the debate, I have real concerns, particularly with the self-administration. Under the process of VAD, a person can either have a doctor administration or a self-administration. The person, I assume under the legislation, goes through the process of eligibility—I get all that—they get the substance from the chemist and they take it home. There is no prescribed time that they have to take the substance. It says that it will be done by regulation, which we have not seen. This was one of the biggest issues I had in not supporting the VAD Bill.

Can I put a few examples to the Deputy Premier? These are what-ifs, but they can happen and is why I voted against the bill. What if a person has the illness, is prescribed the substance, they take the substance home in a storage container—again to be prescribed by regulation—it does not give a time frame on it, they leave it somewhere in the house, a grandchild visits and finds a key? Those who have grandkids or kids know that if anything is locked, they always find a way into it. What is to stop a child from drinking the liquid of the substance and dying if this is at home? This is my concern around the self-administration. This medicated poison is sitting at home without anyone knowing exactly how it is being stored or for what purpose.

What if a person takes the substance home where a family member might have severe mental health issues? They know that a family member has this VAD substance at home for their illness. In the case of elder abuse, they take advantage of the grandmother, grandfather, father or mother and they access or demand access to this poison, they drink it and they die. That is not what the VAD was all about. Mental health is not a terminal illness. I have real concerns about that.

The final example that I would like assurances from the Deputy Premier in terms of the substance, is what happens if someone is terminal, they take the substance home without having a time line in which they have to do it, they actually die from their illness and they have the substance sitting at home that other family members know about? So, they have not taken the substance, they die from their illness and this substance is sitting in their home. I cannot, in good conscience, support any legislation that has a chemical substance sitting at home without protections on it that anyone else visiting that household can access. If it was just doctor administration, that is one thing, but self-administering the substance at home without any assurance that it goes to the exact person it needs to go to is scary. That is why I did not support this legislation.

Mr WEIR: This is one aspect of the bill that I did not have a chance to speak to in my contribution. Most of the clauses that have come up I addressed in my contribution, but this one worries me greatly. I do not know where to start. The member for Kawana has highlighted a few areas.

I will give you an example. I know a lady who was in pain and she was prescribed morphine patches. Her house was broken into. The first thing they did was break into where her drugs were and took the morphine patches. I worry about the security because they will be keenly sought after. I do not know what a substance like that would be worth on the black market, but I imagine it would be worth a lot.

I also have very real fears about self-administration at home. We do not know at what time from the time they take the substance home to when they will administer it. If they decide to do that at home and things do not go well, those close to them are going to witness a horrible death. They could witness something that will traumatise them for the rest of their lives. This substance should not be administered except by authorised specialists or doctors. This is guaranteed to go really pear-shaped and we will be back here amending legislation which has had significant trauma on people's lives. This aspect worries me greatly and I urge the rejection of the clause.

Dr ROWAN: I rise to ask a couple of questions in relation to clause 74 and particularly again in relation to the storage of the requisite medication. In Queensland, under the current Health (Drugs and Poisons) Regulation 1996—and I know there is a new act to come into force—but for those people who have substance use disorders and are registered on the Queensland Opiate Treatment Program and supplied liquid methadone, as an example, there are specific requirements as to how individuals store that at home. The reason that that is there is to avoid a diversion or to avoid instances where a child might inadvertently take that liquid methadone, or other people or extended family members who might have mental health disorders, who might have acute suicidality, to prevent them from taking that.

I know that it has been foreshadowed that there will be regulations around this, but I think it is important to get an understanding from the Deputy Premier in relation to how the substances are to be stored and some information with respect to the requisite substance itself and whether it will be pharmacy delivered or will there be a central supply from Queensland Health, or will it come from private pharmacy providers. Some clarity around that is important, particularly given there is a new act that is going to come into force in Queensland in the not-too-distant future in relation to what was currently captured under the drugs and poisons regulations of 1996.

I think this is important. This is not only about community safety but also about ensuring—as the member for Kawana clearly articulated—that the substance which has been dispensed to a particular individual for a particular purpose is not inadvertently breached or supplied to the black market or that alternatively a family member who might have a mental health disorder or a major depressive episode with self-harm or suicidal risks ends up taking this and it is not actually taken by the intended individual. Understanding how that will be stored within private residences, given the purpose for the requisite substance, is very important. It is particularly important, as part of this debate today, to understand how that is going to operate. Whilst I know that those regulations have been foreshadowed, I think it is important as part of this debate to at least have an understanding of that and have some clarity around it.

Ms LEAHY: I too share the concerns of the member for Kawana and the member for Moggill. Across my electorate there are lots of people who deal with poisons and scheduled poisons in relation to how they are sold for use on farms and various other situations. They are very careful about that and it is regulated. People have to do a lot of accreditation to sell some of these things.

This is a substance that ends someone's life. We cannot see the detail. It is going to be done by regulation. We do not know whether the regulation will match some of the existing requirements that are in place. It would certainly be very difficult and an impost on a lot of pharmacists in rural and regional areas if they had to store this particular substance. We know that some of those pharmacists get targeted by criminals for drugs. Quite often pharmacists will raise with me their concerns. In some cases, they do not store a lot of drugs on site because they are worried about influences that sometimes seek to illegally obtain those substances.

I think the government needs to provide a lot of clarification in relation to how this substance will be stored. Will it be available in people's homes? How will it be done? We have requirements around the storage of weapons. Not every home has a safe. We need to look at this very carefully. This is particularly important for those people who are dispensing. I know that a lot of our regional pharmacists will hold concerns if they are required to dispense this. Will it be dispensed by Queensland Health? How will that work?

We need to make sure that there is strong regulation around that for all the reasons outlined by the member for Kawana and the member for Moggill. I would like to hear the government's explanation in relation to that.

Dr MILES: The member for Warrego has touched on the first observation I was going to respectfully make on this discussion, which is that I suspect that if we were debating restrictions on the storage of firearms in homes, the very same speakers would have very different views about the adequacy of a locked cabinet.

Opposition members interjected.

Dr MILES: The member for Warrego gave the same example. The bill does set out that the requirements for storage, labelling and disposal will be in a regulation. Clearly, parliament has an ability to oversee all regulations, including that one. It is intended to require that the substance has to be stored in a locked box, not easily penetrable by other people. This is consistent with the arrangements in Victoria. I am not aware of any instance where the scenarios that have been outlined by members have occurred. If they have any evidence or experience of that they are welcome to provide that, but my understanding is that it has not occurred.

To help ensure that that substance is safely managed, the bill requires the person to appoint a contact person. This provides a clear chain of responsibility for the substance where a person makes a self-administration decision. Penalties apply for the contact person failing to return the substance for disposal.

Finally, a number of speakers on this amendments raised the issue of the impost it might put on pharmacists. It is detailed that a statewide pharmacy service will be responsible for the provision of the substance as well as the arrangements around keeping the substance secure. That has been well detailed. I would urge members to reject these amendments.

Clause 74, as read, agreed to.

Clauses 75 to 80, as read, agreed to.

Clause 81—



Mr KATTER (4.06 pm): I move the following amendment—

1 Clause 81 (Cause of death certificate)

Page 56, lines 12 to 19—

omit, insert—

- (3) The medical practitioner must state in the cause of death certificate for the person—
 - (a) that the cause of death of the person was the administration of a voluntary assisted dying substance under this Act; and
 - (b) the disease, illness or medical condition mentioned in section 10(1)(a) from which the person suffered.
- (4) Subsection (3)(a) applies despite section 8.
- (5) In this section—

This amendment relates to the notification on a person's death certificate. At the moment the bill says that there should not be any reference to voluntary assisted dying on the death certificate. What we are proposing is that reference be made on the death certificate to both the terminal illness that led

to them making the decision and voluntary assisted dying. As I understand it, the reluctance to do this relates to insurance. I acknowledge that and I get that that is a problem. I still feel it is an assault on the truth when we do not say what happened. I had an issue with what was reported in the House in terms of abortion numbers and how that is looked at in retrospect. We can debate whether we agree with things or not, but it is important that we are clear and honest about the implications of what legislation does.

I am sure there might be a way to pull figures on this out in the future. It is certainly pretty hard. We do the best we can with the resources we have. It is very difficult to sometimes get transparency around the impact of legislation. Something of this gravity deserves strong transparency associated with it.

Notwithstanding the problems associated with insurance, that is an insurance issue. If this legislation is going to be passed and be robust then that is an issue to work out with insurance companies in the future. How could we not say there was an association with VAD with a death? I do not know why we would not want to acknowledge that other than for the insurance issue. That is a separate issue to be dealt with down the track. We feel very strongly that there should be reference to both. Morally I think that is what should be done.

Mr POWER: I am sure this will be covered by the Deputy Premier, but I do think the bill will require it be made clear the number of people who take this step in their lives. That information will be very clear. The Victoria legislation and the Victoria reports available do have some clarity around this. I table a report from the National Coronial Information System which gives clarity about this. The report is titled *Intentional self-harm deaths of people with terminal illness in Queensland 2016-2017*.

Tabled paper: National Coronial Information System report, released September 2021, titled 'Intentional self-harm deaths of people with terminal illness in Queensland 2016-2017' [\[1422\]](#).

It reveals the very sobering fact that nine Queenslanders on average took their lives when diagnosed with a terminal illness. I want to table that for the benefit of members.

Ms CAMM: I support the member for Traeger's statements here. If we as a state, once this legislation is passed, are so proud of the choice given to people in voluntary assisted dying, then we should speak very clearly the truth. I speak on behalf of all of those who have lost a family member to suicide. When you finally get a coroner's report and you see a death certificate, it says what the cause of death is. The truth of how that person died is articulated, whether it is asphyxiation or another way. What is not ever disclosed is whether they had chronic mental health issues or bipolar or other significant chronic mental health issues.

I refer to Paul Santamaria QC, who provided statements to the Australian Care Alliance as well. He said—

This is statutory fiction, which fudges the distinction between the circumstance or occasion leading to the voluntary assisted dying request by the person, and the true cause of the person's death is suicide or their cause of death, which is their chronic illness.

I support the member for Traeger in moving this amendment. If we want to have honest conversations and we want to talk about the reality of death and life, let us be very clear about that and very truthful in the documentation that supports that.

