Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

Hansard 23 November 1999

PRIVATE HEALTH FACILITIES BILL

Miss SIMPSON (Maroochydore—NPA) (9.03 p.m.): I support the need for professional standards upholding quality clinical services for Queenslanders, whether they are in the private or public sectors. The main policy objective of the Bill is to establish a framework for protecting the health and wellbeing of persons receiving health services in private health facilities. The Explanatory Notes state—

> "A person may only be granted an approval under the Bill if the chief health officer is satisfied that:
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> the person is a suitable person to hold an approval; and
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> the proposed health facility, and ... services to be provided at the facility, will comply with the relevant standards."

I will be asking the Minister more about the process of drawing up those standards later.

Firstly, I note that it is not enough to bring in new laws and then fail to resource their implementation or to put the appropriate systems in place in time. In short, a new system to licence the standards of health facilities and the services provided is of little merit if it is not properly implemented, resourced and then policed. This is relevant because the current Health Minister has taken a fairly hands-free approach once legislation passes through the Parliament, failing to ensure the resources or systems are in place for proper implementation.

The Radiation Safety Bill is a classic example of this approach. The Bill was passed by Parliament earlier this year, but its implementation has been a botch-up. The delay in appointing the new Radiation Advisory Council members meant that drug detecting equipment for prisons lay idle for months. The fact that the unit within the Health Department that was trusted with the implementation of the new Act did not have enough trained staff meant that staff were diverted into writing regulations instead of policing the existing Act. That meant fewer audits of sites housing radioactive material were carried out. I refer to the output statement on page 12 of the Ministerial Portfolio Statements, where the target figure of 5,785 audits was not reached. The actual figure was only 5,523, which is a shortfall of 352 audits.

The same problem looms with the policing of standards in private health facilities under this Bill. I could ask the Minister the same questions that I asked concerning the Radiation Safety Bill, that is, what additional resources have been set aside and are there adequate staffing levels for implementation? I will probably receive the same answer that I received during the debate on the Radiation Safety Bill, which proved to be false. It was, according to the Minister, that resources were adequate.

I note that, according to the Explanatory Notes to the Bill, the legislation will not have any significant financial impact. However, in a briefing the department admitted that it does not know how many extra facilities will have to be licensed under the Bill. How does the Health Department know that the implementation of the legislation will not have any significant financial impact? The cosmetic surgery industry is to be captured by these standards where it previously was not covered, but if no additional resources are provided for implementation, will those facilities and other applicants face delays in the processing of their licences?

If the cost of enforcing this legislation is $200,000 per annum, as outlined in the Explanatory Notes, what is the breakdown of costs? For example, how much staff time will be involved and what number of full-time equivalent positions are currently involved? What are the performance targets or, in modern parlance, the measurable outputs that the Minister envisages under this new regime? For example, how many facilities will be audited? The short question is: how will the Minister's department handle the monitoring of the standards and the issuing of licences?

From 1993, through a COAG agreement the Labor Government said that all the legislation must be reviewed under National Competition Policy. The State had to gallop through hundreds of pieces of legislation, many of which were the responsibility of the Health portfolio. However, as I have outlined, it takes more than just amending legislation being passed through Parliament. Later I will ask some questions about the Chief Health Officer's powers, but I particularly wish to emphasise the issue of the resources that will be provided to monitor the standards of health services licensed under the Act.

I would like the Minister to answer some questions about how this legislation will deal with the late-term abortionists who are operating in suburban surgeries. One would assume that those are private health facilities as determined by the Act and, as we know, they are not specialist doctors. Will the Minister simply be legislating the standard of the bricks and mortar of those establishments or will she give some attention to the actual clinical practices occurring within? As we know, the existing laws are inadequate if the Dr David Grundmanns of Queensland can continue to perform late-term abortions on babies of an age at which they are being saved in our hospitals. The Medical Board tried to tackle this issue. Crown Law advice was sought under the previous Government and legislation was set to be drafted upon that advice. This Government now has the opportunity to legislate to stop those abuses and I would support genuine and appropriate moves to do so.

