



Speech by

## Fiona Simpson

MEMBER FOR MAROOCHYDORE

Hansard Wednesday, 26 October 2005

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### PUBLIC HEALTH BILL

**Miss SIMPSON** (Maroochydore—NPA) (11.52 am): There is a sense of déjà vu in rising to speak to this bill. The Public Health Bill has been under review in Queensland for about 10 years. In 1998 as shadow health minister I stood in this place when the then health minister, Wendy Edmond, used as an excuse that the need to change the Chief Health Officer's role was the fact that this Public Health Bill was just about to come before the parliament. However, she presided over the most disgraceful act of ripping away the powers of the principal quality monitor over Queensland Health and putting them under the chief executive officer—the chief bean counter—of Queensland Health. Her excuse was that this was about good management and that it needed to happen and happen urgently. The story she did not tell, though, was that there was more than just a hint of the fact that there was a move to remove the accountability and the role of an independent officer's view over Queensland Health with regard to quality. There was the other issue where the Chief Health Officer of Queensland was known to stand up to the then director-general, and was known to have very strong views and strong disagreements with the then director-general of Queensland Health.

Surely in a health system we should encourage people to have those constructive voices of difference if it is about ensuring quality. But what happened? While the then Chief Health Officer was away on leave, the then health minister agreed to the redrafting of provisions that removed the power of the Chief Health Officer, making them subject to the chief bean counter. The result was that the person who was the independent statutory office holder—the principal quality monitor—of Queensland Health left and Gerry FitzGerald was put in that position. We are living out the legacy of this government's disgraceful moves to downgrade the principal quality monitor in Queensland Health, and that is indicative in many other decisions where it did not like dissenting voices that talked about quality. The disgraceful evidence of that is the Patel saga in Bundaberg which is not just about a bad doctor; it is about a bad system which cannot handle dissenting voices that talk constructively about quality issues and challenge the status quo.

I want to quote from my speech in this place on 12 November 1998 when this government rushed through the amendments, stripping away the powers of the Chief Health Officer. I said—

In most jurisdictions the historical reason for the separation of powers between the financial management and public health streams of the various Health Departments has been the significant number of instances where financial accountability sometimes conflict with the action necessary to protect the health of the public. Similarly, there have been many instances in the past—and these will no doubt occur again in the future—where the bureaucracy wished to prevent the accountable Minister from understanding the full impact of administrative decisions that negatively affected public health and wellbeing. We do not want bean counters in charge of a public health system without appropriate checks and balances and without an independent, impartial and totally transparent system that makes sure that concerns of public health are paramount. It is imperative for an independent, accountable and totally professional medical practitioner to be the holder of the statutory powers—not second-hand powers delegated by a chief executive officer. That practitioner should hold the statutory powers in their own right to uphold the public health good for all Queenslanders.

Of all the Government departments providing service to Queenslanders the Health Department is the most important, for the Health Department deals in the sanctity of life. Consequently, no cover-ups, no white washes, no 'sweeping under the carpet' must occur within this Government department. It is interesting to reflect that representatives of a Labor Government who emphasised the need for accountability, transparency, honesty and ethics to ensure that that sad example of what one could expect—Ward 10B—could never occur again are setting the Health Department on a course where, unfortunately, many Ward 10Bs could occur in the future; those same representatives will vote for the removal of the statutory powers from the independent, impartial and accountable officer and place them firmly with the chief bean counter.

It gives me no pleasure to put those words before the House and say, 'I told you so.' But what we have today in Queensland is the disgraceful situation where surgeons have operated without adequate qualifications, where surgeons allegedly with qualifications have butchered people and the system has failed to address that in a timely way. That failure of the system is a direct result of this government's appalling bullying manner which goes to the head of government and goes to the fact that it did not respect the need for an independent person to monitor the quality in Queensland Health.

What is interesting about the amendment the minister brings to the House with regard to the Chief Health Officer is that it says that it will update the functions of the Chief Health Officer and remove the statutory position of manager of the public health services for the state in line with recommendations made in the Queensland Health systems review final report in September 2005. I certainly welcome that upgrade and clarification, but it does not go far enough. We need to ensure that there is clearly an ability for the Chief Health Officer not only to have the right of access to information and direct reporting to the minister but also to be able to report to the parliament. Where independent monitors are in place reporting upon standards of health, we need to ensure that is not massaged by a government that is watching its political ends rather than the outcomes of patients. When we have a very strong centralised bureaucracy like Queensland Health, particularly one that has now been shown to have abused that centralised power, we need to have quality checks and balances that address that imbalance. We must have that.

So although I welcome some of the amendments that are before the House, I say that they do not go far enough to address the fundamental lack of checks and balances against abuse. Although we need good fiscal management, we must make sure that the watchdogs that ensure a standard of clinical care at the grassroots and also systemically at the highest level have the power to enforce that standard and are not punished for speaking out.

This is a government that has talked about political corruption that occurs when there are not the appropriate checks and balances in place, as has occurred in the past, particularly with regard to the police force and police powers. We saw a royal commission and mechanisms put in place to provide appropriate checks and balances on those powers. One group of people who have the greatest power over the lives of average Queenslanders are the people who provide medical assistance. Yet we have seen the situation in which people have died because of an abuse of that power. Although the individuals who performed the operations or failed to provide appropriate care have a responsibility, that responsibility does not rest with them alone; it rests also with those who administered the system and who failed to heed the calls for a check and balance upon that power of fiscal and political management at the expense of quality outcomes for patients.