Dr ROWAN: I am fairly ambivalent about this amendment and for the following reasons. Whilst I appreciate recording on the death certificate the actual illness itself, for those who are putting forward that voluntary assisted dying can be included on the certificate—like when we sometimes put suicide on death certificates—there can be other emotional trauma for relatives and other people who access those death certificates and have to refer to those for specific purposes. I do recognise also that there are the insurance matters that are unresolved at this stage.

The clarity I would like from the Deputy Premier is in relation to data collection. I think data collection is very important with respect to where people are making these decisions—whether there are particular geographical trends of more people deciding to access VAD for a range of reasons, as we have articulated, but it may be that there are issues to do with a lack of palliative care service planning or lack of access. There might be particular trends which can be analysed with that.

With respect to the oversight and the governance reporting and the functions that the board will have, how will that data be identified? Will it be in an aggregate way or de-identified in the analysis that is going to be provided? Before I make a final determination on this amendment I would like some clarity from the Deputy Premier as to the transparency of that data reporting—how that will be analysed by Queensland Health and relevant agencies and also how that will be provided to the parliament.

I can see that there are reasons why you would want the information recorded and there are reasons why not. I think it is very important that they aggregate that data and those trends and what that means for service planning so there is complete openness and transparency for government decision-making when it comes to health service provision, service planning and access and availability for not only palliative care services but, with the eventual passage of this legislation, people who may be accessing voluntary assisted dying.

Mr WATTS: I am troubled here around actuarial advice to do with life insurance and how someone may be coerced to end their life sooner because they have a terminal disease but their life insurance policy may be age expiring in the next 12 months. I am concerned that the insurance companies will have to grapple with this. I will be interested to understand from the Deputy Premier what sort of thought process has gone into how this might affect people's life insurance and/or coercion for a family financial benefit and the pressure someone might feel to take their own life and shorten their time here on this earth for financial gain for their relatives, particularly in such a distressed and difficult situation.

I am interested to understand if there have been any discussions with insurance companies and how they would interpret this. I do not know what happens in other jurisdictions, but I would be interested to hear so that people who have life insurance can access it properly and appropriately and people do not feel coerced because of financial reasons to end their life through this process.

Dr MILES: None of the other states that have legalised voluntary assisted dying require the death certificate to include reference to voluntary assisted dying. In fact, Western Australia explicitly prohibits it from being on the death certificate. The bill provides that the relevant medical practitioner must state the cause of death being the disease, illness or underlying medical condition that the person suffered. The Law Reform Commission considered, in making that determination, the privacy of the individual and their family, consistency with the approach in Victoria and Western Australia, as well as the importance of consistent data collection by the Australian Bureau of Statistics so that you would have deaths treated similarly in different states counted in those statistics.

The information that is required to be collected and kept by the board will be prescribed by regulation, but if you look to the information collected and provided by the Victorian government that will give you a strong sense of the kind of data that will be provided. It will do all of the things that members expressed a hope that it would provide—geographic dispersity, the underlying cause of death, kinds of illnesses, age and other demographic data. All of the things that I think the member for Traeger is trying to ensure are recorded will be recorded by the board and publicly disclosed in another way.

The member for Whitsunday talked of the need for the truth and for the death certificate to record the truth. The truth in the case of voluntary assisted dying, at least in my mind, is that the cause of death is the underlying condition. That is what has caused the death. They would not be eligible for voluntary assisted dying if it were not for that underlying condition that would cause their death anyway.

There is much precedent for death certificates recording underlying conditions, not the ultimate causes of death; otherwise, we would have lots and lots of death certificates with overdose of morphine listed as the cause of death or suffocation listed as the cause of death or dehydration listed as the cause of death. In those instances where that might be the physical occurrence but it is caused by an underlying disease, the death certificate should rightly record that underlying disease.

To the member for Toowoomba North's concern about coercion, I would argue that coercion is avoided in other parts of the bill and that the recording on the death certificate does not add nor detract from the coercion protections that are included elsewhere in the bill. Eligibility assessment and voluntariness are all well embedded there.

Finally, to return to the point about data collection, I think that is incredibly important too. As I have noted earlier, I suspect what we will discover is that, contrary to our fears that this might be more utilised where there is a lack of palliative care, it is more likely to be utilised where there is an abundance of service providers. Sadly, that is the case with most health care, including this one.

The member for Moggill well knows that the weight of clinicians who are qualified and trained to provide this service are likely to be in Brisbane, perhaps with some in regional centres. They will be very hard to access, particularly without telehealth, outside of those places. They are very hard to access when you get further away from palliative care services. I would again humbly suggest that when we get that data it will probably bear out that fact.

Division: Question put—That the amendment be agreed to.

AYES, 17—Andrew, Bennett, Bleijie, Boyce, Camm, Crisafulli, Dametto, Frecklington, Janetzki, Katter, Knuth, Leahy, Millar, Perrett, Robinson. Tellers: Simpson, Watts.

NOES, 65—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crandon, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gerber, Gilbert, Grace, Harper, Hart, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Last, Lauga, Linard, Lister, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mellish, Mickelberg, Miles, Molhoek, Mullen, O'Connor, O'Rourke, Palaszczuk, Power, Pugh, Purdie, Richards, Rowan, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Weir, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendment (Mr Katter) negated.

Clause 81, as read, agreed to.

Clauses 82 to 89, as read, agreed to.

Clause 90—



Mr JANETZKI (4.29 pm): I move—

32 Clause 90 (Access to information about voluntary assisted dying)

Page 64, lines 5 to 15—

omit, insert—

the facility must not hinder the person's access at the facility to information about voluntary assisted dying.

Institutional conscientious objection has been one of the key issues of this debate. We know that it has exercised the minds of the government because on Monday they considered some key issues at their cabinet meeting. Out of that cabinet meeting came a commitment to a guideline which thus far I understand to be one page with about five or six bullet points. Everybody involved in health care and hospice care should be concerned about the lack of detail that is in that guideline. That is what this amendment No. 32 is all about.

The amendment strikes out provisions requiring entities to allow practitioners and VAD navigators to access their facilities. The amendment respects the existing right of an entity to refuse admission to anyone it does not permit or credential to enter. The only qualification is that it must not hinder a person's access to information about VAD.

This amendment has been prominently proposed by Catholic Health Australia acting for its members. Those members are some of the most trusted names in health care in Queensland—St Vincent's Health, Mater Group, Southern Cross Care, Mercy Health and Catholic Care. I note that AMA Queensland has also stated that some healthcare facilities which provide care may have a distinctive mission or ethos which should permit it to refuse to provide particular services due to an institutional conscientious objection.

I could talk about the legal precedent—that it has been recognised statutorily in South Australia, and it is acknowledged in Canada. We know that there are a range of stakeholders who are concerned, and I have already mentioned a couple. Bodies such as the Royal Australasian College of Physicians and the Australian and New Zealand Society of Palliative Medicine have expressed concerns with the safety of procedures being performed by external practitioners outside of the governance of the institution in which they occur, as is required by the bill.

I just reflect on my own community and the concern that my hospitals in Toowoomba—St Vincent's, St Andrew's and in particular the Toowoomba Hospice—have about this provision. It is deeply troubling for the wonderful men and women who run these institutions. I reflect in particular on the Toowoomba Hospice that has put out a statement. Their entire purpose, their entire ethos, is to provide love, care and dignity in a person's final days, as they have for my loved ones. The thought that the Toowoomba Hospice, St Vincent's and St Andrew's would be put under this pressure for a lack of institutional conscientious objection is deeply troubling.

Mr MOLHOEK: Like the member for Toowoomba South, I too rise to express concern about the provisions covered by these relevant clauses in respect of entities. I think it is a rather heavy-handed approach towards some of the great institutions that have cared for so many not just for a decade or two but back to some of the earliest days of this state.

One of the comments that I wanted to reflect on came from Catholic Health Australia in the public hearing, where they pleaded with committee members to trust them. They raised examples of where they have worked with people in Victoria and South Australia where the laws and the legislation have not insisted on these heavy-handed provisions. They simply said, 'You can trust us to care for people. You can trust us to do the right thing.'

The thing that particularly concerns me about this section of the bill is that some of the language is quite strong. When you start telling entities and individuals that they must do something—they must do this and they must do that—I believe that goes against our fundamental principles of freedom. I said this in my speech the other day. I have supported the bill because I do believe in the principle of freedom of choice, freedom of expression and freedom of religion, but I also believe that principle should be universal. It should be universally applied to every man and woman in this nation because that is what this nation stands for.

To simply say that it should not apply to an entity because they do not have a soul is just a nonsense. Entities are made up of individuals. Entities are made up of people of conscience. I touched on this the other day but ran out of time. As someone who has been involved in a number of not-for-profit community boards over many years, I can assure the House that the people who go on those boards and get involved in those organisations are there because they care and because they have a commitment to the ideals and goals of that organisation. Our institutions do care, and we should lighten up on them and provide them with some relief in respect of these provisions.

Mr LISTER: What we are talking about here is not whether or not we support people's right to access voluntary assisted dying. This goes beyond that. This is a winner-takes-all slap in the face to organisations and institutions that have proud and long histories based on values. We must allow them to live by their values. If their values are incompatible with allowing voluntary assisted dying to occur in their institution, they should have the right to say so. By forcing institutions and those who work in them to be involved in voluntary assisted dying against their wishes is repugnant, in my view. It comes to the question of property rights. It comes to the question of freedom for religion, freedom for conscience. I say again that this is a winner-takes-all matter and institutions should definitely have the right to exclude themselves from participation in VAD.

Dr ROWAN: I have heard some say leading up to this debate and now in consideration in detail that institutions cannot have a legal right of a conscientious objection. What we know is that hospitals and health entities are made up of people, and these people have feelings and their own consciences. I have brought to this entire debate a very secular approach. I know we are really talking about trying to balance rights between patients, individuals, institutions and health providers.

These faith based organisations have felt distress leading up to this debate. They have been emotionally stressed and distressed, and that is something I have really reflected on. I did my medical training in the 1990s and had many hospital rotations in these organisations within the Mater Group and the UnitingCare hospital group. I saw the immense contribution that the Sisters of Mercy, the Sisters of Charity and others provided and the compassionate and diligent support and care they gave those who were disadvantaged, marginalised and suffering physically, emotionally and psychologically. To now see the level of distress amongst some of these people is extraordinary.