Last week the Premier was quoted as saying that he will review the issue of late-term abortions. I sincerely call on him to do so. A day or so later I was somewhat surprised when he publicly accused me of being in the gutter; he seemed to have changed his stance, reverting to the politics of personal abuse instead of substance. I would say to the Premier that, if I am in the gutter for having suggested that late-term abortions should be performed only by specialist gynaecologist obstetricians where the mother's life is threatened and in a public hospital and that cranial decompression should be banned, then the Premier's accusations also sit against the likes of the AMA and the College of Obstetricians and Gynaecologists. I will quote relevant sources in a moment.

The Premier's outburst was surprising and very disappointing. In spite of this, I still hold hope that the Premier will put aside personalised politics and stick to his original statement about calling for reports and being willing to review the specific issue of late-term abortions, particularly in light of recent comments of Dr David Grundmann, a prominent late-term abortionist and user of cranial decompression, who was on the record as supporting abortion at any time in gestation and for reasons such as gender selection. I ask members to remember that, when we are talking about late-term abortion, we are talking about babies of a gestational age who are being saved by the neonatologists in our hospitals, yet in a suburban surgery, such as Dr Grundmann's in Brisbane, a baby of a similar gestation can be aborted in a most gruesome and inhumane way. The Premier should remember that the model I have suggested is a very moderate proposal which would have majority support in the community. It is a way forward for limiting abuse while allowing for genuine life-threatening situations by providing best clinical care.

Mr Sullivan interjected.

Mr DEPUTY SPEAKER (Mr Reeves): Order! The member for Chermside.

Miss SIMPSON: I refer to the mainstream medical profession, which has expressed concerns about clinical practices involving late-term abortions and cranial decompression. Dr Beres Wenck, the Queensland AMA President, stated on ABC Radio that the only medical authority on when any sort of late termination may be necessary and safely performed is the College of Obstetricians and Gynaecologists. I will also table the AMAQ's policy on late second trimester termination of pregnancy.

The Royal Australian College of Obstetricians and Gynaecologists of Queensland has stated that "there is absolutely no justification for termination of pregnancy after 20 weeks by anyone other than a recognised specialist". Unlike the Health Minister, I do not agree with the statements of her spokesman on 12 November 1999 in the early addition of the Courier-Mail in which she said that she was confident that the doctors involved in late-term abortions were making appropriate decisions based on clinical reasons. In the interests of fairness, I will give the Minister the benefit of the doubt about whether she is aware of the public statements of Dr Grundmann. I would draw this to the attention of the Minister, if she were listening. Minister, I would like to draw your attention to the Melbourne Age article from 15 November 1999 headed "Abortionist backs sex selection"—

Mr DEPUTY SPEAKER: Order! The member for Maroochydore will speak through the Chair.

Mr Hamill: Table it.

Miss SIMPSON: I will be tabling it. I wanted the Minister to listen to this.

Mrs Edmond: You aren't even talking about the Bill.

Miss SIMPSON: With respect, I am referring to clause 12 of the Private Health Facilities Bill.

Mr DEPUTY SPEAKER: Order! I remind the member for Maroochydore to speak through the Chair.

Miss SIMPSON: Thank you, Mr Deputy Speaker. I appreciate your protection and I understand that you will be applying the same rule to the member for Ipswich, who interjected.

Mr DEPUTY SPEAKER: Order! I hope that was not a reflection on the Chair.

Miss SIMPSON: No, Mr Deputy Speaker. I referred to the fact that that interjection was not directed through the Chair.

Mr DEPUTY SPEAKER: Order! I suggest that the member for Maroochydore get on with her speech and speak through the Chair.

Miss SIMPSON: Thank you, Mr Deputy Speaker. I trust the same principle will apply with respect to interjections.

At this stage, I should outline what is involved. I wish to draw the attention of the Health Minister to a Melbourne Age article—

Mr Hamill: Table it.

Miss SIMPSON: I will table it.

I draw the Minister's attention to a Melbourne Age article of 15 November 1999 headed "Abortionist backs sex selection", which states—

> "An Australian practitioner of late-term abortions said yesterday that sex selection was a valid reason for the procedure.
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> Doctor David Grundmann made the comment at an international conference in Queensland being attended by two controversial American abortionists who had restrictions placed on their entry ...
>
> Dr Grundmann, the only private late-term abortion practitioner in Australia said sex selection was 'a real and important indication for some ethnic and religious groups' when considering late terminations."

