



Speech by

**DESLEY BOYLE**

**MEMBER FOR CAIRNS**

---

Hansard 26 March 2003

**HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

**Ms BOYLE** (Cairns—ALP) (3.21 p.m.): I am also pleased to rise in support of the Health and Other Legislation Amendment Bill with all of its complexity. Many of the clauses in the bill relate to issues of great importance in the field of health today for governments as well as the consumers of health care services. One of the smaller matters that is part of this bill relates to the Medical Practitioners Registration Act. There was concern that numerous retired doctors might not be able to use the title 'Dr', as is the current custom, with the proposed changes to the registration act. I am pleased that it has been decided that they will be able to continue to use this term. It is a small thing but an important thing, at least as a symbol. Doctors in our society have, by and large, been well respected and highly regarded for the importance of their work not only in looking after our routine health care but for saving our very lives on occasions.

There is no doubt that doctors are one of the most important groups in our society. What a pity we do not have more of them, and we could have. There certainly are enough school leavers applying to enter schools of medicine—enough who would make the commitment to the long years of study to become a general practitioner and even further years of study to become a medical specialist—if only the places were available. It is the federal government's responsibility to decide on the placements for medical education, the schools for medical education and the number of places within those schools. At the moment Australia has about 1,000 overseas trained doctors in the system simply because there are not enough Australian trained doctors. What a pity! What a pity, too, when we think of the future needs, particularly in rural and regional Australia, for more doctors and the willingness there is amongst young people in particular, although there are some older people who would like to change careers, who want to become doctors. How much easier the health system would be if we were to train more. It is a simple yet significant solution towards future health issues, particularly now that we have the ageing of the baby boomer generation to contend with.

Unfortunately, there are also other issues on which the federal government's short-sightedness is holding back the future. I was horrified to hear that the federal minister, Kay Patterson, had not even attended the meeting with other health ministers from around Australia in February this year to discuss the Australian Health Care Agreement. Fancy not attending! Fancy simply denying that the problems are there. Fancy not, as they say, facing the music. This was an incredibly poor performance on the part of the person who holds one of the most responsible jobs in the whole country. What she might have had to face is the fact that if the federal government had acted on the recommendations of an independent arbiter for the last agreement Queensland would have received \$166 million more over the past five years. The federal government has duded Queensland. That is the truth. Queensland would have received \$65.4 million more last year alone if the Commonwealth had followed the recommendations of the independent umpire.

I ask members to think for a moment about what that would have allowed us to do for the people of Queensland. The Queensland Minister for Health, Wendy Edmond, has been quoted as saying that the \$65.4 million that we did not receive from the federal government would have been enough to perform 11,000 surgical procedures, including 2,079 hip or knee replacements and other orthopaedic services and 1,427 cataract or other ophthalmology treatments. The waiting lists would have all but disappeared, particularly in those fields. The service particularly to older Queenslanders, those who more frequently need hip replacements and cataract surgery, would have been very significant indeed. I was interested to read an article by Stephen Smith, the federal shadow minister for

health and ageing, who has been attempting to make some very constructive suggestions to the federal government on health policy and how we could do it better.

Stephen Smith has suggested that redirecting the subsidy to fund private hospitals rather than health funds would more easily allow the Commonwealth to put in place direct strategies to reduce the pressure on public hospitals. I support him in that suggestion. I am a strong supporter of the place that there must be for private health practice in this country. I believe in private health insurance and have private health insurance myself. It is important that we balance the public and the private systems. If the private system needs more assistance, as I believe it does, then a direct payment to it from the federal government may be a much more effective option than the present system.

