



Speech by

**Hon. WENDY EDMOND**

**MEMBER FOR MOUNT COOT-THA**

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Hansard 20 October 1998

**HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

**Hon. W. M. EDMOND** (Mount Coot-tha— ALP) (Minister for Health) (12.37 p.m.): I move—  
"That the Bill be now read a second time."

Cancer of the cervix is one of the most preventable and curable of all cancers. Despite this, 350 Australian women die each year from invasive cancer of the cervix, and a further 1,000 women undergo treatment for various forms of the disease. It has been estimated that if every woman in Australia had a Pap smear every two years, more than 90% of cancer of the cervix could be prevented. Most women who develop cancer of the cervix either have never had a Pap smear or have not had a Pap smear for many years.

Experience interstate and overseas has demonstrated that the most effective proven method of intervention to reduce the incidence rate and deaths from invasive cervical cancer is through adopting an organised approach to cervical screening of women at risk. Pap smear registries provide an essential element in the infrastructure of an organised approach to the prevention of cervical cancer. One of the main objectives of this Bill is to establish such a register in Queensland. An organised approach to cervical cancer screening and prevention requires that all aspects of the screening pathway are carried out effectively and reliably. This includes recruitment and recall, Pap smear taking and reporting, follow-up and management of women with abnormalities and monitoring.

Cancer of the cervix is a condition where the cells of the cervix go through a number of changes before developing into cancer. During this stage the disease can be treated and cured in most cases. Early cell changes on the cervix can be detected by the Pap smear test before they develop into cancer. Cervical smears will detect abnormal cell changes which are precursors of cervical cancer. Appropriate management can then be carried out.

Screening for cancer of the cervix using the Pap smear has been available in Australia since the 1960s. However, the majority of cervical screening occurred in an opportunistic way, without well-defined coordination within and between the various components of the screening process. This unstructured approach has resulted in screening rates which are lower than desirable, particularly among indigenous women, older women and women from rural and remote communities.

In 1988 the Australian Health Ministers' Advisory Council established the Cervical Cancer Screening Evaluation Steering Committee. This committee was charged with reviewing existing efforts to prevent cancer of the cervix in Australia, evaluating pilot projects under way in various States and Territories and presenting options for change. All Australian States and Territories, with the exception of Queensland, currently have fully operational Pap smear registries. The Queensland Pap Smear Register will be similar to other registries in all significant respects.

This legislation seeks to achieve a balance between maximising the participation of Queensland women in the Pap Smear Register and accommodating privacy concerns by ensuring that women are made aware of their right to opt out of the register should they choose to do so. Therefore, this Bill proposes that women will automatically be included on the register unless they make a request to the contrary.

In recognition of the importance of protecting the privacy of women whose information is held on the register, the legislation imposes statutory duties of confidentiality on the employees of

Queensland Health, Pap smear providers and pathology laboratories involved in collecting Pap smear information and maintaining the register. There are substantial penalties for individuals or organisations who do not comply with this duty of confidentiality.

The Queensland Pap Smear Register will be a central database of Pap smear results in Queensland. The register will contain the results of all Pap smears, normal and abnormal, and, where relevant, the results of related histology or other clinical management. The register will provide a reminder service to women overdue for a regular screening Pap smear and act as a safety net for women with abnormalities detected through screening. It will also maintain an accurate and complete history of Pap smears and cervical biopsies for Queensland women.

The register will assist individual women by providing a back-up reminder service and ensuring that women are aware of recommended follow-up action if a cervical abnormality is detected. In addition, it will provide accurate and comprehensive screening histories to health practitioners involved in the woman's clinical management and laboratories interpreting a woman's smear and making clinical management recommendations.

These services are expected to increase the number of women who regularly participate in cervical screening, improve uptake of recommended follow-up and provide information to allow health practitioners and pathology laboratories to make more informed decisions regarding the clinical management of their patients and clients.

This Bill includes another amendment to the Health Act which is also an important element in the fight against cancer. The purpose of this amendment is to improve the management of information relating to cancer currently collected by Queensland Health by transferring responsibility for the daily maintenance of the Queensland Cancer Register to the Queensland Cancer Fund.

