Speech by

Dr PETER PRENZLER

MEMBER FOR LOCKYER

Hansard 24 November 1999

HEALTH LEGISLATION AMENDMENT BILL

Dr PRENZLER (Lockyer—ONP) (12.32 p.m.): I stand today in this House to give my support and the support of my colleagues to the Health Legislation Amendment Bill 1999, which covers three different areas of interest to me. The first of these areas is the age restriction placed on the use of herbal cigarettes. I can only agree with the Minister on this issue. These types of cigarettes are specifically targeted at teenagers. Although not containing any addictive substances such as nicotine, they can cause a lot of damage. Taken in any form, smoke into the lungs is an unhealthy act that causes damage to lung tissue and cells. Herbal cigarettes are certainly not a healthy alternative to smoking.

I doubt that there would be much argument that many teenagers today smoke due to peer pressures. As cigarettes are unavailable to those under 18 years old, herbal cigarettes are the next best thing to produce the cool, tough image. That image and feeling undoubtedly carry over to the post 18-year-old mark with the purchase of real cigarettes. This is just one more risk to our youth that should be discouraged. One of the ways in which this can be achieved is to stop the availability of these herbal cigarettes to our youth. Undoubtedly, any action we can take as a Parliament to break this linkage—even if we achieve success in stopping only one of our youth from sliding into the devastating addiction of smoking—means that this section of the Bill will have worked very well.

I feel it necessary to comment on the selfish and irresponsible title of the latest herbal cigarette to hit the market. It is called Ecstasy. The use of this name on these cigarettes is completely irresponsible and is most definitely a deliberate action to target the teenage market, even the over 18-year-old market. It is a well-known fact that the drug ecstasy is a dangerous, illicit drug. The name alone will increase the sale volumes of these herbal cigarettes. Children will see them as an alternative to taking real ecstasy, but that alternative may become the beginning of a new and devastating drug influenced life, something we certainly should not be a party to encouraging.

The second aim of the Bill is to achieve, by the use of some attractive incentives, the placement of overseas doctors in the Australian bush. I have no problem with this scheme. My initial reaction was to consider what schemes are in place to attract Australian doctors to the bush. It is a fact that Australia at present has an over supply of doctors, but unfortunately in rural areas there is a dramatic under supply of medical services. This intolerable situation is unfortunately escalating. It is even becoming a problem in the small regional areas close to Brisbane. I have one example at Boonah in my own electorate. We have had trouble attracting doctors to the hospital there, and we are not very far from Brisbane.

Mrs Edmond: It is hardly remote.

Dr PRENZLER: Yes, it is hardly remote. We have just lost one of those doctors and we are having trouble getting a replacement, which is very unfortunate.

It is difficult to attract doctors to rural areas for a variety of reasons. Doctors, even once established in rural regions, are hard to retain. An extremely heavy workload with long and irregular hours become a necessity in practice in rural and small regional areas. Hours worked often extend over 24-hour periods and the demand for a doctor's services can be very excessive, especially at certain times.

The Federal Government has in the past conducted many and varied schemes in an attempt to address the shortfall in the bush but has had only limited success. In fact, a recent Federal scheme proposed to provide student doctors with a Medicare provider number only after working for five years in rural areas and after they had completed a training program. That was designed to fast-track doctors' careers and overcome the shortfall of doctors in rural Australia.

Successive Queensland Governments have also attempted to address the problem through different types of incentive arrangements. This Bill is another one of these attempts to attract doctors to rural areas, the incentives in this case being the support to finish an accredited and supervised training scheme and an open Medicare provider number after five years of service. Although this scheme is supported by the Australian Medical Association, there is some doubt as to whether or not it will work. I find it a shame that we have to now offer incentives to overseas doctors in order to address the shortfall in the bush when there is an adequate supply of Australian doctors quite capable of servicing these rural regions.

Perhaps if successive Governments over time had not torn the heart out of rural Australia in their pig-headed adherence to economic rationalism, the bush might seem more attractive to many more people, including doctors. Perhaps if successive Governments had been keen to upgrade rather than destroy services, facilities and infrastructure in regional areas, we would not need this legislation. But we have a problem in rural and regional areas. Considering the definite need for more doctors in the bush and the apparent continued disinterest by Australian doctors to fill this void, I can see no problem with the incentives proposed in this legislation. I support it wholeheartedly.

I do have some concerns about the long-term effectiveness of this scheme and the long-term contributions to the national doctor surplus that this scheme may cause. I also have concerns with the issuing of even more Medicare provider numbers, which will increase the cost of Medicare. However, I believe that the absolute necessity of ensuring that regional and rural Queenslanders are guaranteed an adequate standard of medical care overrides any of these concerns. I acknowledge that we must try whatever we can do to address this problem. I hope, along with the member for Callide, that many of these doctors do choose to remain in the bush after their five-year term, and I congratulate the Minister on the Government's training scheme.

The third aspect of the Bill seeks an improvement in the area of quality assurance committees for hospitals. I am aware of the benefits that quality assurance committees can provide if they are conducted in an appropriate manner and if the recommendations are seriously noted and acted upon. The most important point is the quality of care of patients, and these committees go a long way towards ensuring that. What concerns me, however, is the necessity to remove the confidentiality clauses from those who provide information to these committees. The Minister noted in her second-reading speech that patients are safeguarded through the confidentiality requirements of the committees, but I wonder if it is absolutely necessary for these committees to be privy to patient identifying information in the first place.

I note that the Scrutiny of Legislation Committee did not have a problem with this clause, and I take that into consideration. However, I draw it to the attention of the House and ask for some assurance from the Minister as to how these committees function in relation to the security of this information. Apart from this small aspect, I believe the legislation will benefit the people of Queensland, particularly those in the rural and regional areas of Queensland. Therefore, I lend my wholehearted support to it. I thank the Minister again for bringing this legislation before the House.