



Speech by

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MEDICAL INDEMNITY INSURANCE

Miss SIMPSON (Maroochydore—NPA) (12.19 p.m.): Today we saw an example of just how out of touch Health Minister Wendy Edmond is in regard to the extent of the medical indemnity crisis and the need for more positive action on her behalf. Already doctors are withdrawing services from public hospitals around Queensland because they are uncertain about the extent of coverage Queensland Health will provide in the event of a patient suing for an adverse outcome.

The Health Minister flippantly and insultingly makes statements that if doctors are drunk then Queensland Health will not cover them. These doctors are not drunk; they are competent and they are the backbone of services throughout rural and regional Queensland as well as many urban areas. They have done their analysis of Queensland Health's indemnity coverage in the public sector and they are starting to withdraw services because the coverage is uncertain and inconsistent.

Private doctors providing public services are finding Queensland Health's support when facing litigation is not up to the mark, and some public sector doctors are also discovering the same. The Health Department and this Health Minister, Wendy Edmond, seem to be looking for an out in condemning doctors before anything has been proven and failing to support them if they face substantial legal action because the department wants to preserve the budget bottom line rather than the rights of staff, and consequently the rights of patients are also hurt. If doctors are inadequately covered and represented, patients suffer when services are withdrawn.

I have talked to VMO specialists who have treated patients in the public sector but who find that when someone sues them Queensland Health will not cover them. The Health Department will quibble about whether the patient had their outpatient visit in private rooms even though the procedure was in the public sector as a public patient. The Rural Doctors Association has also confirmed that private doctors in Emerald have withdrawn from after-hours rosters at the public hospital and other procedures because of concerns about the department's level of coverage.

I understand that in Roma local doctors are sending all pregnant women into the public system. Anecdotally, I understand that Proserpine doctors are doing the same. The list is growing. Given the Health Minister's answer today, I worry also for some of the doctors working outrageous hours within the public health system if a patient has an adverse health outcome because a doctor was overworked. Will Queensland Health argue that the doctor was negligent and therefore fail to provide support in court? That is a grave concern of the staff to whom I have spoken. I wonder also at what point Queensland Health makes the decision as to whether a doctor was negligent and whether or not it will provide legal cover.

The other matter that the opposition raised today was the state government insurance subsidy for procedural GPs in certain areas of need. The minister stated that the government would provide the full subsidy for the procedural component for this group of GPs. However, the costs are set to rise and they will be far greater than the figures mentioned by the minister today.

The subsidy scheme introduced by my colleague the Leader of the Opposition, Mike Horan, when he was Health Minister, has worked well but needs to be extended, even into some regional centres where great need is arising because of the growing gap between indemnity premiums and what people are able to pay. The current minister has continued the scheme. As the costs of insurance have increased, rural doctors have had to lobby to be paid an increased subsidy as the gap has grown, because they cannot deliver sufficient numbers of babies or undertake sufficient amounts of procedural

work to recoup the costs of the higher insurance premiums. They are an essential service for patients throughout rural and regional Queensland and provide an important backup to the public hospital system.

A fortnight ago in Rockhampton the GP division warned me that there could be no private obstetricians to deliver some 600 babies in the district. If the state government does not look at this issue and possibly at extending at least some form of temporary assistance to these areas, a large number of baby deliveries and procedural work will come back into the public sector, which will not be able to cope. There are other legal reforms that the government needs to tackle. It needs to shrink the period under the statute of limitations and look at other means of reforming the court system. However, the discretionary coverage for medical insurance of the state's visiting medical officers, which I referred to initially, is a sick joke which needs to be overhauled and beefed up.

These doctors are saying that the assurances of the minister and the department are not worth the air they are spoken into, because they are finding they are not getting backup when facing possible action and they are withdrawing. This will mean that when these people go and that threshold of care leaves these communities, it will be very difficult to rebuild it and there will be an incredible impost on the public sector.