Again, I would say, with these values based organisations, which have particular needs and within their workforce—whether that be health practitioners, their ancillary and support staff or others—I really think we cannot abandon those people as part of this. They could be the casualties of the introduction of a voluntary assisted dying legislative framework within their institutions if they are not considered. Whilst the government and others have said that the bill purports to protect institutional conscientious objection, I think the bill does the opposite around that. It removes the rights of people who live, work and reside in hospitals and aged-care facilities to opt out of that. I know there are clinical guidelines that have been foreshadowed, but clinical guidelines really do not have enforceability. They certainly do not have the legal or statutory protections around that.

Like all of this debate, I know it is about balancing rights and the rights of individuals, but certainly there would be accessibility of this scheme outside of some of those institutions. I think people would be well aware which institutions may not provide such services or have real concerns about that. I encourage all members of the House to give their consideration to this amendment because that conscientious objection right is very important, particularly when it comes to human rights.

Mr KATTER: I reassert our support for this amendment. I want to focus on that issue of choice. I believe it needs to work both ways. This has come up a few times on other issues in this House. There seems to be a strong message that it is all about choice, but it has to work both ways. This might be

the last time for any debate on what I feel has been a heavily truncated debate. I would really like to get a response. I am genuinely interested in a response. I am talking about Victoria which is a contradiction to what we are saying about the effect on remote areas, and I wish to know whether that meant the quantum in just Melbourne or in the regional areas as well. I think that was a significant issue made in the course of this debate.

Mrs FRECKLINGTON: I rise to support the amendment moved by the member for Toowoomba South. As I said in my speech on the second reading debate, this is an issue that caused great angst amongst the communities, the entities and the people who were lobbying us one way or the other. I know that to be the case because we woke up to media reports—and I said this in my previous speech—that the Premier was taking to cabinet reasonable amendments, or so we understood, for the government to consider. That gave these faith based institutions in particular some hope that such an amendment as this would be put forward by the government. It is a reasonable amendment. That was the expectation. We understand that the cabinet considered that and that amendment was not put before this House. That is a matter for the government, and I appreciate that. However, this is a free vote and I urge every member to consider this.

I do not need to continue to repeat the arguments, but the argument that the Deputy Premier is putting forward in this bill that institutions are not able to exercise a conscientious objection is nonsensical. As has been said, institutions are made up of people. I myself have been unable to have a certain operation at St Vincent's in Toowoomba because it was not an option there. It was their choice to not provide me with that operation so I went somewhere else. That was the choice of the institution, and at that stage it was St Vincent's. This is the same concept.

This is a very serious amendment that I urge members of this House to take seriously. This is an amendment that I am quite sure that your Premier took to the cabinet and debated. I am quite sure—

Mr SPEAKER: Member for Nanango, you will put your comments through the chair, please.

Dr MILES: Mr Speaker, I rise to a point of order. I let most of the member for Nanango's hypothesising go through to the keeper, but the facts that she is stating are not true. She is misleading the House.

Mr SPEAKER: Is it relevance? What is the point of order?

Dr MILES: She is misleading the House, Mr Speaker.

Mr SPEAKER: If that is the case then on a matter of privilege suddenly rising I would need to hear from you or have you write to me to consider the matter.

Dr MILES: Mr Speaker, I just ask you to ask the member to not hypothesise about what might have happened at a cabinet meeting.

Mr SPEAKER: Deputy Premier, I cannot direct a member as to what to say. I can only ensure that their contribution is within the standing orders.

Mrs FRECKLINGTON: At the end of the day, this is an amendment that the House ought to consider in a reasonable manner. This is an amendment that has been put to this House by the member for Toowoomba South. I know that there are many organisations that did lobby the government—and I take the member for Southport's reasoned arguments in support of this amendment. He was a member of the committee and obviously has taken this very seriously as well. The amendment simply protects the institutional conscientious objections—

(Time expired)

Mr WATTS: This House imposes on many institutions many governance issues. My private hospitals, both St Andrew's and St Vincent's, have expressed great concern that this House would force their governance to allow medical procedures to be conducted on their premises over which they have no governance or control, that they do not have the right to say no. In my opinion, it is overreach for this House to say, 'No, you will allow this medical procedure to happen in your facility,' into the good governance of a hospital and its staff, including those staff members' mental health and wellbeing.

Faith based institutions in particular attract a particular type of worker and a particular type of person. They may not wish to be exposed to this particular medical procedure and the institution may not wish to conduct this medical procedure. It is unusual that a hospital should be told by the government which medical procedures it will conduct and which ones it will not conduct. It is unusual for a hospital to be told whom it will allow onto its premises and whom it will allow to operate under its insurance. It is unusual for this House to dictate those terms.

I implore people to consider the impact of that on these institutions—not only on their workforce but also on their future appearance. If we did not have these private institutions, whether it be the hospice in Toowoomba or private hospitals, that would put great strain on the state's assets and it would require far more health spending than currently exists. That is not to say they do not receive support, but they also raise a lot of their own support, both through their practice and through people's contributions.

I am concerned that forcing this particular medical procedure against the will of the governance of a hospital, against the will of the staff in that hospital and potentially causing all sorts of problems if the procedure goes wrong around insurance and liability is, in fact, overreach by this House. I would respectfully ask that people support this amendment so that these institutions can thrive, as they have for 100 or more years, and go about their good work looking after the sick and the unwell in Queensland.

(Time expired)

Mr ANDREW: This is a very real issue concerning the institutions. I have spoken to many people. My mother worked in institutions such as this for years and years. These people form very close bonds with the people who reside in those institutions.

We heard during the committee hearings that sometimes things can go wrong with the VAD medicine. If that happens, I do not know how long these people would be left in those institutions with the people who work there suffering and worrying about the outcome. I would like to think we would fully consider this amendment. I find this very upsetting.

Mr KRAUSE: Thank you for the call. I really appreciate it. I support the amendment moved by the member for Toowoomba South. This bill, as it stands, effectively conscripts institutions and practitioners into the VAD army. No matter their view on the issue, whether they are faith based or otherwise, there is a certain level of compulsion in it. There is no balance in the provisions of the bill. This amendment is aimed at providing some balance for institutions, and I know there are organisations in the Scenic Rim electorate that will feel very strongly about this.

I use the word 'conscript' deliberately because when it comes to conscription in other things—and we have seen it in the military in the past—there has always been a right to conscientious objection. There should be in this case as well—for freedom of conscience, for good medical governance, for all involved in the scheme that the bill establishes today.

Dr ROBINSON: Further to my comments on the discrimination against individual health practitioners of faith, this part of the bill deals with those entities that operate health facilities of some kind. The bill impacts upon institutions that have been established often as part of a faith based charter that cares for the sick, the elderly and the dying. They have made it clear that they will not, consistent with their character, assist residents to take their own lives or assist practitioners to administer lethal drugs with a view to ending the lives of the residents. They have also said that they will not permit entry to professionals who are either prepared to assist persons to take their own lives or to administer lethal doses to such persons.

Under this bill a VAD doctor and not the entity has the power and ultimate discretion to decide if the VAD processes will be undertaken at that entity's hospice or aged-care facility, so the institutional right of conscientious objection is largely cosmetic. The minister's guidelines will not change the fact that this bill, unless amended, forces non-government healthcare entities to allow a practice on their facilities that they and the majority of their residents—the community—want nothing to do with. They do not want to be forced to either witness it or have it happen in their community which, in the case of aged-care facilities, as we have heard, is their home.

In the case of Catholic Health Australia and other entities, what the bill mandates is the antithesis of the fundamental norm of Catholic health care in Queensland for generations. In terms of end of life, healthcare services owned and operated by Catholic entities can only be used for palliative care, not for assisted suicide. Given Catholic Health operates somewhere around one in every four beds in Queensland, what happens if these entities feel they can no longer continue to provide these services and are forced to wind up? If this bill is not amended to allow these private health facilities to continue in good conscience and they can no longer operate, what then? This part of the bill puts thousands of beds at risk. At a time of bed blockage and bed shortage, in a global health pandemic, why risk it? Up to one in four hospital beds in Queensland could be at risk.

The leaders of St Vincent's and the Mater Hospital appealed to the parliament and to MPs to not force them into the position against their convictions, and I think we should listen. If we do not, we may pay a very high price for forcing this on these institutions that have served us well for a long time.

Ms SIMPSON: Unfortunately, there is so little time left in this debate. There are a lot more clauses and issues we want to address, but I want to address the issue of conscientious objection for institutions. They are a group of people. As my colleague the member for Moggill outlined, this has caused incredible distress to a lot of people. These are people who take the tough jobs. They are the ones at the forefront of caring for people, compassionately and with excellence. This has caused them distress, particularly when they have heard people bagging what palliative care can do. It may be from a position of history or from a position of not understanding, but they say there is so much they can do. They now feel that they are being stigmatised. They work in these institutions and they are being forced into a situation to act against their conscience.

Institutions are important. Queensland Health is the biggest health institution. We here in this place have a conscience and can exercise it in this vote, but we are not allowing health professionals to do that in the places they work, in institutions which are collectives where they choose to work because of their values. I want to quote a 2020 article from *InSight+* authored by Odette Spruijt. She said—

As a palliative care specialist with over 25 years of practice, mostly in Victoria, I have found the institution of the Victorian law to have a devastating effect on my practice of palliative medicine. I have witnessed the devastating impact of this law on the cohesion of teams, on the relationships within clinical units, and as a cause of deep moral distress among many of my medical colleagues, for whom this law, and its accompanying narrative, is anathema to the very core of our sense of what it is to be a doctor.

She also outlined—

I have seen this in my workplace, as those of us who express objection to VAD are challenged as uncaring ...

This just rips people to their core. On finding out there were not that many palliative specialists working in Queensland, a Labor member of the health committee used a word which has been struck out from *Hansard* but which meant 'trendy' and ended with 'Y'. It may not be the area that the majority of people choose to go and practise, but for those who do—with compassion and excellence and a heart to help people—do not make it harder. Do not stigmatise them. I support my colleague's amendment.

Mr POWER: I think this government works very strongly with Catholic Health and Catholic Health's institutions. I know that the Deputy Premier and the health minister have had very strong relationships, and no doubt the Deputy Premier is going to talk about some of the commitment to managing this by regulation.

Overwhelmingly, Queenslanders when facing death will not choose this option. Some of them will want to be in an institution that does not regularly present VAD equally with other options. That may be their choice—their informed choice, their powerful choice—but at some point, even after making that choice, they may be confronted with different ideas. These will be difficult to manage. I think those on the opposite side should reflect on the commitments made in relation to developing regulations with the Catholic health sector. We can make this work in these difficult circumstances for institutions but also for some of the people who choose not to be around an institution that does that.

