



Speech by

Mrs LIZ CUNNINGHAM

MEMBER FOR GLADSTONE

Hansard 24 November 1999

HEALTH LEGISLATION AMENDMENT BILL

Mrs LIZ CUNNINGHAM (Gladstone—IND) (12.40 p.m.): I, too, rise to support this legislation. Depending on the definition of "rural and remote", we have certainly had quite a significant problem in getting practitioners into the Gladstone region. For a long time, we could not get an obstetrician/gynaecologist. Ours left not because there was an inadequate amount of work but because there was too much work. And because there was no-one to back him up, he left out of sheer exhaustion.

With the move away from deliveries by GPs because of high insurance costs, this meant that many women were required to travel to Rockhampton to give birth. It is only one hour away, but it meant that, socially, the family was disconnected for about a week. It was very difficult for dad to take the children to visit mum after work. So often, for that entire week after the birth, the family did not see much of mum and the new baby, and that created its own problems. Now, with the Mater Hospital, those births that were occurring in Rockhampton are now returning to Gladstone. In fact, the 100th birth at the Mater Hospital occurred this week. That is a significant achievement.

We have also had problems attracting specialist GPs and anaesthetists—again, not because there is not enough work but because there is too much. It is very difficult to get the backup to provide some relief during the weekend and to take a share of the night call-outs. According to many definitions, ours would not be a rural or a remote area. However, I think that a very general definition would have to be that anything outside the south-east corner of the State, that is, Caboolture and Ipswich, tends to be an area that experiences difficulty in attracting those doctors.

I, too, commend the Minister for her initiative of the 30 scholarships, and particularly the fact that they are bonded. I believe that there would be unanimous and very vocal support for that bonding. The fact that there are scholarships is good; it provides training. Previously those people who had been trained by the State were given no incentive to make an investment in the State by serving in rural and remote Queensland. The bonding does that. I am sure that most members have heard from their communities comments such as, "Why don't they go back to the old country service idea?" As I said, those scholarships will be greatly welcomed.

The Doctors for the Bush initiative addresses the obvious problems of getting medical staff into remote areas. They do practise medicine in isolation. They cannot easily call up a fellow doctor to come and have a look at X-rays. They cannot quickly get somebody in to give a second opinion. But I believe that that situation is becoming better as technology is developing—technology such as scanning and X-rays which can be read from remote areas. I believe that, in great measure, that will give support to some of those new rural doctors. It will remove some of the isolation and the sense of isolation from those doctors, particularly the newly qualified ones. When they rotate through their scholarships, in many instances they will be on their own in rural communities, and that will provide a great deal of professional and emotional support for those doctors who are on their own.

I thank the Minister for the briefings that her departmental officers gave and their willingness to answer any queries. I am pleased that the Doctors for the Bush program does not preclude Australian doctors; that those positions will still be advertised in the Gazette, and that anybody who wants to apply and take advantage of the new—

Mrs Edmond: We hope we do get Australian doctors.

Mrs LIZ CUNNINGHAM: So do I. There is a good incentive with the shortened period before which they can get that Medicare provider number. I welcome the fact that it does not preclude our local doctors. They probably would get the first opportunity anyway, given the advertisement through the Public Service process.

In relation to unmet needs—all the talk has been about remote and rural areas, but there is nothing that actually defines that in the Bill. The discretion to determine what is a rural or remote area is the Minister's.

Mrs Edmond: There is going to be a definition.

Mrs LIZ CUNNINGHAM: Is there? It is not in the Bill. I remember asking the question: does that mean that if the Minister chose to declare the Royal Brisbane Hospital as an area of need, doctors could be allocated to that hospital?

Mrs Edmond: Not this week.

Mrs LIZ CUNNINGHAM: No, not this week. The question was answered quite honestly; and as the Bill stands, it could be declared an area of need and get those doctors. However, the Minister would probably have all of the country members placarding her office because of the obvious disproportionate access to medical services that people in this part of the State get compared to remote and regional areas. I look forward to the Minister's clarification of what an "unmet need" will be defined as.

I also raise the issue of the confidentiality of information to the quality assurance committees. I do not have a great problem with the fact that they get access to information. Informed decision making is based on accurate information. However, I understand that the individuals who will be identifiable to that committee are not advised that that information is to be passed on. There does not seem to be any strong obligation on the part of the committee to, at some point in time, destroy the information or to return it to the department or whatever. There seems to be an open-ended loop as to what could happen to that information. And depending on how sensitive it is, correspondingly, it leaves individuals vulnerable.

