



Speech by  
**Mr TERRY SULLIVAN**  
**MEMBER FOR CHERMSIDE**

Hansard 23 November 1999

**PRIVATE HEALTH FACILITIES BILL**

**Mr SULLIVAN** (ChermSIDE—ALP) (9.40 p.m.): Before addressing the main part of the Bill before the House, I will make some comments on what the Opposition's Health spokesperson said earlier. She and I share certain things in common. I stand in the pro-life camp, not in the pro-choice camp. I am against abortion on demand. I am appalled by the general late-term abortions that are performed as a form of family and social planning.

Just last week I reread a newspaper article on this topic. It was an article on the front page of the Catholic Leader from around 1995. In it the member for Toowoomba South, the then Opposition Health spokesperson, called on the Goss Government to take immediate action to stop late-term abortions. A few short months later, in February 1996, that same member became the Minister for Health and he remained Minister for Health until mid 1998, as a member of the Borbidge/Sheldon coalition Government.

During his two years as Health Minister, what changes did Mr Horan make to the law regarding abortion, specifically late-term abortion? None—absolutely none. What did the National and Liberal Party members and Independent Liz Cunningham do to change the law on abortion, specifically late-term abortion? Nothing—absolutely nothing. What amendments did National and Liberal Party members and the Independent member, who had the numbers at that time, propose in this Parliament? They suggested nothing. They did nothing. They introduced no amendments.

What I understand did occur is that Mr Horan asked for and got a report, which was provided to him by the department. The press should be asking these sorts of questions: did the then Minister for Health show this report to his fellow Cabinet Ministers; and did he inform his coalition backbench?

Earlier, when the member for Maroochydore finished her speech, I heard the member for Southport say, "Well done, Fiona." I would like to know whether the member for Southport was told about the report that was provided to Mr Horan about abortions.

**Mr Veivers:** I said, "Well done, Fiona", because she stood up to the brutally one-sided situation in this House. I didn't think it was fair.

**Mr SULLIVAN:** Were you informed about the report?

**Mr Veivers:** I was not talking about that.

**Mr SULLIVAN:** Oh, I see.

**Mr Veivers:** I was talking about how you were carrying on over there.

**Madam DEPUTY SPEAKER** (Ms Nelson-Carr): Order! If the members for ChermSIDE and Southport want to have a conversation about this, could they do it after the debate?

**Mr SULLIVAN:** What did the member for Maroochydore do to get legislation passed while she was a member of the Borbidge/Sheldon Government? If she did nothing, then she stands condemned as an absolute hypocrite in this place. If she did in fact propose changes to legislation as a member of the Borbidge/Sheldon Government, then she should now tell the House what, if anything, she suggested. I am happy now to take an interjection from her to inform the House whether she proposed legislation within her party room to change this legislation.

**Miss Simpson** interjected.

**Mr SULLIVAN:** The member will not answer that question. The member who has called upon this Government to make changes will not even inform the House whether she had the intestinal fortitude and the moral honesty to do something when she was in Government.

**Miss SIMPSON:** Madam Deputy Speaker, I rise to a point of order. I refer the Minister to the opposition I received when I attempted to address the Tracy Wooding situation. A woman who did not

want to lose her child was attacked. I received opposition from Labor members when that young woman was kicked in the stomach, resulting in the death of her child.

**Madam DEPUTY SPEAKER:** Order! There is no point of order.

**Miss Simpson:** Those opposite did not want to address the Criminal Code.

**Madam DEPUTY SPEAKER:** Order! Would the member for Chermshire address the Chair, please.

**Mr SULLIVAN:** I think any fair reading of what the member for Maroochydore just said shows that she proposed nothing. She proposed no change. Her backbench proposed no change. I would be interested to know whether the member for Gladstone proposed to Mr Borbidge and Mrs Sheldon a private member's Bill to bring about a change. What we have is here is a case of absolute hypocrisy.

**Mr Seeney:** What about the member for Chermshire? What is he going to do?

**Mr SULLIVAN:** I take the interjection from the hollow and shallow member for Callide, who is making himself known in this place as a loud-mouthed buffoon. He has shown his complete ignorance of what has occurred in this place. He comes in here full of wind and little else, without recognising that when those on his own side had the chance to make changes—they had the reports—they saw the difficulties and they knew that what was in train was the only acceptable thing that they could put into legislation. The advice given to the Opposition spokesman on Police and Corrective Services when he was Health Minister is the same advice that was given to previous Governments. Those opposite know from the medical profession the absolute impossibility of defining in legislation what honourable members probably recognise as an abhorrent practice.

