Speech by

Mrs J. GAMIN

MEMBER FOR BURLEIGH

Hansard 12 November 1998

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Mrs GAMIN (Burleigh—NPA) (5.10 p.m.): In rising to speak to the Health and Other Legislation Amendment Bill 1998, I have to say that the basis of the legislation was the subject of much discussion between the previous Minister for Health—the able member for Toowoomba South—and his Health Bills Committee, which I was delighted to chair.

I am pleased to witness the progress of cancer prevention strategies. My Bills Committee fully supported the efforts of the previous Health Minister and the coalition Government to transfer the Cancer Register and establish a Pap Smear Register under the auspices of the Queensland Cancer Fund. However, I notice that the reporting requirement for an instrumentality in receipt of public moneys appears to be overlooked in the drafting of this Bill. It is certainly a significant administrative matter which should be given attention by the Minister and the Minister's departmental officers.

The coalition parties can be justly proud of their achievements in developing and implementing cancer prevention strategies. Back in 1989, under the guidance of the former member for Albert and Minister for Health, the Honourable Ivan Gibbs—under whom I also served—a major cancer prevention research program was established at the University of Queensland. The initiative had two main elements and provided a program of commissioned research and the conduct of intervention trials to assess and improve cancer prevention programs. The initiative set the course for Queensland to become a world leader in medical research.

More recently, the former Premier, the honourable member for Surfers Paradise, announced the establishment of a major initiative to help fight the scourge of cancer. To help in the global effort against cancer, the coalition Government committed $20m towards establishing a dedicated world-class cancer research, treatment and education centre in Brisbane. I am pleased that the Labor Government is following through with this significant development, for the new centre will attract internationally renowned cancer researchers and clinicians and will assist with the development of world-first cancer therapies. The centre will include state-of-the-art facilities for gene therapy, cancer research and clinical trials and will house the Queensland Cancer Fund, the Leukaemia Foundation's research laboratories and the Queensland Cancer Registry.

Whilst this Bill provides for a "security and surety" framework for Queensland women in establishing the Pap Smear Register and transferring same with the Cancer Register to the Queensland Cancer Fund, the Bill seriously negates public responsibility in guaranteeing that the security and surety framework is present in dealing with public health issues. I am most concerned that, in this Bill, the statutory powers bestowed upon the State's Chief Health Officer have been removed and placed with the Chief Executive Officer of the Department of Health. Actually, I am gravely concerned that, in this piece of legislation, the issue of the statutory powers of the Chief Health Officer has been included. Mr Speaker, so that you are fully aware, I point out that the bureaucracy of the Health Department previously presented this option to the former Health Minister and, after due consideration and consultation with his Bills Committee and other community representatives, the option was soundly rejected by the former Minister. It is of great concern that, under a new, relatively inexperienced Minister, the same bureaucracy has presented this option again. What is so important about this issue? What are the statutory powers of the Chief Health Officer?

The Chief Health Officer's statutory powers are the very area that provides Queenslanders with a transparent and accountable check and balance of their public health system. To remove those powers from an independent, impartial, professional, registered medical practitioner and place such powers with the Chief Executive Officer of the Department of Health—who, incidentally, does not have any legislative requirement to be a registered medical practitioner—is a vicious assault on Queenslanders' expectations of accountability, independence and high standards. I believe that the House should examine the history of this position and its subsequent powers.

Until the 1991 restructure of the State's Health Department, there was a tripartite structure for managing the public health system. The structure followed professional lines and included the Chief Nursing Officer, the Director-General of Health and Medical Services and the department's Under Secretary. The Under Secretary had overall responsibility for the department but could not interfere with professional clinical matters, including appointments, which were all approved centrally for both nursing and medicine and allied health professionals. There was some autonomy, however, given to the hospitals boards under the Hospitals Act.

Following the restructure of the Health Department in 1991, the positions of Chief Nursing Officer and Director-General of Health and Medical Services were abolished. Operational responsibilities were transferred by law to 13 regional health authorities under the Health Services Act 1991. The architects of the 1991 restructure recognised the need for balance between professional and public health issues and the chief executive officer of the department and, therefore, created the position of Chief Health Officer with governance of public health policy and program management responsibilities. The Chief Health Officer delegated to the regional directors of the regional health authorities the vast majority of the operational aspects of the Health Act and the Mental Health Act.

It should be noted that, in the period 1991 to 1996, there were a number of significant public health issues, none of which caused public concern nor damage to the relatively good standing of the Health Department in its role of "protector" of the public's good health. The relationship between the position of Chief Health Officer and the regional directors was collegiate and cooperative. It should be emphasised that the Chief Health Officer did not have line management control over the regional directors. This lack of line management responsibility did not lead to any difficulties or conflict in the administration of the Act. Similarly, this arrangement did not, and has not, led to any adverse outcomes for the community. In placing the statutory powers with the chief executive officer, it must be observed that the "shelf life" of CEOs is seldom greater than two years, consequently causing a lack of continuity in service, oversight and adherence to quality standards.

The Minister of the day is also put at political risk, when one considers that there will be only one source of briefing if the CEO holds all the power and chooses to block or manipulate the flow of information to the Minister at the time of a public health crisis. And, fellow members, I ask you to remember that the product that we are dealing with in relation to this particular department is the health and wellbeing of Queenslanders. The ramifications are too serious to contemplate and too lengthy to unfold in this particular session. But I recognise that it is important to have the checks and balances in place and, in the public's interests, to have a Public Service that must be accountable and transparent. Accordingly, I strongly oppose this section of the Bill.