As I said, I have received a lot of complaints in my electorate about the lack of specialist services in particular to our community. Under some people's definition, Gladstone and Calliope might not be regarded as remote or rural, but when we are trying to get those medical services in place, we certainly fall under that umbrella of difficult places to fill. I ask the Minister to consider my area in any unmet needs declarations as the opportunity arises.

My electorate also has problems with accessing renal units. The closest one is at Rockhampton. I have talked to the Minister about this, but I raise it again, because one of the problems with getting a satellite unit in Gladstone is ensuring that there is a specialist who can oversee that unit. It is my understanding that there is even some problem or risk with the specialist who goes to Rockhampton. From talking with the renal patients and their carers, I have heard that there is a question mark over how long that doctor will remain available.

The travelling time to Rockhampton is an hour and a quarter up and back, and then the patients spend three to five hours on the unit. And for those clients in Gladstone, that is a big ask; it is their entire lifestyle. For three days a week, whatever job the carers are doing has to be put on hold while they take those patients to Rockhampton. The car pooling idea does not work, because various patients are on units at different times, and they react to the treatment differently. Some are quite ill at the end of it. And for them to have to sit around and wait while another patient comes off the unit and then travel home with one person responsible for two or three renal patients is a huge responsibility for that carer and not particularly practical.

The numbers in Gladstone remain static on the need for a renal unit simply because so many people move away. They have gone to Hervey Bay and Maryborough. People have come into my office on a number of occasions and said, "Look, we are going to shift because we just cannot hack the travelling any more." So access to specialist services and GP services in remote and rural Queensland remains a problem, and any steps that the Government and this Minister take to address that are to be commended.

I refer to a newspaper article in which the Minister was commenting on the need for higher levels of Federal Government funding for GP services in Queensland. I believe that Queensland is suffering from the same complaint as those of us who live in the regions accuse south-east-corner Queenslanders of, that is, that vision that the State ends at Ipswich and Caboolture. The Feds seem to think that the country ends in Melbourne and Sydney—and perhaps a minute part of Brisbane, if we get a squeak in—without realising, intentionally or otherwise, that our State is diverse. Comments of negotiation, I suppose, more so than threat were made that one of the options available to State hospitals is to turn non-urgent patients away and get them to access their GPs.

Mrs Edmond: We did say we would not do that.

Mrs LIZ CUNNINGHAM: I know. I was going to refer to that later. But the trouble with that is that it is a cyclical argument. We have this Bill before the House today because there is a recognition that there are not enough GPs in country areas.

The Commonwealth Government certainly needs to take into account—not theoretically but practically—the difficulties that Queensland faces with regard to obtaining medical services. The State Government, irrespective of its political make-up, should not have to threaten a reduction in or the removal of health care services to our own residents because the Commonwealth will not acknowledge the diversity and distance involved in one of Australia's States. Health care, and one's state of health, is fundamental to one's quality of life. I believe that the Commonwealth Government has a responsibility and an obligation to look more closely at the difficulties faced by Queensland.

I would like to commend the action taken by the Minister in this legislation in relation to smoking. My children first informed me about Ecstasy cigarettes when we were in Brisbane for a weekend. The children had gone off to the shops and they returned quite astounded after seeing Ecstasy cigarettes. They went into one of those little shops where one goes to look at the sort of clothes that 15 year olds like to wear and they saw cigarettes with "Ecstasy" written on them lying loose in a jar on the counter. I said, "You must be mistaken." They said, "No, Mum, it definitely was." They had a second look to make sure that they were correct.

I started to make some inquiries about this matter when the Bill hit the table. I commend the Minister for her fast action in this regard. It is not just a question of the availability of the cigarettes to the younger people; it is the lure of the cigarettes as well—

Mrs Edmond: It's the way they advertise it, too.

Mrs LIZ CUNNINGHAM: Yes.

Dr Prenzler: And the name.

Mrs LIZ CUNNINGHAM: Yes, and the name. It is subtle in some instances. It is almost a subconscious enticement into cigarette smoking. With due respect to members of this Chamber who smoke—and their sensitivities—it has been authoritatively documented that smoking causes health problems. Anyone who knows someone with emphysema or another smoking-related illness, or anyone who has watched someone dying from lung cancer, would realise that any action that the Government takes to restrict access to cigarettes by young children is worth while. This action has to be taken in an endeavour to reduce the numbers of young people who will eventually turn into adults who smoke. Some people might consider that even this legislation is not sufficient. The pain is endured not only by the sufferers but also by their families, who have to sit by and see their loved one suffer.

I again congratulate the Minister on her prompt action in this legislation with regard to cigarette smoking. I am sure that many young people, as they grow into adulthood, will be thankful for their better health as a result of the Minister's actions.