The Queensland Cancer Register was established in 1982 in response to the need for Statewide information on cancer, which was identified by community, State and national organisations such as the National Cancer Clearing House, the Queensland Institute of Medical Research and the Queensland Cancer Fund. The main aim of the Queensland Cancer Register is to collect data to describe the nature and extent of cancer in Queensland.

The data from the Queensland Cancer Register is integral to the fight against cancer because it is used in the planning of cancer treatment and prevention services, monitoring survival times of cancer patients, assessing the outcomes of treatment, education of health professionals and members of the general public, and in research projects on the causes, treatment and prevention of cancer.

The transfer of the Queensland Cancer Register to the Queensland Cancer Fund will be of significant benefit to cancer research because the Queensland Cancer Fund has undertaken to establish a Cancer Epidemiology Research Unit and to provide funding for the research unit of at least \$200,000 per year. The allocation of this level of resources to epidemiological cancer research will optimise data usage and analysis in Queensland. Similar arrangements have been in place in New South Wales and Victoria for many years and, as a result, these registries have been able to publish more timely data than Queensland can currently provide.

The Bill recognises that personal health information such as that stored on the Cancer Register is sensitive and private and that the right to collect this information is accompanied by a responsibility to protect the privacy of this information. While allowing the Queensland Cancer Fund to maintain the register, the Bill places strict duties of confidentiality on the Cancer Fund, limiting the fund's authority to release identifiable data.

In the day-to-day management of the register, the Queensland Cancer Fund will only be authorised to disclose information in two circumstances. The first is to permit the release of information back to parties who have provided information to the register in order to ensure the accuracy and integrity of the register data. The only other situation in which the Queensland Cancer Fund will be permitted to release information from the register will be if the information is in a form which does not identify any individual. Any other disclosure of identifying information would first require the authorisation of the chief executive.

The third major amendment proposed in this Bill has arisen in response to the restructure of Queensland Health in 1996. It rationalises the division of statutory powers within the department between the Chief Health Officer and the chief executive. This will ensure that the statutory powers conform with the current organisational arrangements in Queensland Health. Under the amendments, the chief executive, who is the accountable officer for Queensland Health under the Financial Administration and Audit Act 1977, is also fully accountable for public health matters, which are a core function of the department's activities. The Bill proposes that the chief executive will be responsible for all public health powers and functions, except the declaration of public health emergencies and the establishment of public health inquiries, which will be the responsibility of the Minister, on advice of the Chief Health Officer and chief executive.

To ensure the delivery of public health services is overseen by an appropriately qualified medical practitioner, it is proposed to establish a second high level statutory position under the Health Act 1937—the Manager, Public Health Services. The legislation requires this position to be occupied by a medical practitioner.

The licensing of private hospitals will remain with the Chief Health Officer, in order to avoid any suggestion of a conflict of interest if the chief executive were to license such facilities which may be in competition with public sector facilities for which the chief executive is responsible. The Chief Health Officer position will continue to be a statutory position providing high level medical advice to the Minister and the director-general on health issues, particularly ethics, research issues, quality and standards. The Chief Health Officer will continue to be a member of the Medical Board, the Queensland Institute of Medical Research Council and the Radiological Advisory Council.

These amendments will greatly enhance the effective and efficient delivery of public health services by Queensland Health and promote the full integration of policies in public health, community health and acute care. Finally, the Bill makes a number of machinery and minor amendments to various Health portfolio Acts to ensure the effective operation of those Acts.

The Bill contains minor amendments to the Nursing Act 1992 relating to notification arrangements for nurses notifying the Queensland Nursing Council of changes in a nurse's particulars. It also contains an amendment to correct an anomaly in the by-law making power under the Speech Pathologists Act 1979. When an amendment was made to the by-law in 1995, an error occurred omitting the requirement for Governor-in-Council approval when making by-laws. A retrospective amendment is therefore required to correct this error.

There are also a number of machinery amendments included in the Bill, such as the repeal of provisions relating to food and other services within the Health Services Act 1991 following the finalisation of the sale of the Wacol frozen food facility. A machinery amendment is also required to overcome a technical error in the drafting of the Dental Technicians and Dental Prosthetists Act 1979 to permit the enforcement of the Dental Technicians and Dental Prosthetists By-Law 1992 by the Dental Technicians and Dental Prosthetists Board of Queensland. I commend the Bill to the House.

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