Mr BERKMAN: I rise to make a very brief contribution against these amendments. I want to do so largely because I did not have the opportunity in my second reading contribution to include a personal account that is incredibly relevant to what is being proposed.

I am sure a lot of us here have had the opportunity to speak with Tanya Battel. I sat down with her a couple of weeks ago. Tanya has terminal breast cancer. She was a practising nurse. She was behind the petition that gathered more than 110,000 signatures urging MPs to pass this bill. Tanya described to me that she has been given advice that if her cancer, which is now in her lung and abdomen, spreads further there is a very real chance it could cause a bowel obstruction and, given the medical experts she has been consulting and relying on, there is a very real possibility that if she needs surgery to address that it would happen at the Mater. She was also told that there is a real chance that if she had that surgery at the Mater there may not be an opportunity for her to leave. Whether or not this law is in place in time for someone like Tanya to access it, an amendment like this would mean that she would effectively be trapped in the hospital to which she needed to go to seek that treatment.

Our health system is already very dependent on Catholic providers and other faith based institutions. Indeed, we are about to see another hospital set up that will be run by the Mater. I think it is unconscionable for us to see amendments like this passed that would ultimately leave people like Tanya effectively trapped in hospital. For a hospital to become a prison for a person at the end of their days is completely against the intention of this legislation.

We have heard people make the observation that institutions are made up of individuals who have consciences. Absolutely that is the case, but we heard throughout the committee process directly from leaders of churches that they do not purport to speak for each and every member of their congregations. Their parishioners hold a variety of views on this issue. Those individuals have their own perspectives. They also have individual conscientious objection rights. I think there are only down sides to allowing the kind of institutional conscientious objection that these amendments propose.

Dr MILES: I might first of all go to the clause we are discussing and the amendment we are discussing right now, because it is quite specific. However, given that all of the speakers have gone to the wider issue of conscientious objection by entities, I might address that now anyway, noting that we will move on shortly to the clauses that actually relate to what members have spoken about.

Clause 90 and amendment No. 32 relate to the right of people to have access to information about voluntary assisted dying, so this clause does not relate to access to voluntary assisted dying itself; it relates to the provision of information and the ability to access information. As we have emphasised, all entities have a right to determine what services they provide, whether that is voluntary assisted dying services or any other services, but people who find themselves in a location are equally entitled to access, in the case of this clause, information about services they may want to avail themselves of, whether they are provided at that institution or not.

It is important to note that people, particularly at this time of their lives, do not always choose where they end up. Moving more generally on to the question of institutional conscientious objection, in the case of aged care there are a whole heap of factors that determine what kind of institution a person will end up in, and in most cases that will not be based on their faith in terms of the faith of the institution they end up in. There is a very complex system that allocates people to aged-care beds and people do not often have much say in where they will be allocated to, but once they are allocated to it the institution may see that facility as its entity but to the person living there it is their home. It is where they live. Often they will pay to be there. They will have rights of tenure there. Often the taxpayer will be funding them to be there also.

There are many parts of the state where options are even further limited—many places where the only option for aged care in particular is a faith based service, and that is not just in remote parts of the state. I understand in Logan City there are very few aged-care facilities that are not faith based, so for a resident there to seek to go to an institution that is not faith based is very challenging based on their geography as well as those other factors that I have outlined, including the Commonwealth system that allocates beds to people. First of all, I am emphasising that this clause we are voting on right now only relates to the right of a person to have information; it does not relate to the provision of the service itself. As we go on to debate other clauses that relate to other rights of access, it is very important to acknowledge that people very often do not have a lot of say in the entity that they end up in and in many circumstances the entity they end up in is their home; it is not just an institution.

Division: Question put—That the amendment be agreed to.

AYES, 33—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crandon, Crisafulli, Dametto, Frecklington, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Millar, Molhoek, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Weir. Tellers: Boothman, Watts.

NOES, 56—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mellish, Mickelberg, Miles, Mullen, O'Connor, O'Rourke, Palaszcuk, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendment (Mr Janetzki) negated.

Clause 90, as read, agreed to.

Clauses 91 to 97—



Mr JANETZKI (5.10 pm): I seek leave to move amendments Nos 33 to 38 en bloc.

Leave granted.

Mr JANETZKI: I move the following amendments—

33 Clause 92 (First requests and final requests)

Page 65, lines 1 to 16—

omit, insert—

- (2) The relevant entity must not prevent the transfer of the person to and from a place where the person's relevant request may be made to a medical practitioner who—
 - (a) for a first request—is eligible to act as a coordinating practitioner; or

- (b) for a final request—
 - (i) is the coordinating practitioner for the person; or
 - (ii) is another medical practitioner who is eligible and willing to act as a coordinating practitioner.
 - (3) The medical practitioner to whom the person's relevant request is made under subsection (2) is responsible for ensuring the transfer does not detrimentally impact on the person's health.
- 34 **Clause 93 (Second requests)**
 Page 65, line 25 to page 66, line 5—
omit, insert—
 - (2) The relevant entity must not prevent the transfer of the person to and from a place where the person's second request may be made to—
 - (a) the coordinating practitioner; or
 - (b) another medical practitioner who is eligible and willing to act as a coordinating practitioner.
 - (3) The medical practitioner to whom the person's second request is made under subsection (2) is responsible for ensuring the transfer does not detrimentally impact on the person's health.
- 35 **Clause 94 (First assessments)**
 Page 66, line 15 to page 67, line 27—
omit, insert—
 - (2) The relevant entity must not prevent the transfer of the person to and from a place where the person's assessment may be carried out by—
 - (a) the relevant practitioner; or
 - (b) another medical practitioner who is eligible and willing to act as a relevant practitioner.
 - (3) The medical practitioner who carries out the person's assessment under subsection (2) is responsible for ensuring the transfer does not detrimentally impact on the person's health.
- 36 **Clause 95 (Consulting assessments)**
 Page 68, line 10 to page 69, line 19—
omit, insert—
 - (2) The relevant entity must not prevent the transfer of the person to and from a place where the person's assessment may be carried out by—
 - (a) the relevant practitioner; or
 - (b) another medical practitioner who is eligible and willing to act as a relevant practitioner.
 - (3) The medical practitioner who carries out the person's assessment under subsection (2) is responsible for ensuring the transfer does not detrimentally impact on the person's health.
- 37 **Clause 96 (Administration decisions)**
 Page 70, line 5 to page 71, line 17—
omit, insert—
 - (2) The relevant entity must not prevent the transfer of the person to and from a place where the person's administration decision may be made in consultation with, and on the advice of—
 - (a) the coordinating practitioner; or
 - (b) another medical practitioner who is eligible and willing to act as the coordinating practitioner for the person.
 - (3) The medical practitioner who consults with, or provides advice to, the person on the person's administration decision under subsection (2) is responsible for ensuring the transfer does not detrimentally impact on the person's health.
- 38 **Clause 97 (Administration of voluntary assisted dying substance)**
 Page 71, line 30 to page 73, line 4—
omit, insert—
 - (2) The relevant entity must not prevent the transfer of the person to a place where the person may be administered or may self-administer a voluntary assisted dying substance.
 - (3) A medical practitioner who administers a voluntary assisted dying substance to the person under subsection (2) is responsible for ensuring the transfer does not detrimentally impact on the person's health.

The debate has been substantively conducted already so I do not seek to speak any further, given that there are serious matters still to be addressed in relation to the bill and we have about 45 minutes left.

Dr MILES: Noting what the member for Toowoomba South has said and the fact that I noted members largely spoke to these clauses in the discussion on the previous amendment, the points I sought to make there stand. In the case of permanent residents, particularly those in aged-care facilities, those are their homes and they should have access to services in their homes. In the case of non-permanent residents, it should be noted that we are talking about a very small number of people. These instances would be rare. The bill provides for transfer in the vast majority of circumstances except where it would be not reasonable to do so. These amendments would require transfer even where it is not reasonable to do so. As the member for Logan observed, and I outlined in my speech, the government very much intends to use a clinical guideline to provide even greater certainty to providers.

Division: Question put—That the amendments be agreed to.

AYES, 33—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crandon, Crisafulli, Dametto, Frecklington, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Millar, Molhoek, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Weir. Tellers: Boothman, Watts.

NOES, 56—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, Madden, Martin, MacMahon, McCallum, McMahon, McMillan, Mellish, Mickelberg, Miles, Mullen, O'Connor, O'Rourke, Palaszczuk, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendments (Mr Janetzki) negatived.

Clauses 91 to 97, as read, agreed to.

Clauses 98 to 133, as read, agreed to.

Clause 134—



Mr JANETZKI (5.20 pm): I move the following amendments—

39 Clause 134 (Annual report)

Page 91, lines 2 to 7—

omit, insert—

134 Six-monthly report

- (1) The board must, within 3 months after the end of each six-month period, give the Minister a report (a **six-monthly report**) in relation to the performance of the board's functions during the six-month period.
- (2) The six-monthly report must include—

40 Clause 134 (Annual report)

Page 91, line 20—

omit, insert—

section 117(1)(d); and

- (e) the following matters about requests for access to voluntary assisted dying under this Act—
 - (i) the reason given by each person requesting access to voluntary assisted dying for the request, including the disease, illness or medical condition of the person;
 - (ii) the location of each person requesting access to voluntary assisted dying;
 - (iii) the number of requests for voluntary assisted dying;
 - (iv) the number of persons found ineligible for access to voluntary assisted dying;
 - (v) the number of persons found eligible for access to voluntary assisted dying; and
- (f) the following matters about the administration of a voluntary assisted dying substance to persons under this Act—
 - (i) the number of persons who have died as a result of administration of a voluntary assisted dying substance;
 - (ii) details of any adverse reactions to, or complications arising from, the administration of a voluntary assisted dying substance;
 - (iii) the age of each person who has died as a result of administration of a voluntary assisted dying substance;
 - (iv) the method of administering the voluntary assisted dying substance to each person;
 - (v) the time to unconsciousness of each person who has died as a result of administration of a voluntary assisted dying substance;
 - (vi) the time to death of each person who has died as a result of administration of a voluntary assisted dying substance; and

- (g) details of any non-compliance with this Act; and
- (h) the number of concerns notified to the board under section 156A(3); and
- (i) details of the qualifications as mentioned in section 82(1)(a) of all coordinating practitioners and consulting practitioners.

