



Speech by

**Mrs D. PRATT**

**MEMBER FOR NANANGO**

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Hansard 15 October 2003

### **HEALTH LEGISLATION AMENDMENT BILL**

**Mrs PRATT** (Nanango—Ind) (12.42 p.m.): I rise to speak to the Health Legislation Amendment Bill 2003. This bill amends 11 acts; namely, the Chiropractors Registration Act 2001, the Optometrists Registration Act 2001, the Physiotherapists Registration Act 2001, the Podiatrists Registration Act 2001, the Dental Practitioners Registration Act 2001 and associated acts, the Health Act 1937, the Health Practitioners (Professional Standards) Act 1999, the Health Rights Commission Act 1991, the Health Services Act 1991 and the Nursing Act 1992.

If ever there was an issue of serious concern to the public not only in Queensland but also Australiawide, it would be health. This bill's amendments are generally in line with those relating to other medical fields. They also implement the recommendations of the review of core restricted practices and national competition policy. The bill imposes penalties for certain offences.

We all know that the current dilemma facing the national health system is also reflected here in Queensland. The discontent of doctors in public hospitals, combined with that of the nursing staff and the general public alike, shows that the health system in Queensland is in fact in crisis. Queensland appears to be leading the way in cutting services, reducing staff, denying staff correct wage structures and deterring people from entering the profession.

The minister outlined in her speech the need to remove the broad statutory definitions restricting practices to particular professions and replace these with restrictions on practices which pose a high risk of harm to patients. I do not necessarily disagree with the minister that consumer protection must be the priority, because it really must.

Registered health professionals provide a highly effective means of protecting the public, according to the minister. Registered health professionals whose conduct is considered to be unsatisfactory or unprofessional should be subjected to disciplinary action by the registration board, the review panel or the Health Practitioners Tribunal. No-one would disagree with that. I am sure that every health practitioner practising in this state is aware of it. The *Courier-Mail* on 10 December stated—

A Brisbane doctor jailed for child-sex crimes could resume unsupervised contact with child patients in three years if recommendations before the Health Practices Tribunal are upheld.

The Medical Board of Queensland ... told the tribunal it did not want Michael Harvey Golden's licence to be suspended despite the seriousness of his offence.

I ask the minister whether this doctor, who was jailed for these sex crimes, will be permitted to practise and practise unsupervised. If he will, where is the demarcation line between the bill's actual objective and what it will actually allow?

I doubt that there are any residents in this state who would use a health service unless they were sure it was provided by a competent and trained health professional in any specialised field, including physiotherapy or dentistry. As the minister states, the bill will ensure that Queensland's obligations under national competition policy are met without compromising patient standards. That is a fair comment. It was stated recently—

Medical blunders cost Australia an estimated \$350 million each year, and are a major factor in the soaring litigation bills facing governments and medical indemnity funds.

The serious things that do in fact occur are continually reported in the paper. On 25 October it was reported that a woman was forced to wait 15 hours to have a shower after giving birth, while her baby was not examined by a doctor within 41 hours. That is unacceptable. That is compromising the patient's

care and the baby's care. A Mackay man died from a heart attack after waiting nearly two months for an angiogram, despite his condition being described as high risk. That is compromising patient care. A lot of that goes on. We hear about it almost daily, to the point that people are starting to think it is normal to be possibly subjected to waiting for death before getting into a hospital.

**Mr Mickel:** What?

**Mrs PRATT:** It is true. We hear about these things every day. I could bring forward numerous articles about how people's lives have been compromised.

Recently a young girl went to the hospital on the weekend after hurting her arm. When she presented to the hospital, they said, 'Come back in normal working hours.' She did that, although she was in a lot of pain. Even when she went back during normal working hours no x-ray was taken. Two weeks later she was still in considerable pain so they finally did an x-ray. This young girl had to have her arm rebroken because the bone had knitted crookedly. It was frightening for her. She was put through a lot of stress, trauma and discomfort. In the past people have been let down seriously. With the way the bill is written, I question whether compromise of patient care will be removed.

I turn to other parts of the legislation which are concerned with the dental profession. The bill is looking at extending the roles and skill levels of dental auxiliaries by providing for regulations to provide other categories of dental auxiliary work and additional functions to be performed by appropriately trained or qualified auxiliaries. Does this mean that, finally, the dental clinics in our hospitals, such as the one at Kingaroy, will have their waiting lists reduced? Just a little while ago the wait time was 180 weeks. At the time the figures were quoted, that was the worst wait time in the state. Will these extra dental procedures bring Kingaroy's dental practices back into line with the majority?

Does the bill mean that more doctors will be encouraged to move to rural areas? What incentives will the government offer them? Because currently, as the member for Gregory says, doctors are leaving. Kingaroy has had a change in the last little while. In my opinion, this bill is an excuse to further bind an ailing health system and its practitioners to more legislation that is already falling apart. Why does the minister not amend the bill to cover patients who take legal action against health professionals to a fixed liability, decrease liability insurance costs and take the stretched resources of our health professionals to a new level where more and more people may be induced into taking up a position in one form or another in the industry?

We need a government that will make health providers more accountable and a government that will take the pressure off health providers and induce more people into the industry. Then maybe there will be no need for a bill aimed at making professionals uphold their professional standards. I personally believe they all try very hard to have a very high professional standard, but if the system and the support around them are not there then the chances are that the standards they are seeking to attain cannot be reached. Perhaps they are a bit too high under the current circumstances.

The truth is that qualified health professionals who gain registration must be just that: professionals. They are trained to be professionals. It is the workload and the lack of proper support from the government that are not protecting the interests of the public. There are cases brought into the public arena every day. For example, Lyn has breast cancer and she was advised it was essential to begin her radiotherapy within four weeks of completing her chemotherapy. She was told that she would have to wait 10 weeks and thereby reduce the effectiveness of her treatment. Her life expectancy was compromised because of the system's inability to cope.

We have as many as 140,000 patients admitted to Australian hospitals each year as a result of receiving the wrong or incorrect doses of medication. These are not only by patients themselves; they are administered by doctors, health professionals and nurses. It is quite frightening. There seems to be a lack of care and a lack of time to really address the issues. Recently a young mother was taken to Wynnum, where she was told to go home. She was supposed to be there early. She was told to go home because only two staff were on duty. Ambulance officers were told that the hospital was not able to provide more than basic care after hours and little better in working hours due to most of its equipment being stripped away.

Then there was a situation where an elderly gentleman from Nanango had an appointment at Royal Brisbane Hospital for 8 a.m. He got down there and still had not been seen by 3 p.m. When they asked what was up, they were told the appointment had been cancelled and the doctor had tried to ring them. He had, but just before the appointment was due. Anyone who has any knowledge of Queensland knows it is a big state. It takes at least two and a half hours to get to Brisbane. If the doctor had failed to leave a message that the patient's appointment was cancelled, why was a message at least not left at the desk? There needs to be some coordination between the staff, the doctors and the patients so that they can get the message through.

It is a huge and complex amount of legislation that the minister is trying to bring together, and I do not blame her for that in any way, shape or form, but I do question whether or not it will address the current climate where the health of patients is being compromised. Regardless of what is said, a lot of

times service in rural areas has gone backwards and it keeps going backwards. The needs seems to be rising quicker than the steps taken to try to overcome it. Although I do have quite a few reservations with this bill, I hope that the intent of the bill will be carried through, that it will succeed and that patients will be the overall beneficiaries.