After reading that article, a reasonable-minded person would have to doubt that Dr Grundmann is indeed performing late-term abortions only where the life of the mother is threatened or the foetus has a lethal condition. Dr Grundmann's comments mean that a practice which occurs in China—a practice which I abhor—whereby girl babies are aborted even in late pregnancy because they are not boys is apparently a legitimate grounds for an abortion, even a late-term abortion, in his clinic. In an earlier lecture, Dr Grundmann has also been quoted as stating that abortion was an essential part of family planning "theoretically at any stage of gestation".

The Minister states that she is confident that the doctors involved in late-term abortions are making appropriate clinical decisions. I ask: what system of clinical review is in place to back up that statement, particularly with respect to late-term abortion, which is a serious and dangerous procedure being performed in private health facilities in the suburbs? We are talking about women who are four and a half to five months' pregnant and upwards. Having read Dr Grundmann's views in respect of abortions at any point of gestation and even for gender selection, I am not confident that he is acting within the bounds of what the average Queenslander in this State would consider acceptable.

At this stage, I should outline what is involved in cranial decompression or a partial birth abortion—procedures being used by Dr Grundmann in a private surgery in Brisbane. The doctor grabs the baby's legs with forceps. The baby's leg is pulled into the birth canal. The abortionist delivers the baby's entire body except for the head. The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole. The scissors are removed and a suction tube is inserted. The child's brains are sucked out, causing the skull to collapse. The dead baby is then removed. Cranial decompression is a gruesome and brutal practice and it is incredibly painful. I will table a paper on this method. It is also a method advocated by Dr Grundmann. I table also a Courier-Mail article of 18 November 1999 in which a panel of Queensland medical experts called for this horrific procedure to be banned. It states—

> "Leading specialist obstetrician and gynaecologist Clem Marrinan said Dr Grundmann used cranial decompression to ensure the baby had no chance of survival.
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> Dr Marrinan said late-term abortions involved unborn babies at the 20-week stage, with the foetus development enough to require a birth or death certificate.
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> 'Of course, in Dr Grundmann's case it's always a death certificate ... and it's a pretty horrendous way of doing it,' Dr Marrinan said.

Specialist anaesthetist Gavin Carroll said the practice was very painful for the unborn baby and more cruel than abattoir slaughters."

I believe that the suggestion of another doctor, David van Gend, offers us a legislative solution to cracking down on a small group of doctors who are operating arrogantly outside the ethics of their profession. This small group of doctors' techniques of using cranial decompression on late-term babies is barbaric. I believe that even people who are liberal in their views about abortion in general would have a very different viewpoint about late-term abortions—abortions in the second trimester—if they were given the facts about these unbelievably cruel procedures, and they would be in opposition to them. Dr van Gend quotes the Royal Australian College of Obstetricians and Gynaecologists Queensland as stating that "there is absolutely no justification for termination of pregnancy after 20 weeks by anyone other than a recognised specialist". Dr van Gend suggests that there needs to be regulation for the late-term abortion industry.

Honourable members interjected.

Mr DEPUTY SPEAKER: Order! There is far too much audible conversation.

Mr Nelson interjected.

Mr DEPUTY SPEAKER: Order! The member for Tablelands. Could the member for Maroochydore tell me how this relates to the Bill?

Miss SIMPSON: Yes. It refers to clause 12. Mr Deputy Speaker, I refer you to the Explanatory Notes.

Dr van Gend suggests that there needs to be regulation of the late-term abortion industry, limiting it to truly necessary tragic cases by a peer review college of obstetricians and gynaecologists and banning the gratuitous violence of cranial decompression. Not only is it fatal for babies who, if they were in the hands of a caring doctor in a different setting, could be born alive; it is an extremely dangerous procedure for the woman which should not be performed in a day surgery by an ordinary doctor. Let us not forget Dr Peter Bayliss, a notorious abortionist in whose day surgery a young woman tragically slipped into a coma—

Mrs EDMOND: I rise to a point of order. I think we have been enormously indulgent to the member's search for media attention, but this has absolutely nothing to do with this Bill. The member opposite is discussing the Criminal Code—nothing whatsoever to do with this Bill.

Mr DEPUTY SPEAKER (Mr Reeves): Order! I will take advice from the Clerk.

Miss SIMPSON: I trust you are not trying to censor me on a clause in this Bill.