41 Clause 134 (Annual report)

Page 91, after line 22—

insert—

- (4) In this section—
six-month period means—
 - (a) 1 January to 30 June; or
 - (b) 1 July to 31 December.

We are now up to the stage of the bill where we are turning to the reporting provisions. This amendment relates to the annual report as is currently proposed in the bill, and my subsequent amendment will relate to a new report in relation to palliative care which is of particular interest to a range of members opposing the bill. First I wanted to address this part of the bill in relation to reporting because we are about to cross a significant threshold.

Centuries of medical and legal precedent will be overturned here today. The information that is to be caught and captured and examined in the future is extraordinarily important as a protection under this bill. I am moving this amendment to expand the information that is caught in the annual report and, in particular, I am relying again on various submitters, including Palliative Care Queensland and the Royal Australasian College of Physicians, which have expressed their concern with the lack of information being collected under the bill. Consistent with these concerns, the range of information fields that must be provided has been greatly expanded to enhance future monitoring of the efficacy of the protections under the act and to assist with future and ongoing research and reform. I note that a couple of the additional pieces of information that are to be required under this amendment under the bill are drawn from the Victorian bill itself.

My submission in relation to this amendment is that these additional reporting requirements in addition to the more regular and frequent reporting under this provision—it has gone from an annual report to a six-monthly report under our amendment—and the additional categories of information required to measure a whole range of additional factors are to ensure that we have the most suitable protections and safeguards in place as possible. That is why I am moving this amendment and I ask for the support of all members.

Mr MOLHOEK: I too rise to support the amendment in relation to the provisions of annual reporting. I note that in both Victoria and South Australia the requirement is that their boards report at least twice a year. What particularly concerns me about the legislation before the House is that the requirement is only for an annual report, and there is no requirement that the minister table a copy of that report up to 14 sitting days after he has received the report.

As the only unicameral parliament in our nation, we rely very heavily on our committee structure to provide a level of accountability and transparency. However, under the current committee processes it is very easy for committees to move in and out of public and private session, always at the behest of those government members who control the committee and via a casting vote of the chair if opposition members and crossbench members do not agree. My concern is that there is the potential for these reports to be buried and delayed for significant periods.

In addition, I believe that the report should be more robust and should cover the same levels of detail that we see in the southern states. Apart from a snapshot of those people who have sought to access voluntary assisted dying and whether or not they have actually followed through with it, there should be reporting standards around the number of trained practitioners and the progress of that training. In particular, there should be a specific section that addresses the issue of palliative care. I note that in Victoria one of the statistics they report on is the percentage of people who have accessed voluntary assisted dying and were also afforded access to palliative care. I think, as a bare minimum, that should be the standard that this parliament should expect of this legislation moving forward.

Dr ROWAN: I rise to address amendment Nos 39 to 41 as moved by the member for Toowoomba South. Similarly in this area, given the substantial and unprecedented changes that we will see in Queensland, having as much information as possible captured, reported and evaluated is critically important. Certainly reporting annually is not sufficient. Having six-monthly reports would be a wise

governance mechanism and that information going to the minister and then being tabled in the parliament would bring us into line with what is happening in Victoria. The Royal Australasian College of Physicians and Palliative Care Queensland have made contributions on why that is important.

If we think more broadly about all data that is captured, it may be via Queensland Health in relation to morbidity and mortality data. They look at medication errors or sentinel events, and that information then ensures accountability in relation to services that are provided and how they are provided. There is not only that rigorous scrutiny and oversight but also evaluating that data and then making improvements within the systems that exist, whether that be in individual hospital and health services or by individual practitioners, understanding how they can provide better care or improvements.

Certainly in the area that we are talking about it is vitally important that the parliament and all elected members consider how six-monthly reporting would be important, not only by the board to the minister but also to the parliament. That would enhance the rigor, the scrutiny and the oversight. It would potentially drive improvements for the people who may be accessing the scheme and/or identify process issues as to how the scheme is operating, the intent of it, the ease of people being able to access it and, again, how it sits alongside palliative care and the provision of palliative care services and any other issues that may emerge. I encourage all honourable members to consider supporting these amendments.

Ms SIMPSON: I also rise to support these amendments, which are reasonable. They are about ensuring that there is accountability and also the opportunity for improvements to be made. Whether or not one supports VAD, this is really about ensuring that people get the best support possible. I table an article titled 'Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying' from the *Anaesthesia* journal.

Tabled paper: Report by the Association of Anaesthetists, titled 'Legal and ethical implications of defining an optimum means of achieving unconsciousness in assisted dying', reference *Anaesthesia* 2019, 74, 630-637 [[1423](#)].

I will ask the minister about this shortly, but sadly there can be adverse reactions, other than death, to the substances that people use. The substances are lethal but they can have other risk factors and consequences. On their website the Victorian health department advice acknowledges that there are risks. I imagine that the Queensland health department would have also examined those risks. That information should be made available to people as they have a right to know.

We are talking about the need to capture information to ensure that people know whether or not there are adverse issues. People need to have an understanding that, unfortunately, taking schedule 4 and schedule 8 substances can lead to a prolonged death. That needs to be known because that has implications for the patient. It also has implications for people who may need to step in to help in those circumstances.

My question is to the Deputy Premier. I acknowledge that this is the Premier's bill, but it is being administered in the parliament by the Deputy Premier and the health minister will have to implement much of it. It is an interesting process, given the split responsibility involved in this government bill. My question to the Deputy Premier who, on behalf of the government, has responsibility for the bill before the parliament is this: with the administration of schedule 4 and schedule 8 substances, how will the government capture the data about patient outcomes and key aspects such as time until death, pain, adverse reactions and further required medical interventions?

Mr O'CONNOR: I rise briefly, given our time constraints, in support of this amendment. I think enhanced reporting is a good thing. It is something that we should not be fearful of. I think for everyone who supports giving people this choice, this will ease many of the fears that they have and many of the concerns that have been raised. I support the requirement to make it six-monthly and to parliament, because I think any transparency regarding this is good, and it will show that many of the concerns are not backed by the data. That is what we have seen in other jurisdictions.

My colleague from Southport mentioned that in Victoria they report on the access to palliative care that voluntary assisted dying applicants have had. It has found that over 80 per cent of them are currently receiving palliative care and a third of them pass away before they use the substance. This type of reporting is something that we should not fear and I will be supporting this amendment.

Dr MILES: The Queensland Law Reform Commission recommended annual reporting. It is not unusual for these kinds of matters to be reported annually rather than twice-yearly. The annual report outlines a range of information that must be collated each financial year and it goes to much of the information that members have spoken of.

There has been reference to the Victorian review board. It was required to publish six-monthly reports for the first two years and annual reports thereafter. Given it was the first jurisdiction to do so, that had a benefit that might not necessarily be the case in Queensland. In all of the other states that have enacted similar legislation, they provide for annual reporting.

As to the contributions that have been made regarding adverse outcomes, this argument is a bit of a furphy and scaremongering. The Victorian Statewide Pharmacy Service has reported that there has not been a single instance under their arrangements of a person not dying from taking the substance. There have been no adverse outcomes reported by the review board and, frankly, if incidents like those referred to by members were occurring, you would want them addressed immediately by the Statewide Pharmacy Service rather than waiting for an annual report and then a report to parliament and then a suggestion to change the process.

The Statewide Pharmacy Service will have access to all of the research and information that has been available in Victoria and in other states. They will no doubt be able to rely upon that. They will provide direct advice to contact persons as well as to people accessing voluntary assisted dying, and they will collate the kind of information that members have referred to, to ensure that the kinds of substances that they are providing are formulated to be effective and not cause the kinds of adverse outcomes members are concerned about. I call on members to reject these amendments.

Division: Question put—That the amendments be agreed to.

AYES, 34—Andrew, Bennett, Bleijie, Boyce, Camm, Crandon, Crisafulli, Dametto, Frecklington, Gerber, Hart, Janetzki, Katter, Knuth, Krause, Last, Leahy, Lister, Mander, McDonald, Mickelberg, Millar, Molhoek, O'Connor, Perrett, Powell, Purdie, Robinson, Rowan, Simpson, Stevens, Weir. Tellers: Boothman, Watts.

NOES, 54—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mellish, Miles, Mullen, O'Rourke, Palaszcuk, Power, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

Resolved in the negative.

Non-government amendments (Mr Janetzki) negatived.

Clause 134, as read, agreed to.

Clauses 135 to 154, as read, agreed to.

Insertion of new clause—



Mr JANETZKI (5.40 pm): I move the following amendment—

47 After clause 154

Page 100, after line 22—

insert—

154A Minister to report annually on palliative care and treatment spending

- (1) The Minister must, on or before 31 December in each year, cause a report to be prepared and given to the Minister setting out—
 - (a) the total amount spent by Queenslanders on palliative care and treatment during the financial year ending on 30 June of that year; and
 - (b) the total amount spent by Queenslanders on palliative care and treatment during the 5 financial years immediately preceding the financial year to which the report relates; and
 - (c) the variation in—
 - (i) the total amount spent by Queenslanders on palliative care and treatment during the financial year to which the report relates compared with the immediately preceding financial year; and
 - (ii) the total amount spent by Queenslanders on palliative care and treatment during the 5 financial years immediately preceding the financial year to which the report relates compared with the corresponding amount reported in the most recent previous report under this subsection; and
 - (d) any other information prescribed by regulation.
- (2) The amounts mentioned in subsection (1) must be determined by reference to data provided by the Independent Hospital Pricing Authority established under the *National Health Reform Act 2011* (Cwth).
- (3) For subsection (1)(c)(i) and (ii), the variation must be expressed both in terms of an amount spent and as a percentage increase or decrease in the amount spent during the relevant periods.
- (4) The Minister must table a copy of a report given under subsection (1) in the Legislative Assembly within 6 sitting days after receiving the report.
- (5) If the variation mentioned in subsection (1)(c)(ii) is a reduction, the Minister must review, and prepare a report on, the effectiveness of this Act.

- (6) A review and report under subsection (5) must be completed not later than 3 months after the Minister receives the report containing the variation.
- (7) The Minister must table a copy of a report prepared under subsection (5) in the Legislative Assembly within 6 sitting days after the report is prepared.
- (8) Subsections (5) to (7) apply in addition to section 154.

