



Speech by

## Robert Messenger

MEMBER FOR BURNETT

Hansard Wednesday, 1 November 2006

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### HEALTH LEGISLATION AMENDMENT BILL

**Mr MESSENGER** (Burnett—NPA) (12.22 pm): It is always a pleasure to rise to speak to health legislation, and that remains so with this Health Legislation Amendment Bill 2006. I note that the bill's main objective is to provide opportunities for the recruitment of medical and allied health professionals. It specifically looks at the recruitment of overseas trained doctors to supplement our medical workforce in Queensland. I suppose we have to ask the question: why has Queensland Health developed a dependence on overseas trained doctors? Is it as simplistic as saying that it is just a lack of doctors? I have to say no, because we have to remember that an Australian trained doctor was available to take the position that Jayant Patel was appointed to by this government.

We have heard evidence that overseas trained doctors were preferred by Queensland Health because they were cheap and they were compliant. They cannot work outside the public health system so they are more likely to put up with the culture of bullying that existed, and still exists, within our public health system. That is evident in the whole Bundaberg health debacle.

I have a concern that a similar situation exists within Queensland Health with the casualisation of the medical workforce. I am specifically talking about the nursing workforce. I had an interesting conversation with nurse whistleblower Toni Hoffman in the lead-up to the election. The question I asked her was: how do we get more nurses back into the medical health system? How do we get more nurses working for our public hospitals? Toni said that one of the reasons we do not have enough nurses is the fact there are not enough permanent jobs—there are too many casual jobs—and that nurses, like everyone else, would prefer security of employment. One quote I can remember is: 'You virtually have to wait for a nurse to die before you can get a permanent job.' Nurses are just like everyone else. They like security of employment—they like to be able to salary sacrifice and they like to be able to take out mortgages. It is very difficult to do those two things if one does not have a permanent job.

The casualisation of the workforce leads to an ability by the managers to wind back someone's hours if they step out of line, speak out of turn or buck the system of bullying. So they can be punished by losing work hours. This is a situation that I will be looking at, along with my colleagues, over the next few years—and I thank you, Mr Deputy Speaker O'Brien, for your latitude. In relation to the delivery of essential services such as health and a whole range of other issues, I believe that the casualisation of the workforce has some disbenefits.

In the last 2½ years Queenslanders have had a unique opportunity to discover how their public health system works and, unfortunately for many, they discovered that the health system has not worked—in fact, it has dismally failed them and their families. The latest elective surgery waiting lists today are further proof of that failure. I note that at Bundaberg 580 patients were treated in the September quarter of 2006. The minister has been boasting about a 53.8 per cent increase in the Bundaberg Base Hospital elective surgery throughput since the September quarter. That is the quarter directly after uncovering the worst public health disaster in Australia's history. In other words, the minister is giving himself a pat on the back for increasing the surgery throughput after a most complete and comprehensive meltdown of our public health system. The minister is starting from a very low base and has not released to the parliament the other waiting list—that is, the list that shows patients waiting to see specialists.

**Mr DEPUTY SPEAKER** (Mr O'Brien): Order! I ask the honourable member to please revert to the provisions of the bill before the House.

**Mr MESSENGER:** Thank you, Mr Deputy Speaker. The provisions of the Health Legislation Amendment Bill relate to the hiring of overseas trained specialists. The hiring of overseas trained specialists, I presume, would decrease the waiting lists in our hospitals. Ex-royal commissioner Tony Morris QC, in an address to medical students at JCU in October last year in relation to the Queensland Health waiting lists, stated very importantly—

The most chilling part is the fact that people can die—that people do die—whilst waiting for treatment in this State's public hospitals ... there is strong anecdotal evidence that Queensland Health's misleading waiting lists have contributed to a significant number of deaths.

Mr Morris went on to say—

I have observed that, due to oddities in our legal system, Queensland Health has a licence to deceive. But that licence to deceive may also, in significant numbers of cases, be a 'James Bond style' licence to kill.

**Mr DEPUTY SPEAKER** (Mr O'Brien): Order! I have asked the honourable member to keep his comments to the provisions of the bill that is currently before the House. I fail to see how the comments that he is making now are relevant to the bill before the House. It may help if he shows me how they are relevant. This is the second time that I have warned the member. I ask that he return to the provisions of the bill.

**Mr MESSENGER:** Page 64, part 8, clauses 120 to 126 speak to the amendment of the Mental Health Act. On 10 October 2006 the editor of the *Bundaberg Newsmail*, Lucy Ardern, stated that the people of Bundaberg and Burnett have the right to know when the mental health unit in-patient service will re-open and the reason for the delay. The adult in-patient facility has been closed for over one year now and during this period we have heard the health minister, Mr Robertson, and other Queensland Health bureaucrats telling us that the reason for our unit's closure was due to the unexpected resignation of a principal house officer and the difficulty of attracting other senior medical staff and specialists within the service. Our minds were, however, temporarily put at ease when we were assured that the unit would re-open once the clinical director, Dr Naeem Jhetam, arrived. After our community had patiently waited finally in August Dr Jhetam arrived. Two months on and the in-patient facility remains closed.

I recently sought answers when I met the acting district manager, Mr John Wiley, who informed me that the unit could not realistically be open by the end of this year and to expect that the facility would be up and running in approximately six months time. This time the reason given, I am told, is that the unit is in need of renovations to meet the relevant standards.

It would appear that the health minister and this government have once again misled the people of Bundaberg and Burnett which has caused unnecessary grief and damage to families, families who have loved ones suffering from mental illness. Mental health in-patients in Bundaberg have to be transferred to Rockhampton or the Sunshine Coast and that, in itself, poses problems for Emergency Services as well as the patients themselves and their families. Sometimes those patients have to be housed overnight in wards of the Bundaberg Base Hospital. Members can imagine the difficulty that a nursing sister would face in the ward proper, say a medical ward or a rehab ward, if a 20-year-old psychotic patient was housed there temporarily before that patient was transferred to a more appropriate facility.

In his second reading speech the minister talked about a shortage of medical practitioners to provide a medical service at one health facility and whether it is reasonable for that service to be provided at another facility. This is a reality at many regional hospitals, including Bundaberg. Many Bundaberg and Burnett residents have to travel to Brisbane hospitals for treatment.

Mr Reg Pegler would like this government to establish a shuttle bus service in Brisbane whose job it is to pick up the regional tilt train passengers—and I believe they are from Mackay right through to Gympie—who are travelling for medical appointments and treatments. A trip to the capital city for a rural or regional person can be extremely stressful at the best of times, but when that person is struggling with medical problems or serious life-threatening illnesses just the journey from the train station to the hospital or hotel can be a nightmare.

**Mr Robertson** interjected.

**Mr MESSENGER:** I was speaking about the provision of a shuttle bus from the regional trains from the perspective of the minister's comment about a shortage of medical practitioners at one particular health facility and whether it is reasonable for the service to be provided at another facility. That is quite an important service that the health minister might like to consider, especially for regional and rural constituents, many of whom travel to Brisbane to receive treatment. It is not just a frivolous or vexatious claim here in this House; it is a very important issue for many of my constituents. I travelled with my mum when she came from Bundaberg to Brisbane for treatment for cancer. Many of these people are suffering life-threatening illnesses and we need to find every way possible to lessen the burden on those people who cannot be treated by our health system in their home city.