Mr DEPUTY SPEAKER: Order! The member for Maroochydore will resume her seat. I have said that I will confer with the Clerk. That is the third time during this speech that she has made a reflection on the Chair. I will allow the member to continue, but we will further examine whether this refers to the actual Bill being debated. I will remind the member to talk about the Bill.

Miss SIMPSON: With respect, I refer the Deputy Speaker to the front page of the Explanatory Notes, which talks about the main policy objective of the Bill, and also to clause 12 of the Bill, which is well within the provisions of what I am talking about. I will also outline the questions relating specifically to those issues. I trust that the Minister will not seek to censor me on this issue.

Mrs Edmond: But you are talking about the Criminal Code. It has nothing to do with changes to the Criminal Code. This is a load of grandstanding, gutter-scraping rubbish.

Miss SIMPSON: I take that interjection from the Minister so her comments are on the record. I am disappointed that she is trying to censor provisions relating to the Bill.

Mr DEPUTY SPEAKER: Order! I remind the member to get to her speech.

Miss SIMPSON: Let us not forget Dr Peter Bayliss, a notorious abortionist in whose day surgery a young women tragically slipped into a coma after suffering brain damage during an abortion resulting in her ending up in a neurologically vegetative state on life support. Dr Grundmann was quoted in an obituary after Dr Bayliss' death as saying—

"He"—

Dr Bayliss—

"taught me much of what I now know and his training formed the basis upon which I have built my medical career."

It seems the only peer review of late-term abortionists in this State is that provided by other late-term abortionists. I think we all know that the law is inadequate to rein in the likes of Dr Grundmann, and his arrogance in the knowledge of it is apparent. I do not trust him to make the right clinical decision because he is divorced from the ethical considerations that he is killing premature babies that other doctors are now saving. If the doctors' ethic is to do no harm, this man has no ethics.

When Abraham Lincoln opposed slavery, he stood against the status quo. He was opposed by pro-slavery people who had powerful commercial interests clouding their ethics. Others in that era claim that they opposed slavery, but they did not want to upset the status quo and they did little to help. Vulnerable and defenceless people were subject as slaves to cruel and inhumane acts for too long because of the inaction of society. There are interesting parallels to today's society. However, good doctors are speaking out and trying to challenge a practice that I believe the majority of Queenslanders, once informed, would find equally abhorrent, that is, cranial decompression upon late-term babies with no valid medical reason.

Politicians can use personal attacks against other politicians to try to censor informed debate about this barbaric practice. However, they cannot ignore the mainstream medicos who are publicly questioning the practice and calling for change. I am told that specialists simply would not use cranial decompression.

I note that this legislation outlines the powers of the Chief Health Officer in regard to evaluating the credentials of medical practitioners providing or seeking to provide health services at private health facilities. Given the voice of the Royal Australian College of Obstetricians and Gynaecologists in Queensland saying that there is absolutely no justification for termination of pregnancy after 20 weeks by anyone other than a recognised specialist, I seek the Minister's advice as to whether the Chief Health Officer would have the powers under this legislation to limit late-term abortions to specialists where the life of the mother is threatened and when the baby is post-20 weeks' gestation. As there is a duty of care to the child outlined in the AMAQ's policy, I also ask: what form of clinical review of these late-term abortion practices is afforded under this legislative model for private facilities, given that the practice in public hospitals, such as the Royal Women's Hospital, involves protocols for clinical review?

Referring again to the duty of care to the unborn child, particularly the post-20 week child, and given that this Bill is supposed to be about protecting the health and wellbeing of persons receiving health services at private health facilities, I ask the Minister whether the Chief Health Officer would have the powers under this law to ban cranial decompression. Cranial decompression—the smashing of a baby's skull—should be condemned by every member in this place, and I sincerely urge the Government to consider all legislative and regulatory means to ban this and any other horrendous technique for the destruction of living babies who are the most discriminated against, oppressed, voiceless and underprivileged group in this land.

I note that same sex couples have a high priority in the eyes of this Government and that the word "anti-discrimination" has been used many times in the past few days. I could not think of a crueller discrimination in this State that allows one premature baby to live at the hands of a caring doctor in a hospital while a baby of the same age and development gets killed by scissors to the head by suburban abortionists.