



Speech by

DESLEY BOYLE

MEMBER FOR CAIRNS

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ELECTIVE SURGERY WAITING LISTS

Ms BOYLE (Cairns—ALP) (6.29 p.m.): I am indeed supporting the amendment tonight, but I am absolutely surprised at the lack of policy on the other side of the House and the lack of recognition that the waiting lists that we have in Queensland public hospitals are not waiting lists that the Minister for Health or any of us on this side of the House choose to have. It is the lack of assistance in finding solutions and the failure to recognise the causes of the waiting lists on the part of those on opposite side of the House that is stunning. It would indeed be helpful, for example, if members opposite would give a clear recognition, a clear understanding, of the Commonwealth's failure to fund Queensland appropriately.

Mr SEENEY: I rise to a point of order. I find those remarks offensive. I and other members on this side of the House have raised the concerns of our constituents many times.

Mr SPEAKER: Order! They were not directed at the member. The member will resume his seat.

Ms BOYLE: It is important for all members of this House, particularly those on the opposite of side of this House, to understand that the Commonwealth funds general practitioner services around Australia. That is its responsibility. When we have in our diverse and widely spread State many areas in rural and remote parts of Queensland where there are no GP services, it is left to the Queensland health system to provide, in effect, GP services. When we are not compensated appropriately for that by the Commonwealth Government, then we are behind the eight ball.

We could reasonably expect in the interests of the health of all Queenslanders that we would have the support of honourable members on the other side of the House in calling out to the Commonwealth Government about this dreadful inequity. This is a matter on which we should join forces to speak loudly to the Prime Minister, who refused, despite other States joining with Queensland, to call for a wide-ranging review into the health system by the Productivity Commission. The Commonwealth Government and the Prime Minister walked away. They said no. Thank heavens members of the Senate recognised the seriousness of the problems that all States have in the provision of health services and their failure to meet the level of service wished for—required—by the public. The Senate inquiry into public hospital funding is going ahead, and I understand that Queensland Health has been invited to give evidence tomorrow.

The Queensland public hospital system is being short-changed by the Commonwealth Government by up to \$100m a year. Honourable members should think of what we could do in Queensland if we were given our equitable share. Opposition members may well say that there are improvements that should be made in all of the services that they seem to think are just services that we as a Government refuse to provide. It is a matter of money and of us not getting our fair share in this State, which is very difficult to service.

The same applies, of course, in other areas in terms of the provision of primary health care services in Queensland, particularly in remote areas where the Commonwealth again is not paying the State fair compensation. It is estimated that that compensation should be of the order of \$31m each year. Queensland is a further \$65m out of pocket for treating patients in emergency departments who should have been seen by a GP, funded by Medicare. If the Commonwealth honoured its obligations, Queensland would be able to provide many more services within our public hospital system.

Let me turn now to the Federal Government's private health insurance rip-off, for that is what it is. While members opposite cry crocodile tears about the State's waiting lists, the Commonwealth Government is pouring \$100m more a year into propping up private health insurers than it allocated to our entire public hospital system. There is no evidence—not one shred—that this \$1.2 billion a year investment of public funds into private health companies will have any positive impact on the public hospital system.

It is also time that we spoke out together about another problem, one that is particularly common in regional areas. There are doctors who have been well educated through our universities in Australia, who have worked for some time as specialists in the public system and have built their local networks, who have then gone into private practice and made a lot of money because they are so highly skilled, but who have forgotten why they became doctors. They refuse to supply services in regional areas and allow patients to sit on waiting lists because they will not provide some of their time and instead choose to serve only rich patients. They are a minority of doctors, but they are holding back the services provided in many specialist areas in regional parts of this State. It is why there is such a list of appointments—and such a long list of appointments—in Cairns.

Time expired.