This is the addition to the bill that requires the minister to report annually on palliative care and treatment spending. If there has been one issue in relation to this debate for the last few days that must be addressed most urgently it is palliative care funding. We know that there is an additional call for \$275 million per year towards palliative care funding, and those calls are made by Palliative Care Queensland, AMA Queensland and similar stakeholders.

I do not intend to speak for all that long on this amendment because I know a number of my colleagues are very keen to discuss palliative care funding. It is important that this parliament has transparency over where money in relation to palliative care is going and how it is being spent. I urge everyone to support the amendment.

Mr MILLAR: This is very important to people in Western Queensland. In my speech a couple of days ago I spoke about palliative care for all Queenslanders. My concern is that we do not have enough spent on palliative care for people in Western Queensland. People who live in Western Queensland should at least receive a similar service to that which people in South-East Queensland get when it comes to palliative care. This is a very important amendment. I ask the Labor government to look at this.

People in regional and rural Queensland are very stoic people. Members know that because they have been out there. Members have been to Longreach, Barcaldine, Winton and Richmond. They are stoic people, and the last thing they want to be is a burden on the community. My concern is that if we do not give them the palliative care they need they may say, 'It might just be easier if I try a different option. I do not want to burden my family.'

We have been through 12 years of drought and been through some hard times. A lot of good people I know out there have had some difficult times. If there is one thing we can do for people in Western Queensland and regional Queensland, it is to make sure that we have the palliative care funding we need for them. I implore the Labor government to look at this.

It is something I am passionate about. I do not want to get political about it. I know the member for Greenslopes spoke about it yesterday in his speech. He understands this from his background as a practitioner. I am sure he understands that palliative care is very important not only for those here but those in Western Queensland. I ask members to support this amendment.

Mr LAST: I rise to speak in support of the amendment moved by the member for Toowoomba South. There has been a lot of discussion this week about palliative care and how crucial that is for Queenslanders with a terminal illness approaching the end of life. Out of the 15 HHSs in Queensland seven do not have any palliative care beds. What does that equal? That equals nearly 1.6 million square kilometres in this state. It takes a bit to get one's head around the fact that people in 1.6 million square kilometres of Queensland do not have access to a palliative care bed.

I have constituents who live in places like Clermont and Middlesbrough who have to drive seven hours to access an oncology service. Can members imagine what it is like for elderly people to have to face that drive and the emotional and financial toll it takes on those people and their families when they are moved into palliative care seven hours away from their homes?

This is an important issue. We have talked about funding. We have heard a lot from those opposite today and during the course of this debate about how important palliative care is and their commitment to funding in that space. If this government were serious about addressing this issue that money would be forthcoming in the next couple of months and there would be a real commitment to extend palliative care right across Queensland. The last time I looked, it was Queensland Health it was not Brisbane Health.

I support the comments made by my colleague the member for Gregory. Just because people live in the bush it should not mean they have less access to services and then when it comes to palliative care they should miss out.

Mr SPEAKER: In accordance with sessional order 4, the House must now consider all remaining clauses, schedules and any amendments circulated by the minister in charge of the bill.

Question put—That clauses 155 to 177 and schedule 1, as read, stand part of the bill.

Motion agreed to.

Clauses 155 to 177 and schedule 1, as read, agreed to.

Third Reading

Division: Question put—That the bill be now read a third time.

AYES, 61—Bailey, Berkman, Bolton, Boothman, Boyd, Bush, Butcher, Crandon, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Hart, Healy, Hinchliffe, Howard, Hunt, A. King, S. King, Last, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mickelberg, Miles, Minnikin, Molhoek, Mullen, Nicholls, O'Connor, O'Rourke, Palaszczuk, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stevens, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

NOES, 30—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crisafulli, Dametto, Frecklington, Gerber, Janetzki, Katter, Kelly, Knuth, Krause, Leahy, Lister, Mander, McDonald, Mellish, Millar, Perrett, Power, Purdie, Robinson, Rowan, Simpson, Weir. Tellers: Powell, Watts.

Resolved in the affirmative.

Bill read a third time.

Long Title

Division: Question put—That the long title of the bill be agreed to.

AYES, 60—Bailey, Berkman, Bolton, Boyd, Bush, Butcher, Crandon, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Hart, Healy, Hinchliffe, Howard, Hunt, A. King, S. King, Last, Lauga, Linard, Lui, MacMahon, Madden, Martin, McCallum, McMahon, McMillan, Mickelberg, Miles, Minnikin, Molhoek, Mullen, Nicholls, O'Connor, O'Rourke, Palaszczuk, Pugh, Richards, Russo, Ryan, Saunders, Scanlon, Skelton, Smith, Stevens, Stewart, Sullivan, Tantari, Walker, Whiting. Tellers: Brown, Pease.

NOES, 29—Andrew, Bates, Bennett, Bleijie, Boyce, Camm, Crisafulli, Dametto, Frecklington, Gerber, Janetzki, Katter, Kelly, Knuth, Leahy, Lister, Mander, McDonald, Mellish, Millar, Perrett, Power, Purdie, Robinson, Rowan, Simpson, Weir. Tellers: Powell, Watts.

Resolved in the affirmative.

An incident having occurred in the public gallery—

Mr SPEAKER: Order! Members in the public gallery will cease applauding. Members will resume their seats despite the sense of occasion.

ADJOURNMENT

Seasonal Labour Shortage



Mr PERRETT (Gympie—LNP) (5.59 pm): Daily we rely on Queensland's growers. Whether it is juicy stone fruit, the salad we make or the veggies on our dinner plate—this world-class produce is possible because of the daily efforts of Queensland's horticulturalists. COVID is causing a labour shortage crisis for our growers.

Mr WATTS: Mr Deputy Speaker, I rise to a point of order.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock. What is your point of order, member?

Mr WATTS: I cannot hear the member on his feet.

Mr DEPUTY SPEAKER: I grant the point of order. I ask members to remain orderly as you are leaving the chamber.

Mr PERRETT: Estimates from the agriculture department show a current shortage of up to 9,000 workers. The government loves talking up its health response. I wish the response to Queensland's farm labour crisis had as much attention. To this day, we still see no targeted or relevant support for Queensland horticulturalists, despite repeated calls from industry and the opposition. Industry bodies including Growcom have raised concerns about the mental, physical and financial costs that growers are absorbing.

Mr DEPUTY SPEAKER: Pause the clock. I ask the people in the gallery to exit the gallery in an orderly and quiet manner. We still have business to conduct in the parliament.

Mr PERRETT: It is simply unsustainable. We need action. Growers and any staff they do have are putting in a massive effort to harvest crops so we can continue to enjoy full grocery aisles. Queenslanders are feeling the impact now. Weekly fruit and veggie bills are increasing. This labour shortage is directly hitting their hip pocket. Growers and consumers deserve support from this government.


The member for Lockyer raised very legitimate concerns about the labour shortfall in a question to the minister this week. It is disappointing that the minister really said nothing. He made no commitment to help fix the problem and resorted to self-congratulation.

The federal government has stepped up to provide support on this key issue. I thank federal agriculture minister David Littleproud for his leadership in developing the ag visa. The ag visa is welcomed with open arms. It will go a long way to ensuring Pacific labourers can enter Australia and work on farms across our state. Before COVID these jobs were primarily filled by backpackers. The Pacific labourers are stepping up to fill this gap.

I should not have to keep repeating this: the state also has a role to play. Sufficient quarantine spaces are critical to getting these workers in. The state is responsible for that. We know this government has an issue with planning. We know they love to fight the federal government. It is time to stop the bickering with Canberra, stop the posturing and sort out the quarantine mess. It is the state government's responsibility and more spaces are needed now.

The state also needs to adopt policies that subsidise quarantine costs for seasonal workers like South Australia has done. The state must act. I implore the Premier and her agriculture minister to act on Queensland's farm labour crisis before it is too late. Queensland's growers deserve better. They deserve being backed to keep local fruit and veggies on our plates.

Jordan Electorate, Infrastructure

 **Mrs MULLEN** (Jordan—ALP) (6.03 pm): I am incredibly honoured to represent the Jordan electorate, which is a vibrant, fast growing electorate. The last month has been particularly busy in our region, and I am very excited to provide an update to the House. I will need to go quickly to fit it all in.

We have a very impressive new building at our growing Springfield Central State High School. Only very recently completed, this brand new \$11.9 million building is a truly beautiful space and includes: 12 new learning spaces; three science labs; four specialist learning spaces; one multimedia room; not one, but two dance studios—reminiscent of that classic movie *Flashdance*—one staff room; and two head-of-department offices. I am so proud to have worked closely with our school community on getting this project delivered, which I know will support the educational aspirations of our students for many years to come.

In the state budget we announced a brand new primary school for Augustine Heights to open in 2023. This week I was pleased to confirm that the Queensland Department of Education has purchased land at 12 Purser Road, Augustine Heights. This site has been selected to respond to growing student numbers in both the Augustine Heights and Redbank Plains areas, and I cannot wait to share further updates with our community as plans progress.

My community knows that the Centenary Highway and Logan Motorway interchange upgrade is absolutely vital, and I was so pleased that I could secure \$15 million to begin resolving this well-known congestion hotspot. I was able to inform our community very recently that Aurecon has now been awarded the contract for the detailed design of this project. I know this is a much anticipated infrastructure project, and a detailed design is expected to be completed in early 2022 before we progress to the construction phase of the project.

In the same vein, last week I got a sneak peek into Queensland's largest park-and-ride project in Springfield Central. Our brand new \$44.5 million facility will have five levels of parking, provide 1,100 carparks across the precinct and cater to the many commuters who currently use Springfield central station. ADCO Constructions has done the final concrete pour on the rooftop level and is now concentrating on the impressive and fairly unique double helix ramp. We are on track to open in early 2022.

There is exciting news for our Flagstone community as well with the news that the Queensland government will fund \$31 million for the expansion of New Beith Road and Teviot Road. This has been a welcome announcement, particularly for existing residents in Flagstone, who rely on one road in and out of the community. This will now begin the much needed second access road.

Only this week we have been able to announce Saturday services for our 535 bus route for Flagstone and Greenbank residents. I know this is something that our commuters have wanted and will be particularly helpful for young people in the area seeking part-time jobs and recreation activities. As the member for Townsville said, 'What a feeling!' As I indicated, there is so much happening in our Jordan community and it is all thanks to the Palaszczuk Labor government.

