



Speech by

Shane Knuth

MEMBER FOR DALRYMPLE

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL AND HEALTH PRACTITIONER REGULATION NATIONAL LAW BILL

Mr KNUTH (Dalrymple—LNP) (11.57 am): The Health and Other Legislation Amendment Bill is designed to amend a number of acts. It is imperative that we support any attempt to improve protection for patients and ensure Queenslanders receive the best possible health care. For too long the underfunding of Queensland Health and the increasing levels of introduced bureaucracy have resulted in conditions where patient care has been compromised. While the LNP is supportive of the intent of the legislation, there are several amendments that we will move to ensure that confidence in doctors by all patients, including their colleagues, is not threatened by any requirement to break a patient's confidentiality. While we do not want to see impaired doctors putting the safety and wellbeing of patients at risk, we do not want to see doctors avoid their own health problems for fear of being reported. We need to return to the absolute faith we previously had in the profession and trust that a doctor will not knowingly risk the life of a patient, not give one of his colleagues the ultimate responsibility to report.

Under the bill, it will be an offence for a person to smoke in a vehicle if someone under the age of 16 is present in the vehicle. This part protects the health and wellbeing of our minors. Making it illegal to smoke in a vehicle used for business purposes when another person is present is over the top. Adults are legally able to make their own choice and suffer the consequences. We are becoming a nanny state by eroding the rights of our citizens. Most companies have their own smoking policy which determines where and when employees can smoke. Most companies ban smoking in vehicles anyway. Why does the government have to add its draconian attempts to control the equation? Do our police officers have that much time on their hands that they can afford to police another ridiculous piece of legislation and determine whether the car is being used for business purposes, issue fines accordingly, and then spend hours completing the ridiculous amount of paperwork required?

Other amendments include provisions to allow nurse practitioners to issue medical certificates for minor injuries. This makes sense. Our doctors, especially in communities dominated by highly regulated industries such as the mining industry, are overwhelmed with requests for medical certificates. This will alleviate some of the pressure from the doctors and allow them to deal with sick patients and not satisfy the requirements of overregulated industries. In the case of Forsayth, years ago nurses were able to dispense medication that had been prescribed by doctors because of the unavailability of doctors and pharmacists in the area. This provision was outlawed, and we had a terribly frustrating and dangerous time during massive flooding when patients ran out of their medication and had no local avenue to provide it when the floods remained for three weeks. These changes will hopefully lead to greater recognition of the effort and professionalism of the health workers working in rural and remote areas where there is no available doctor.

The Health Practitioner Regulated National Law Bill 2009 will hopefully also lead to more equitable outcomes for those rural practices that rely on the work of locums. The right to private practice is one small incentive to encourage general practitioners to work in rural communities. Recently we had a ridiculous situation where a busy rural practice with the right to private practice had to wait until a provider number was provided. His public provider number was fast-tracked, which allowed the locum to see patients in an

adjoining hospital, but he could not work in the practice without a number. All the paperwork was lodged within appropriate time limits, and the public provider number was fast-tracked. The private one, however, was not. Without this, he was unable to refer patients for X-rays and specialist appointments, and patients were unable to receive the Medicare rebate. Every time a locum changes location he requires a new provider number. This is bureaucratic overkill—

Mr Lucas: I am happy to look into it for you if you want. It is a federal issue, but has it been sorted out?

Mr KNUTH: Yes, we have worked on that, Minister.

Dr Douglas: There is one more in this morning's paper.

Mr KNUTH: This is bureaucratic overkill and is completely unsustainable in rural communities where it is difficult to attract permanent doctors and where we rely on services from local doctors. While I acknowledge the announcement by the member for Mulgrave to make provision to call for tenders for a CT scanner for the Atherton Tableland hospital, and I appreciate the minister looking into an issue I raised in parliament in a question to him about six to eight weeks ago, I want to say that that CT scanner was pushed for more than five years ago and was promised in May this year. It is very important for the Tablelands people as we have a thousand patients going up to Cairns. We have medical practitioners who have been threatening to resign if the scanner is not provided. Some of those medical surgeons will leave. They are in the process of leaving, and I encourage the minister to give us all the support we can get in looking for provisions for other medical surgeons to take over those surgeons' places.

We need a CT scanner for the Atherton Tableland hospital. As I say, a thousand patients per year are going to Cairns to get access to these scanners. This is also putting pressure on the Cairns Base Hospital surgery. That would relieve that pressure off the Cairns Base Hospital and allow those people to stay in the Tablelands, which is very important and important for the health system in the Cairns Base Hospital.

The previous health minister knows that we have been pushing for a dementia unit based at the Eventide Aged Care Facility. It is a wonderful facility, which was built in 1929. It is the biggest issue going besides this CT scanner. It is probably the most passionate issue that I have confronted. In an area with more than 13,000 people they are having to send their loved ones who have dementia on 1,000-kilometre round trips. We have 80-year-old ladies who see their loved ones being sent 1,000 kilometres away when we have this wonderful facility. We have a ward there—Pandanus—which is closed. It is sitting there idle—

Mr DEPUTY SPEAKER (Mr Wendt): Order! Member for Dalrymple, I would ask you to come back to the bill. I have given you quite a bit of latitude.

Mr KNUTH: I wanted to bring those things that I have mentioned to the attention of the House.