I have made it very clear to this House, to my constituency and to lobby groups that I do not support abortion on demand and that the only acceptable case of late-term abortion would be in those extremely rare circumstances where the life of a mother was in dire and immediate threat. That would be the only case in which I could support the practice, and that would be the case medical practitioners have relied on as their guiding principle for hundreds of years. What we are talking about—I appreciate the Premier's recent comments—is that the shadow Minister got into the gutter of politics—

**Miss SIMPSON:** I rise to a point of order. I find those comments offensive and untrue.

**Madam DEPUTY SPEAKER:** Order! Have you asked for the comments to be withdrawn?

**Miss Simpson:** We have talked about banning cranial decompression.

**Madam DEPUTY SPEAKER:** Order! Does the member ask for them to be withdrawn?

**Miss Simpson:** Yes, I do.

**Mr SULLIVAN:** I withdraw. The shadow Minister is calling on this Government to do something which she would not do and did not have the political or moral courage to address. She knew that it was not possible to put into legislation the things that she is saying. The Opposition spokesperson can give in the most vivid detail the horror of cranial decompression and the cessation of a baby's life. I, similarly, am appalled by that. What I do not accept is what has been portrayed by her, through her comments in the media, as the conservative side of politics saying, "We have some moral stand on this where we believe you should do something", when in fact they did absolutely nothing when they were in Government.

**Miss SIMPSON:** I rise to a point of order. Those comments are also offensive and untrue. I have not accused that side—

**Madam DEPUTY SPEAKER:** Order! Do you ask that they be withdrawn?

**Miss SIMPSON:** I do. I have not accused—

**Madam DEPUTY SPEAKER:** Order!

**Mr SULLIVAN:** I withdraw, even though I referred to the then Government generally. If the member opposite wishes to take it personally, then that is fine. I have withdrawn.

What we have here, and what I hope the media will pick up by doing a simple bit of research, is that people opposite are calling on this Government to do things which they themselves refused to do, which they had no moral or political courage or will to do, because they knew that it was impossible to put into legislation what they want to do. I refuse to stand here, silent, and listen to the absolute garbage coming from some people opposite, when they portray people who should be doing things as not doing those things when they themselves would not do it. I hope that the cant and hypocrisy that comes from that sort of call will be revealed by the media. It is about time it was.

**Miss SIMPSON:** I rise to a point of order. Those comments are offensive and untrue. I would welcome a joint proposal across this Parliament to address the issues as recommended by the AMA and the college of obstetricians and gynaecologists.

**Madam DEPUTY SPEAKER** (Ms Nelson-Carr): Order! Is the member requesting that those comments be withdrawn?

**Mr SULLIVAN:** They cannot be, because they were not addressed to her.

**Madam DEPUTY SPEAKER:** Order! There is no point of order.

**Mr SULLIVAN:** The comments were not addressed to the member. If the member for Maroochydore is that poor at listening to the debate, then it is no wonder that she is getting things wrong.

I am happy to address that issue at any time that it comes into this Chamber. I believe that the hypocrisy that has been displayed through the comments of members opposite will be condemned by people. That sort of politics is, in fact, gutter politics—dirty politics. The Premier was absolutely dead right in his comments about certain members opposite, because they would not do it.

**Miss Simpson:** Why don't we do something about it together, Terry?

**Mr SULLIVAN:** The member says, "Why don't we do something together, Terry?" That is a very good call. If this issue had suddenly arisen, we could understand that it might be a new issue to be addressed and that we were starting from day one. But the challenger—the person who wants to be the leader of the coalition, Mr Horan—publicly claimed four years ago that this should be done. And he did that with the support of members of the coalition who are sitting here now and who were sitting here four years ago. They had the chance to do it. They could have got it through on their own without any bipartisan support. They would have had some support from members on this side of the Chamber—depending on what the legislation was—members such as myself and others who are strongly pro-life. But they did nothing. And to now call on us to do something is absolute hypocrisy.

I turn now to the provisions of the Bill before the House. I support the Minister and her department in what they have done. I will consider, in particular, elements of the private health care industry and how this Bill will affect them. Private hospitals are increasingly providing a wider range of complex, high-technology services through the establishment of specialised units, such as cardiac surgery, intensive care and accident and emergency units. Until recent times, many of these services were available only within the public sector, generally at the larger hospitals, but private hospitals now account for about one-third of all hospital admissions in Australia. As well, the number of licensed freestanding day hospitals has increased dramatically in recent years. Between 1993-94 and 1997-98, the number of day hospitals in Australia increased by 58%, from 111 to 175. This is in contrast to the private hospitals, where the trend has been towards fewer but larger facilities. The number of private hospitals fell by 4% during that same period. In Queensland, there are currently 31 freestanding day hospitals, compared with nine in 1993-94, which is a 244% increase.