That is why I will never forget what Wendy Edmond and the Beattie government did. Many members opposite blithely followed Wendy Edmond across the chamber and voted with her to strip away the powers of the quality monitoring officer. They said, 'It was nothing particularly; it was just a little administrative change.' Bullshit! Today in Queensland we have seen the impact of that decision and it makes me very angry. I saw one of the victims of Patel. I have seen the scars. It just makes the hairs on the back of my neck stand up. It makes me sick.

During the Rockhampton sittings of the parliament I met one of the victims of Patel. He showed me what had happened to him. It is amazing to think that, under this government, such complaints went unheard. Over the past two years, when people came forward with claims that a doctor was committing such terrible acts, they did not find an ear with this government. That occurred only because of a nurse who dared to speak up and who found the ear of a member of parliament. She went to him, presented the clinical evidence and was able to say, from a clinical perspective, that her clinical views were not being listened to.

It is a disgrace that this government brought about a crumbling system in which people were too frightened to speak out. So let us not forget what occurred in 1998. Let us not forget the abolition of the critical powers of the principal quality monitor. Let us not forget, when we vote on this amendment, that it is an admission of the failure of this government. It is an admission that it got it wrong when all of those Labor members trotted across the chamber and voted with Wendy Edmond.

I will say again that this imbalance of power has to be addressed further. This government has demonstrated that it bullies people and it tries to shoot the messenger. It did that to Rob Messenger when he stood up in this place after receiving very clear information from a clinical source. I say to this government: we will not forget. We will not tolerate its abuse of the public health system. We will not tolerate its move to means test people who want to access public health.

This morning I heard the Premier say, 'We're going to have a health economist. It is not set in stone yet.' That was a very interesting comment. That health economist is also looking at the issue of flogging off public aged care beds. That is already happening under this Labor government. The Labor government says, 'It is not our policy.' Allegedly, it is not its policy, but it flogged them off at Hervey Bay after saying that it was not going to do that. A submission was presented to cabinet saying that that is what it wanted to do. Then the government came out and publicly denied that it had a policy to flog off aged care beds. Then the

government went ahead with that at Hervey Bay against its express promise to the community not to do that. Is flogging off aged care beds a policy or is it not?

I refer to the situation at Yeppoon. This Beattie Labor government promised a new hospital and nursing home. Guess what? Yeppoon is getting a hospital, but it is not getting a nursing home. The government is talking about flogging off those beds as well. Do we have a Labor government policy yet on aged care beds? It seems to be flogging them off already, whether or not it has announced its policy, which to me smells awfully like a Labor government policy to flog off aged care beds.

So when the government says that it is going to have a health economist look at the issue of whether it should privatise public aged care beds—and members should just wait for the outcome of the health economist's report—I say: get real! You are already doing it. This is going to be just a rubber-stamping of something that is already a reality. That means we can honestly say: if you are doing it with aged care beds, your free public hospital system is next. The government says, 'Wait, we are going to examine these things and then we will consider it,' but the reality is that it is already acting on these issues. The government has already moved to flog off a number aged care beds. A submission was accepted by cabinet back in 1998. Certainly, we will just see another person rubber-stamp what the government is already doing.

So I have real reason to be fearful that the so-called fix that this government wants to bring to health is a desperate means of just reshuffling the deck chairs with the bureaucrats and then forcing Queenslanders, who had a public health system, into a situation in which they will have to turn up with their credit card or their bank statement to demonstrate whether or not they should have access to our health system. One day that will be for elective surgery; the next day it will be for access to emergency departments. That is not in the interest of public health in Queensland.

**Mr DEPUTY SPEAKER** (Mr Wallace): Order! Member for Maroochydhore, I have allowed you some latitude, but I ask you to address the matters contained in the bill before the House.

**Miss SIMPSON:** If we want to have a good public health system in Queensland, we need to have good access to the public health system in Queensland. That is not going to come about through stratifying people's access—by saying to them, 'You have to pay or you do not get access,' when they have as much right on the basis of clinical need as anybody else to access that system. Once again, it worries me that the members opposite—the members of the government who made health more about financial and political management and not about basic care to the patients on the basis of clinical need—are going down the same road with this rationalised approach of credit card medicine in Queensland. They said they were going to save Medicare. Now they just want to sell it out.

Given the abuse by the centralised bureaucracy and the fact that there has been no reform proffered by this government to address such issues, I say that we need stronger checks and balances on the management of clinical care in Queensland. There are many fine doctors, nurses and allied health workers who want to come back to the health system. A PR marketing campaign from the government is not going to crack it. What will do it is a reform of the culture and giving those people the right to make clinical decisions, with appropriate morbidity and mortality checks and balances in place, with the appropriate checks in place, to ensure that the treatment that people are told that they are getting is, in fact, what they are getting. Public health affects everybody. It should not be a matter of whether a person has a chequebook or a bank statement to prove they should have access to public health.