Speech by

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MEMBER FOR CAIRNS

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HEALTH LEGISLATION AMENDMENT BILL

Ms BOYLE (Cairns—ALP) (2.53 p.m.): I am pleased to support the Health Legislation Amendment Bill 2001 and the amendments to the Mental Health Act 2000. There is much in the bill—some enhancements to the previous act, some procedural amendments and some technical amendments. However, there are just three particular matters of concern and interest to me that I wish to raise with members of the House.

The first issue is an enhancement to the Mental Health Act 2000. Section 284 of that act provides for the Mental Health Court, in making a decision upon a reference to it, to receive material in evidence from a person who is not a party to the hearing of the reference. The material must be sworn and not otherwise part of the brief of evidence before the court, and the court must be satisfied that the material is relevant to the decision. Clause 127 of the Health Legislation Amendment Bill 2001 amends section 284(1) by adding to the example given of what is meant by relevant material the following—

A statement by the victim of an offence that is not otherwise before the court about—

...

(b) the risk the victim believes the alleged offender represents to the victim or the victim's family.

I recognise the importance of that small addition, particularly for victims as well as for the Mental Health Court in terms of the actual content. Unfortunately, I think we have been too limited in what we have allowed victims to present as information, yet often they hold—unfortunately, in fact—information that, while it might not bear on official court proceedings, is of considerable importance in determining an appropriate course of action for managing the perpetrator of whatever acts. I must say as a psychologist that allowing the victim to present such information is also part of the process of unburdening oneself of dreadful circumstances, sometimes traumatic experiences, putting that in the proper hands of experts and then moving on in life.

Another matter I draw to the attention of honourable members relates to some small changes being made with regard to the Health (Drugs and Poisons) Regulation 1996. The as-of-right authorities and powers in relation to these authorities provided for under the poisons regulation were in the main replicated in that new regulation. However, the Health (Drugs and Poisons) Regulation did not include any transitional provisions in relation to these practitioners whose authority had been cancelled under the repealed regulation.

The bill confirms that, as of 1 January 1997, the as-of-right authorities cancelled under the poisons regulation remain cancelled, despite the repeal of that regulation and the promulgation of the Health (Drugs and Poisons) Regulation. What all of that means is suitable and sensible transitional arrangements for those medical practitioners who have lost their licence as a consequence of their abuse of drugs.

These circumstances do not arise often—not at the level requiring prosecution—but, nonetheless, they unfortunately do arise much more often than we would wish. There have been various studies around Australia, as well as specifically in Queensland, of medical practitioners who abuse their authority and engage in some drug taking of their own. The results of the research suggest that the type of doctor most likely to be de-authorised for self-administration of controlled opioid drugs is a male general practitioner in his 30s who practises in urban locations and who self-administers pethidine.

It is important that we have in place these processes in law to prosecute medical practitioners for these acts where necessary and to take from them their licences to practise on those rare occasions. However, it is also important that, particularly so far as public information and media coverage are concerned, we do not exaggerate the extent or the seriousness of the problem. In fact, in a recent article in the *Courier-Mail* Dr Lloyd Toft, the Queensland Medical Board president, made a plea for some perspective on this issue and on the recognition that a medical practitioner who is addicted to illegal drugs is of course suffering an illness and should be encouraged to, firstly, come forward and, secondly, undertake the appropriate treatments for that illness. If we as members of the general public take too strong a prosecutorial approach, then maybe we discourage medical practitioners who do have problems from coming forward, admitting their problems and being assisted to overcome them.

The third and last matter that I would like to bring to the attention of members of the House is a positive matter within the act, that is, changes in relation to the Medical Practitioners Registration Act 2001 that will enable the Medical Board of Queensland to register overseas trained medical practitioners to practise in an area of need if the board considers the applicant's qualifications and experience are suitable to practise in the area. Under the proposed scheme the board will, when considering applications for area of need registration, have regard to the recommendations of the relevant specialist college. Once registered, registrants will be subject to periodic assessment by the relevant specialist college.

The project and the legislative support should be welcomed widely, particularly in country Queensland. Not only do many regional areas have difficulty securing even sufficient general practitioner services but they certainly do have that difficulty in many specialist areas. I believe that the amendments are such that they provide that balance between offering an opportunity to those with overseas qualifications while making sure that we monitor the standards of practice and ensure that our country is better served—not worse served—as a result of these changes. I do support the bill before the House.