The rapid growth in the level of day surgery performed is mainly attributable to recent advances in medical technology which enable an increasing range of surgical and diagnostic procedures to be performed using minimally invasive techniques which do not require the overnight hospitalisation of the patient. In addition, the lower capital requirements and overheads for day hospitals provide operators with significant competitive advantages over private hospital operators insofar as the performance of the less complicated procedures is concerned.

In recent times, the public and private health sectors in Australia have been pursuing an increasing number of integrated developments. Co-locations are the most common of these arrangements, with the Mater complex at South Brisbane being the longest standing and best-known example of co-location of public and private hospitals on the one site. We have perhaps taken for granted the fact that we could go to the Mater private or Mater public at the same site for years without recognising that there was a co-location in existence.

More recently, Queensland Health has entered into an agreement with the Sisters of Charity Health Service and the Sisters of the Holy Spirit Consortium for a co-location at the Prince Charles Hospital and with the Sisters of Mercy for co-locations at Redlands and Gladstone. An agreement has also been entered into with Mayne Nickless Limited for a co-located hospital at Logan. I would like to inform the House that the co-location process at the Prince Charles Hospital is going extremely well, with very good community consultation from both hospitals—from the consortium as well as from the public health sector of the Prince Charles Hospital district. The co-located hospital is being well received.

This is also a chance to again tell the public of the north side of Brisbane what the former Health Minister did between February and July 1996, when he withdrew the community health services that were due to be built at the Prince Charles Hospital site at Chermside. Those facilities were, in fact, cut out of the redevelopment plan for the Prince Charles Hospital and taken back to the Royal Brisbane Hospital. The member for Clayfield, the member for Aspley, the member for Nudgee, the member for Sandgate and I all have constituents who now have to travel along Bowen Bridge Road into the RBH for services which were planned, under the 10-year major hospitals plan, to be built at the Prince Charles Hospital site. They were then dragged back by the member for Toowoomba South, as Health Minister, in a deal with the AMA, so that certain members of the AMA could retain their prestige and

their power at the RBH site. The only ones who have suffered out of that deal are the patients from the north side of Brisbane and, in an indirect sense, all taxpayers of Queensland, because the extra cost of locating those facilities at RBH is estimated to be over \$100m. That \$100m could have been spent on patient services.

If the member for Maroochydore wants to get the details of that deal, she should simply ask her colleague the member for Toowoomba South about the change that he made between February and July 1996. It was a very simple procedure. He will be able to tell the member about that. One does not change those sorts of facilities without having major paperwork. The good thing about it, from his point of view, is that he used the changeover from the regional structure to the district structure to hide the paperwork.

Another type of integrated development that has emerged recently is private hospitals entering into contracts to provide services to public patients. In this regard, Queensland Health has agreed to purchase public health services from the Robina Hospital, being built by the Sisters of Charity Health Service, and the Noosa Hospital, being built by Mayne Nickless Limited. Also, the John Flynn Hospital on the Gold Coast has, for some years, under a contract with Queensland Health, provided a number of specialised health services to public patients which are not available elsewhere on the Gold Coast. The private and public sectors working together in this way help to reduce duplication and improve access to quality health care in Queensland.

Another notable trend in the industry is the increase in the number of private hospitals that are becoming part of large corporate groups in both the for-profit and not-for-profit sectors. For example, Health Care of Australia, the largest owner of private hospitals in Australia, operates 45 private hospitals and has a total market share of 20% of available private hospital beds. Other large groups include Australian Hospital Care and Ramsay Health Care, which own 16 and 14 private hospitals respectively. Some of the benefits resulting from the groupings of hospitals are that larger groups have greater negotiating power with private health insurers and the capacity exists to undertake more complex projects, such as co-locations.

The relationship between the private health sector and private health insurers has changed significantly in recent years. The main change occurred as a result of Commonwealth-initiated reforms to the health insurance industry in 1995 which were aimed at reducing the cost of private health insurance and private hospitalisation. These reforms permitted health insurers to negotiate contracts with private hospitals and have allowed health insurers to offer 100% cover for hospital and medical costs. The ability of health funds to contract with selected private hospitals has major implications for the private health care industry. For example, there were press reports last month that MBF's Gapcover proposal could result in the closure of five small private hospitals just in the Toowoomba area.

The changes proposed to this Bill are needed to address changes within the hospital and medical industry. They are supported by the industry, and I support them.

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