Mr Stephen Smith has also raised other options for the rebate, including means testing, capping the payment of the rebate and taking the rebate off ancillaries or specified ancillaries. For example, taxpayers are currently paying 30 per cent of the cost of subsidising classical music CDs, second-hand golf clubs and even camping tents—lifestyle products that bear only a remote relation to health. Removing the rebate from ancillaries would allow the Commonwealth to redirect—wait for the figure—\$625 million per year towards other health areas. That is a very large amount of money for the states to be missing out on in their public health systems which is being put into ancillary benefits for the relatively rich rather than even directly into private health care.

There are other aspects of the bill that I want to comment on as well. One of these is the concern expressed by some opposition members to the changes to freedom of information and access to information relating to quality assurance committees. It takes some understanding of quality assurance committees and how they work for honourable members opposite to understand why it is quite appropriate to quarantine them from freedom of information. If in a hospital setting, for example, a multidisciplinary health team is to sit around and discuss their business of surgery for the last month which requires them to think laterally and comment on what has gone well and what has not gone so well and include administrative staff in that meeting to talk about the paperwork and the throughput in terms of waiting times, that discussion has to be free flowing. It should not be monitored by the *Courier-Mail* or opposition members of parliament present who might use the thoughts of those present at the meeting during their brainstorming and their discussion against them. It is right and proper that those quality assurance committees should be able to discuss freely without the risk of defamation actions or a suggestion that might have seemed like a good idea at the time being made public. It is right and appropriate that freedom of information not apply.

There are some other important elements of the bill, but I would like particularly to take a minute to give recognition to the amendments to the Hospitals Foundations Act. These amendments will make the process for appointing members to hospital foundations more streamlined and more flexible. This is a good thing.

I must say that we are very fortunate in Cairns and far-north Queensland in having the Far North Queensland Hospital Foundation. It was established in 1997 under the provisions of the Hospitals Foundations Act 1982 and has been gradually increasing in status and importance over the years since its establishment. Presently the foundation operates the multi-storey car park, vending machines, volunteer services, the specialist medical equipment hire service and now also the Sea Breeze Cafe and television service at the Cairns Base Hospital.

In 2001-02 the foundation contributed over \$100,000 to purchase equipment and fund support for health care in far-north Queensland while also completing construction of the \$340,000 Sea Breeze Cafe and installation of the \$180,000 television system. Telephones were also installed beside each bed in two wards, and it is intended by the foundation to provide this service to all beds throughout the hospital as soon as switchboard lines become available.

The foundation's fundraising activities took on new proportions in 2001-02. It achieved a record income result. Local businesses and the public embraced the major fundraising appeal for the purchase of a paediatric transport cot. Having raised already more than 75 per cent of the \$135,000 needed for the cot, we are expecting that this year the full amount of the funds will be raised and that the paediatric cot can then be purchased.

I recognise the good people who have worked so hard on the foundation: the chairman, Dr Ken Chapman; the deputy chairman, Mr Russell Beer; and members, Mr Graham Coonan, Mrs Cheryl Campbell, Mrs Pat Bailey, Mrs Sharon Jones and Mr Brett Grosser. I also recognise the good service given by the previous district manager of Cairns, Marlane Byrne. She has left us now and there are many of us in Cairns who wish her well. Presently her job is being filled by the acting manager, Mr Kevin Hegarty. I recognise the good service also provided by Dr Michael Humphrey as the JCU representative on the foundation. Unfortunately Dr Humphrey has recently left us and taken a position in Western Australia. There are, therefore, some vacancies on the council that I hope will shortly be filled.

To Mr Scott Pickard, who is the general manager of the Far North Queensland Hospital Foundation, and to his volunteer coordinator, Jo Hardie, I give my sincere respects and congratulations.

Their efforts are much appreciated by the broader community, as are the efforts of all of the volunteers who work in the program at the hospital. Not only are they reliable and committed and do they give very many hours in the cause of the hospital and its efficient services; they provide a very considerable comfort to patients and to relatives at a time when they are often anxious and distressed. Their efforts of maintaining at all times a willingness, a friendliness and an eagerness to help are sincerely appreciated. I commend the bill to the House.