



Speech by

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MEMBER FOR MULGRAVE

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DIALYSIS TREATMENT, INNISFAIL

Mr PITT (Mulgrave—ALP) (11.05 p.m.): The incidence of end stage renal failure is increasing both as a per capita rate and in absolute terms as the population increases. It costs Queensland public health services approximately \$30m annually to treat 800 patients with dialysis. In particular, the incidence of renal disease among indigenous people in Australia has to be addressed as a matter of urgency. Statistics from 1996 show that the known prevalence of end stage renal disease among Queensland indigenous people was 11.8 per 10,000 compared with 2.5 per 10,000 in the white Australian population.

The need for increased capacity for renal dialysis services in far-north Queensland over the next few years is recognised by the Minister and by Queensland Health. In the Innisfail area there are currently 18 patients with end stage renal failure. Six of these patients have to travel to Cairns for haemodialysis treatment. The member for Hinchinbrook and I discussed with the Health Minister the need for a dialysis machine in Innisfail. As a result of these representations, we have been encouraged to see that this important issue is receiving the attention that it deserves.

As a short-term measure, there is new initiative funding of \$1.5m for home haemodialysis equipment across Queensland. In the Innisfail district health service area there are eight patients who may be suitable for home dialysis. This includes four from Innisfail, one from Mission Beach, two from Tully and one from Miriwinni. Home dialysis is one option to manage end stage renal failure. Individuals are given training and support. This includes allied health care support and visits from a mobile dialysis nurse. Importantly, they need the help and support of a family carer. They need to be reviewed regularly by a nephrologist. They also need technical support to maintain the machines. All this can be provided in this package.

Patients who are clinically well and have proper home support can be offered the option of home haemodialysis. For the right patients, home haemodialysis means that they can have treatment in the convenience and comfort of their own homes. These patients do not need to travel to dialysis centres several times a week. However, home haemodialysis is not an option for all patients. Some people may have the family support and the personal resources that are needed for home haemodialysis—others do not. This extends to good infrastructure, including a pure water supply and an electricity supply.

One of the key aspects of the initiative will be the training of suitable patients for transfer to the home setting. This is good news for some of our renal patients at Innisfail. A number of potentially suitable patients who live in the Innisfail district are being considered for home dialysis training, but they will have to be assessed on an individual basis. As a community, I believe that we can also look at the transport issue at the local level.

As part of a longer-term measure, the Minister has proposed to refer this issue to the End Stage Renal Advisory Panel. This is an expert body in Queensland with representation from private and public sectors. Dr Tim Furlong, who is well known to renal patients in far-north Queensland, is a member of the panel. I have been advised that Queensland Health will look at this issue in consultation with the advisory panel.

There are a number of issues to be considered. Firstly, to be most effective, the End Stage Renal Advisory Panel recommends networked services, with each zone being self-sufficient in services. In this case the northern zone takes in the area from Mackay to Thursday Island to Mount Isa. The

second issue is that dialysis units need to be linked to tertiary hospitals for teaching, research and clinical support to allow staff to have professional development and support. This is a highly specialised area and these staff cannot work in isolation. Recruiting specialised staff to work outside of major centres is an ongoing issue.

When I met with the Health Minister I was assured that the clinical needs of renal patients in the Innisfail area are being considered carefully. It is not just a matter of funding. There is a lot more to this issue than just providing the machines.

I would also like to support the efforts of community groups and Government agencies that have prevention as their focus. Too often we are focused on the sick care system—not the health system. Keeping people healthy is the essence of this Labor Government's Health policy. Actually reducing the incidence of people with end stage renal failure is something to aim for.

Next week, on Tuesday, 16 March, members of the Innisfail and surrounding community are meeting to organise a fundraiser to obtain in the long term machines at the Innisfail Hospital. This is a worthy project. It is going to take a lot of money. Those machines are not cheap, but I commend the people of the district for the work that they are doing. I know that both the member for Hinchinbrook and I will be attending that function and lending our support to the community.
