



Speech by
**Hon. BRIAN
LITTLEPROUD**

MEMBER FOR WESTERN DOWNS

Hansard 24 November 1999

HEALTH LEGISLATION AMENDMENT BILL

Hon. B. G. LITTLEPROUD (Western Downs—NPA) (11.39 a.m.): In rising to speak to this Health Legislation Amendment Bill, I indicate that I will be dealing mostly with the amendments to the Medical Act. Being a product of rural Queensland, I am very supportive of any actions that can be taken at the State and Federal levels to overcome the shortage of doctors in rural areas. Having lived all my life on the Darling Downs, I believe that I have a pretty good understanding about the way people feel about their access to services. My grandparents moved to that region and were prepared to walk away from necessary services, such as medical services, for the sake of starting a career for themselves. Subsequent generations have probably felt the same. However, the Health Department and various Governments have continued to improve the health services being delivered. When we visit our local doctors, we have had great confidence that they will treat us if they can or they will have the judgment to tell us to go to one of the major cities to see a specialist.

A watershed occurred under a new Government in 1990 when Dr Ian Cumming took up the position on the Darling Downs of the Regional Director of Health. He held a number of seminars explaining the new delivery of health services. To some degree, people did appreciate that the delivery of health services would be different. It has stuck in my mind that he said that he would be able to stand by only best practice. I immediately thought of my heritage and the people before me who were prepared to accept whatever medical service could be afforded by the department, which was not necessarily at world's best practice. Dr Cumming was insisting that we could have only the best practice possible. The local people in places such as Jandowae, Miles and Chinchilla felt somewhat threatened, because they could see that the provision of surgery, which had been performed previously in those places, would be at risk and that it would be referred to places such as the base hospital in Toowoomba. Certainly child deliveries were at risk. To some degree, that threat still exists.

I have a fair understanding of how expensive delivering health services is and how services have changed. We are now able to do organ transplants and joint replacements. They are all very expensive. For the sake of balancing the budget, the department has to deliver its services in different ways. If the Government can allay the fears in rural communities about best practice being the only way to go and consider enhancing the existing health services in those areas, it will be going a long way to providing the right services to the people in the bush who are prepared to take the good advice of the local GP. If he thinks he can handle it, we will stick by him. If we want a second opinion, we will go somewhere else. If he says that we need specialist treatment, we will go and get it. Of course, let us give credit also to the emergency services officers. Ambulance services have been extended throughout rural Queensland. Now we have the medivac helicopter and the flying doctor. There has been great progress. We do not think it is necessary to go down the road of delivering only world's best practice, because we in small communities can see ourselves missing out.

Having been supportive of progress, I thank the Minister for her help with an ongoing personnel problem within the Northern Downs Health Service. I pursued that problem through the previous Minister. I think we are somewhere down the track. The solution has been finalised. I thank the Minister for that. I have since talked to people who are within the service in that region. They are somewhat relieved.

Mrs Edmond: Is it working well?

Mr LITTLEPROUD: It seems to be currently. I still have not met the replacement. I will be making that acquaintance soon.

About a fortnight ago I wrote to the Minister when I became aware of the circumstances surrounding a doctor in Injune. For the benefit of members in the House, I point out that Injune is nearly one hour north of Roma. Further north, the next hospital is two and a half hours away at Springsure. If one drives through the ranges for two and a half hours, one would reach Taroom. If one drove west for three or four hours, one would reach Augathella. Injune is in the centre of every remote cattle breeding area in Queensland. It has a small hospital, serving a population of 400 or 500 people in town and another 400 or 500 people who are scattered over hundreds of thousands of square miles. It is pretty difficult to get a doctor to go to such places.

When I first became the member, Injune was blessed with a rather elderly gentleman who was quite content to live in that environment. He was loved by the people. He played in the local school's instrumental group and mixed with the local people. Unfortunately, he passed away. To attract another doctor, Mike Horan, the member for Toowoomba South, saw fit to put money into upgrading the doctor's house. Since then, there has been a second injection of money to do up the house and the private surgery. For about 12 or 18 months, that region was served by another gentleman and his wife. However, he wanted to move on to pursue his studies. It now has a single doctor of Asiatic extraction.

Those circumstances are symptomatic of the problems that medical professionals experience in remote areas. They think about their quality of life. They think about access to professional assistance and the remoteness from their professional colleagues. They are aware of the increased threat of litigation against them. I know that the Borbidge Government worked on subsidising the litigation insurance premiums. It has been recognised that doctors need special sorts of skills to go to such places and feel comfortable with themselves in general practice, because the demands are so varied. Doctors want a personal life. To a degree, that issue has been addressed through relief that is provided for so many days a month. The doctor at Dirranbandi has a relaxing place on the Sunshine Coast that he goes to when he is on leave. That is where he picks up what he wants in life before he returns to serve the people in the Dirranbandi region.

As there was a bit of lag between one doctor leaving Injune and another arriving, some of the patients from the Injune private practice began visiting a medical practice in Roma. Last week I talked with Dr John Youngman about the current doctor in Injune, who has indicated that he is having trouble generating enough cash flow in the private practice to allow him to hire an assistant at the surgery. He is negotiating with the department to use premises at the hospital so that he can be close to the patients at the hospital, where he is the part-time medical superintendent. He claims that he cannot quite afford to keep an assistant at the private surgery. He would like to pay an up-front fee for every patient that he sees privately at the hospital. Dr Youngman explained to me that the Minister was prepared to negotiate. However, it poses technical problems in relation to the pharmacy, the use of facilities, litigation and the nursing service. I thank the Minister for taking up the issue. I do not know whether it has been resolved yet. I went to the trouble of talking with a few people I know who are part of the local health committee. Committee members are spread over a few hundred square kilometres. They are thankful for the attitude taken by Dr Youngman and the officers of the department. After speaking with Dr Youngman, I spoke to Jane Harrison, who is the district manager at Roma. Dr Youngman had spoken to her also. I appreciate that she has bent over backwards to try to facilitate matters that will improve the circumstances for the practitioner there. The present doctor is feeling somewhat uneasy. If he cannot negotiate a deal, he is threatening to leave the district. That would be terrible for the people of Injune.

Injune is a beef area. There are probably more accidents associated with people who are handling livestock than there are with any other form of primary production. Those farmers are in remote places. It is vital that there be a doctor within at least a couple of hours' drive of those places. Injune is on a very important national link between north Queensland and Melbourne. It has a little hospital with six or seven beds. Hundreds of road trains travel up and down that road between Melbourne and Townsville. They are going backwards and forwards all the time. Also tourist buses go through that town. It is vital that medical services exist to back up the meagre ambulance services. I would welcome whatever steps the department can take to come to an arrangement to make it possible for the doctor to have a viable private practice and to cooperate with the hospital of which he is superintendent. I am told that in other parts of Queensland where there are small communities to service and there is a right to private practice associated with the role of medical superintendent, consideration is being given to putting the private surgery in the grounds of the hospital.

Mrs Edmond: We have done that at Injune. We have put in a private surgery.

Mr LITTLEPROUD: Yes, but it is at the house. According to John Youngman, in other places it has been put in the hospital grounds because it is close to other facilities. There is room to negotiate. I hope the local practitioner is reasonable in his expectations of the department so that we can provide the service and get over some of the technicalities, because there is a desperate need for that remote small community. I support the legislation before the House.