Coronavirus, Vaccination



Mr STEVENS (Mermaid Beach—LNP) (6.06 pm): The Gold Coast has suffered inexorably from the closure of the state border due to COVID-19 concerns. We are 20 months into this global pandemic and little has been done by the Palaszczuk Labor state government over those 20 months to ameliorate the devastating economic consequences of this life-threatening disease. There is, and always has been since the pandemic onset, only one answer to effectively minimise the lifestyle disruption to Queenslanders and Gold Coasters—particularly as the closest metropolitan inhabitants to the New South Wales border—and that is to get everyone vaccinated.

It is appalling that after 20 months Queensland has the lowest vaccination rate of all of Australia at 38.78 per cent. That pathetic, wooden-spoon statistic is the result of one thing and one thing only, and that is the deliberate scare tactics employed by the Premier—in consultation with her sidekick Chief Health Officer—in the media on a daily basis with the shameful political tactic of trying to embarrass the Prime Minister Scott Morrison in the lead-up to the imminent federal election. The Labor Party family knows that ‘Albo’ is unelectable, yet the ‘Rudd rules’ make it almost impossible to get rid of him and put another more appealing Labor leader in before the election. So the newly elected and ‘Corona popular’ Premier Palaszczuk has been called upon by the Labor backroom boys to do as much damage as possible in Queensland to Morrison, where he electorally won the last election. Remember: how good is Queensland? The scare campaign around the AstraZeneca vaccine was run in tandem by the Premier and Chief Health Officer. Who could forget the Chief Health Officer’s gross recommendation about 18-year-olds getting blood clots when the reality is, according to my GP, that they would have more chance of being hit by lightning—

Mr DEPUTY SPEAKER (Mr Kelly): Member for Mermaid Beach, sorry to pull you up midsentence. I have just taken some advice. You were not using correct titles when referring to the Premier. I would ask you to use correct titles in the chamber, please. I am not going to repeat what you said.

Mr STEVENS: The Premier’s outrageous statement that young children should be vaccinated, which she later tried to manipulate away from, is just shameful grubby Labor politics about a medical problem that should be immune from political point-scoring. Even I was reluctant to get an AstraZeneca vaccination after the dire warnings about blood clots from our Chief Health Officer. However, after speaking to my GP and being totally reassured about the vaccine, I am on my way to being fully vaccinated and protected from the ravages of COVID-19—which even the Premier admits now will arrive in Queensland.

The Premier knew that Pfizer was being used by other countries that were more under the pump than Australia, but she continued to scare everybody about AstraZeneca. That is why we are last in Australia’s vaccination program, that is why our border will be the last to open up, and that is why small and family businesses will struggle for many more months to come. The Premier is playing catch-up now by saying ‘get vaccinated with whatever your GP recommends’ and opening hubs with both Pfizer and AZ available, but she cannot hide the fact that her vaccination scare campaign against the Morrison government will have dire consequential economic outcomes for Queensland, and Queensland’s pain will be the Premier’s blame.

Newstead House




Hon. G GRACE (McConnel—ALP) (Minister for Education, Minister for Industrial Relations and Minister for Racing) (6.09 pm): In McConnel, I have a whole suburb that has only one house and that house is the absolutely beautiful, earliest surviving European residence, the 175-year-old Newstead House. Built as a private cottage in 1846, Newstead House is now a house museum and has been loved by generations of Queenslanders. Newstead House and the Newstead Substation were placed on Queensland’s Heritage Register in 1992. Over the years, countless people have used Newstead House for events such as weddings, birthday celebrations and a range of memorial events.

It was a pleasure to be able to show the member for Gaven, whose environment portfolio oversees Queensland’s Heritage Register, around our oldest remaining European building a couple of weeks ago. Why were we there? The 175-year-old home is a little bit tired and it needs a bit of a face lift and a bit of a renovation. Newstead House, like other historic houses, faces the challenges of maintenance and general upkeep. In responding to the steady stream of visitors who are interested in exploring Brisbane’s unique heritage, we are going to give it the facelift it needs.

We are about to spend \$5.5 million on Newstead House through funding from the recent budget, and I thank the Treasurer for the allocation. The Palaszczuk government is investing in our heritage and this beautiful home. The funding from the Queensland budget ensures Newstead House and the substation will continue to be protected and preserved for generations to come. I know that schools visit Newstead House. They enter inside and they see a place on a most beautiful part of a reach of the Brisbane River, and it is absolutely stunning. It will be preserved and restored as a beautiful home for years to come.

The \$5.5 million works include rectifying issues associated with major structural components. We are going to build retaining walls. We are going to look after and maintain the timber floors. We are going to look after the timber veranda and drainage. We are going to replace the house's roof. We are upgrading security, fire and electrical services. It will also include the restoration of internal and external decorative work, including the finalisation of a new external colour scheme for Newstead House. It is important we protect our heritage and maintain buildings like Newstead House for all to enjoy. After the \$5.5 million, we are going to throw a big party and everyone in this House will be invited. It will be fantastic. It will be iconic. It is a beautiful home that is well worth saving and well worth restoring. We are spending \$5.5 million on Newstead House. Come to the party when we open it.

Theodore Electorate, Roads


 **Mr BOOTHMAN** (Theodore—LNP) (6.12 pm): I rise to talk about the Coomera Connector, specifically the Helensvale Road interchange. Main Roads is proposing to put an interchange on Helensvale Road. The current road structure there is completely inadequate and it is a council road. This week I put a question on notice asking the minister whether they will give financial support to the Gold Coast city council to help them upgrade this road.

At three o'clock in the afternoon, this road is extremely busy. It is right next to a major high school which is one of the biggest on the Gold Coast and in the state. If the Coomera Connector does what it is supposed to do, at that same time of the day it will actually be redirecting traffic from the marine precinct and a lot of workers at the marine precinct will use Helensvale Road as a major thoroughfare. This will therefore place additional traffic there. This road is not designed for that at the moment. It is a single-lane, bidirectional carriageway. It needs to be upgraded. The Gold Coast city council cannot afford to do it all by themselves so I asked the minister whether they are going to allocate funds.

Charles Crossing is a major issue for my electorate. At the moment, it is very dangerous for motorists to turn right out of that intersection onto Tamborine Oxenford Road. A while back we received a letter from the minister highlighting that they are going to do an improvement, but the improvement they are proposing will only do a right-hand turn into Charles Crossing. That is no problem; the problem is actually getting out of Charles Crossing. We have a cenotaph in close proximity which is a very important memorial for residents, but we need to fix this intersection once and for all and make it safe for motorists. It also needs to be made safe for the pedestrians who use that because we have school drop-offs where two buses drop off children. The issue is that the kids cross the road making it extremely dangerous. That intersection needs a desperate upgrade.

I also need to mention hooning in the electorate. Every time I do a roadside, I guarantee I always get residents complaining about unlawful activity in motor vehicles at night on Reserve Road and Maudsland Road. These roads become a drag strip for hooners. I want to commend the Coomera Police Station for their efforts and for doing everything they can. I recently wrote to the regional officer in charge of the Gold Coast seeking additional support for them and to get PolAir to come out and regularly patrol these areas because we need to put a stop to this. I hear it from my place every single night. My neighbours also hear it, the people in Maudsland hear it and the people in Guanaba hear it. It is out of control. The police there desperately need as much assistance from PolAir as possible to put a stop to this antisocial behaviour before it kills somebody on the roads.

Sandgate Electorate, Community Sports Clubs

 **Hon. SJ HINCHLIFFE** (Sandgate—ALP) (Minister for Tourism Industry Development and Innovation and Minister for Sport) (6.15 pm): Tonight I wish to celebrate all community sports clubs on their 2021 successes. As the winter seasons have finished or are coming to a close after the challenges of recent lockdowns and restrictions, it is timely to acknowledge the return of community sport to relative normality thanks to the resilience, cooperation and commitment of community clubs. My electorate of Sandgate has experienced its fair share of success this year, with various teams from different clubs making finals appearances and winning premierships.

Sandgate Hawks AFL had one of their most successful years ever with most teams making finals and most going on to win. The colts were victorious, sharing the same triumph as three out of six junior teams who also won their grand finals, while senior player Josh Wagner won division 2 best and fairest. Club president Chad Polinski reported this as one of the best years for the club as they fielded more teams than ever with registrations like never seen before.

Local netball flew as well. The Ridgettes had five teams make BNA preliminary finals, with the inter 4 team taking out their grand final, while the Sandgate Hawks had six teams reach the Pine Rivers Association grand finals with four of them bringing home the choccies. We have two very proud club presidents in Kylie Raffin-Loof and Melanie Smedley.

Not only did the Northside Wizards Basketball move to new premises this year, but president Brett Anderson is celebrating a remarkable season with both the senior men's and women's division 1 teams finishing mid-table, while the division 2 teams were crowned champions—set to be promoted to the Queensland State League division 1 next season. Six teams won their South Queensland Junior Basketball Competition, along with one gold, two silver and one bronze medal in the state championships. Special mention goes to the under-16 boys, who went through undefeated in both their South Queensland junior competition and the state championships—this is no mean feat. From this team, honourable members should look out for talented prospects Rocco Zikarsky and LeBron Brooks who have been selected into national performance programs.

The Brighton Roosters Junior Rugby League Club saw Dennis Trenery lead the under-14s to the division 3 north grand final win, completing an undefeated season. Additionally, the under-20s BRL, coached by Andrew Winyard, are currently sitting top of the table with one round remaining until finals, leaving them minor premiers and favourites to take out the grand final. I would also like to congratulate Dylan Slater on his time leading the Roosters family, as he is now hanging up his boots as club president after many seasons.

The association football season continues, and president of Ridge Hills United, Jason Hale, is enthused about the under-13 division 4 and under-16 division 1 teams who will fight to win the premiership, and the city league 5 women are second with three games remaining, while the over-35s division 5 team play their semifinal this Friday. Brighton Bulldog's president Matt Smith is very proud about the under-12 girls division 2 and the capital league 3 team which is set to play finals.

This is all a great example of the way coaches, managers and volunteers have supported community sport wonderfully in the electorate of Sandgate.

Education, State System



Dr MacMAHON (South Brisbane—Grn) (6.18 pm): Our state education system is underfunded and overburdened, and the care and commitment of our teachers is the only thing holding it together. During estimates, I asked Education Queensland what its plans were to fully fund Queensland's state schools and how this would impact on the teacher shortage widely reported on by teachers, their union and the media. I was told there was no teacher shortage and no plan to fully fund state education.

Queensland's hardworking teachers tell another story. The Greens have been running a survey on public education and it is clear that state schools are buckling under the pressure of chronic underfunding. Nearly 250 teachers have responded to share their story. We asked them to name the biggest issues facing teachers in Queensland at the moment, and the overwhelming majority said workloads.

Full-time teachers spoke of working 50- and 60-hour weeks. One teacher said, 'I spend up to 15 hours working a day but I'm only paid for five.' Another said—

In the June/July "holidays" I had a 2-day break, the other 12 days I spent marking, reporting, and planning.

One said—


I have 60 tests in my backpack to mark this weekend.... now my weekend is gone!

When 58 per cent of teachers are working every single weekend without pay there is something wrong. When we included respondents who said they worked most weekends, the figure jumps to an astronomical 80 per cent. These are people who, like other public servants, actually had their wages frozen when the COVID-19 pandemic hit. I asked teachers if state schools are underfunded and 93.75 per cent said yes. However, Labor and the Liberals at the state and federal levels are determined to pretend there is not a problem. When I asked the state government about fully funding state education by increasing their share to 80 per cent, I was brushed off. I was told that the government is

committed to just 69.26 per cent until 2023 and aspires to reach just 75 per cent by 2032. The government will literally give the coal industry a freeze on royalties rather than tax it properly to fully fund state education. The result is overworked teachers and worse outcomes for our kids.

Teachers and schools are the backbones of our community. Who does the government think will pick up the slack when it refuses to fund state schools properly? Of course it is teachers. Teachers are carrying our state education system. They are burning out and we need to fight to ensure the government taxes the big end of town to fund public education properly.

Orange Sky, Sudsy Challenge; Coronavirus, Vaccination


 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (6.21 pm): When it comes to improving lives and contributing to the community, sometimes the smallest things can make the biggest difference. That washes true with Orange Sky Australia, a fantastic homegrown Queensland charity, started by Brisbane mates Lucas Patchett and Nic Marchesi, that offers free laundry and shower services for those in our community experiencing homelessness amongst many other issues.

Right now Orange Sky's Sudsy Challenge is on, with people across the country wearing the same clothes for three days straight to raise funds and awareness for Aussies doing it tough. Taking part in this initiative is Darryl Simpson. I recently had the pleasure of catching up with Darryl to hear his story, to support him in his Sudsy Challenge by providing a donation and to pass on my thanks to Darryl for everything he does for our community. Darryl cares deeply about others and for the past 4½ years he supported the Logan community through a local Orange Sky mobile laundry he operates each week in Logan Central. Darryl drives the van to the site and sets it up. He is always up for a friendly chat as he assists others as they wash and dry their clothes.

Darryl is an absolutely first-class bloke. He embodies the ideals we should all keep close: prioritising the health and wellbeing of others and putting in effort not for money or for fame but for the greater good. That ethos holds particular meaning as our state continues its fightback against COVID-19. When it comes to helping the community, one of the best things all of us can do right now is to go out and get vaccinated. That is why in the House this evening I want to once again take the opportunity to call on the residents of Logan and the people of Queensland to stand up, roll up and get your COVID vaccination. We have had the Mud Army to help clean up after floods, including floods in Logan. We have had the Care Army during the pandemic and now we are asking Queenslanders to join the 'jab army'.

It is walk-in weekend this Saturday and Sunday, a massive opportunity for more Queenslanders and members of our community to get vaccinated while the delta virus remains contained in Queensland. Logan residents over the age of 12 can head to the Logan Entertainment Centre vaccination centre, which has already administered over 70,000 vaccinations since being established, as well as the new venue at Mount Warren Indoor Sports Centre. Queensland Health community vaccination hubs will be welcoming walk-ins across the state this weekend and registered Queenslanders can continue to get vaccinated at participating GPs and pharmacies as well. The faster we all get vaccinated, the sooner we can put COVID in the rear-view mirror and regain the life we all once knew. I urge everyone in the Woodridge electorate and the city of Logan to grab a jab as soon as you can to protect yourself, your loved ones and our community.

North Queensland, Crime and Services; Mount Isa, Health Services

 **Mr KATTER** (Traeger—KAP) (6.24 pm): I rise again, regrettably, to talk about crime in the north-west and perhaps just the north in general. The rate of offences in Mount Isa is 3,148 per 100,000 people—which is five times the crime rate in north Brisbane, which is at 653. We can bury ourselves in the data and it is easy to demonstrate how big a problem we have. However, it is about the things we hear on the ground. People come to the territory saying, 'You are starting to look like Tenant Creek and Alice Springs, guys. You really have to get a hold of this.' Meek and mild people who have been there for 50 or 60 years are saying, 'Robbie, it was never like this. My mother has been attacked five times.' People are begging for some help. We come in here in good faith to talk to ministers and talk to people, and we hear, 'What else do you want us to do?' There are things to do. There is relocation sentencing to try. It is a remote type of sentencing that can work and has to at least be tried.

What about the business owners? A young girl started up a coffee shop. Everyone gets to experience a beautiful thing when someone starts a small business in a place like Mount Isa. She had windows smashed and dirt bombs in the first three months, multiple break-ins and harassment. Now she is forced to put up a \$10,000 roller door; that is the only answer left. She should not have to do

that. That is what they are saying, 'You are starting to look like the Northern Territory. You have to put up roller doors.' We do not want that. If they do need to put that in place, the government should assist. They do in the Northern Territory; there is a fund there in the name of tourism to do it. That is what we are asking. That is another thing the government could do to help, and these people are begging for help. We have had people bashed, stabbed and assaulted. A friend of mine, a lady, was assaulted a couple of weeks ago only a few days after giving birth to a baby. She was assaulted in the middle of the afternoon near McDonald's.

All these things are happening, and it is not media hype. It is not the newspapers creating something for the sake of it. That is why we called this week for the ministers to base themselves up there for the next three months. They should go until Christmas; they should stay up there. We are sick of coming here and talking about it. There are too many layers of bureaucracy presumably saying what they want to hear. They need to hear it for themselves from people on the ground. They need to engage people on the ground consistently. They cannot spend time on the ground and not hear this stuff. That is very important.

Dialysis is another issue I would like to raise. They are desperate for it in Mount Isa. It is a \$10 million solution. We have been talking about health and the disparities in health, and this is desperately needed. I talked about a bloke from Mount Isa who said, 'I would rather die and not get access to a chair and move back to Mount Isa.' It would cost \$10 million to solve that issue; is not hard.

The last thing that I want to bring to the House's attention is that things are getting pretty hard; we do not have papers any more to tell us what is going on. News Ltd is going to stop delivering them out west, so we will lose connectivity in a way, especially in the case of many of the older people. Also Goodman Fielder have now indicated they are going to stop delivering fresh bread out west. We are desperate for some help and attention from the government.

Redcliffe KiteFest; Coronavirus, Vaccination



Hon. YM D'ATH (Redcliffe—ALP) (Minister for Health and Ambulance Services) (6.27 pm): Redcliffe, in particular Clontarf, was the place to be last weekend, with the wonderful Redcliffe KiteFest in full swing—an event that had to be cancelled last year because of COVID-19, but it was back with gusto and spirit in 2021. This annual event is a marvellous opportunity for locals and, more importantly, people across Queensland to descend on the mighty Redcliffe Peninsula to enjoy a great day out. This two-day event attracted over 30,000 people over one weekend. There is not one other state or territory on the entire east coast of Australia—mainland—that could hold an event at the moment because they are all in lockdown, but we held an event that had 30,000 people.

Importantly, it supported our local businesses, our tradies and our stalls. Amazing kites were flying in the sky. It was a delight to see flying whales, dolphins, sea creatures, large colourful kites and even a flying dog. There was a kite to excite everyone. One of the most popular attractions, though, was not a kite. It was on the main stage. Children were thrilled to be entertained by our very own Queenslander Bluey. Boy, did they come out in numbers to see Bluey.

On the Sunday the Deputy Premier, who represents the neighbouring electorate of Murrumbidgee; the Chief Health Officer, Dr Jeannette Young; and I descended on KiteFest to give our COVID-19 update live. It was fantastic. The images were beamed across Queensland and around Australia and displayed that Queensland is open and that people are able to get out and about and enjoy our sunshine due to the strong response the Palaszczuk government has made to keep Queenslanders safe from COVID.

This event was an economic boon for our community and visiting stallholders. I put on the record my thanks to Moreton Bay Region Industry & Tourism. Chief Executive Officer Shane Newcombe and the MBRIT team did an incredible job and do an amazing job putting on festivals right across the Moreton Bay region.

In other great news, the Kippa-Ring vaccination hub at the old Village Motors site is open as part of the blitz this weekend. If you have not been vaccinated yet, rock up this weekend—Saturday and Sunday—to the peninsula site at Kippa-Ring. Of course, we also have the mass vaccination centre at Boondall. It is open for walk-ins this weekend. If you have a booking, please still come for your booking; we are also taking walk-ins. For the first time, if you are aged 60 or over you can come to one of our Queensland Health community hubs to get vaccinated. We know that people want choice of vaccine. They want to be vaccinated. Let's give them that opportunity. Please come out in numbers, Redcliffe. We know you will. Get vaccinated this weekend.

The House adjourned at 6.30 pm.

ATTENDANCE

Andrew, Bailey, Bates, Bennett, Berkman, Bleijie, Bolton, Boothman, Boyce, Boyd, Brown, Bush, Butcher, Camm, Crandon, Crawford, Crisafulli, D'Ath, Dametto, de Brenni, Dick, Enoch, Farmer, Fentiman, Frecklington, Furner, Gerber, Gilbert, Grace, Harper, Hart, Healy, Hinchliffe, Howard, Hunt, Janetzki, Katter, Kelly, King A, King S, Knuth, Krause, Last, Lauga, Leahy, Linard, Lister, Lui, MacMahon, Madden, Mander, Martin, McCallum, McDonald, McMahon, McMillan, Mellish, Mickelberg, Miles, Millar, Minnikin, Molhoek, Mullen, Nicholls, O'Connor, O'Rourke, Palaszcuk, Pease, Perrett, Pitt, Powell, Power, Pugh, Purdie, Richards, Robinson, Rowan, Russo, Ryan, Saunders, Scanlon, Simpson, Skelton, Smith, Stevens, Stewart, Sullivan, Tantari, Walker, Watts, Weir, Whiting