




Speech By
Rob Molhoek

MEMBER FOR SOUTHPORT

Record of Proceedings, 30 October 2014

ADJOURNMENT

Molhoek, Mr D; Queensland Health

 **Mr MOLHOEK** (Southport—LNP) (5.39 pm): I rise this evening to speak a little indulgently about my eldest son, David, who is a health student and trainee doctor with Griffith University as part of the world health program and who has worked also extensively on their Hope for Health program. It is with great pride that I share with the House that he will graduate on 16 December, but today he returned from Papua New Guinea where for the last six weeks he has been working as a trainee doctor in the Fly River district in the Western Province of Papua New Guinea.

I thought it would be appropriate to share a little bit of one of the emails he sent while he was away, because it is an incredible contrast to the wonderful health system that we have here in Queensland, and I will turn to that in regard to my electorate in moment. David makes the comment that the hospital in Fly River is modest by Australian standards and in fact makes Australian hospitals look a little like Versace. He wrote—

It has an Outpatients/ED area which is full on arrival each morning, a pathology and radiology department, operating theatre, new (and unopened) surgical ward, general ward, maternity and isolation ward (for TB patients). Where do I start. Outpatients is poorly resourced, mostly of expired stock. Dressings are made from a big pile of cotton and covered with micropore tape, oxygen is available for the sick (not!), temperature probe is old glass mercury stick, medications dispensed in little plastic bags, and hand hygiene, forget about it. Use the communal soap bar and towel to wash your hands.

He goes on to talk a little bit about the experience and he says—

I have learnt plenty about medicine here and probably have seen more sick kids ...

in my first three days—

... than I saw in all my studies in Australia (and probably the sickest kids I've seen too). A case that comes to mind was on my first day when a young kid came in with respiratory distress. He had all the clinical signs that I only read in textbooks, tracheal tug, accessory muscle use, subcostal retention, and a gravelly sounding chest. In Australia, I would hit the emergency button and several seniors would ride in on white stallions to save the day. But this was for me to diagnose and manage. That was scary. We did a malaria test, commenced him on antibiotics and admitted the patient ... However, amazingly at ward round the following morning, he was markedly improved and was discharged in three days.

Madam Speaker, that is quite a contrast to what we are seeing here. I am very proud to be part of a government that is so committed to improving health standards here in Queensland and on the Gold Coast. It is great to see that for the first time we have cancer care on the Gold Coast at the Gold Coast University Hospital. I was there with the Premier when we announced that services for women and newborns would be expanded in terms of specialist services for high-risk pregnancies, and the achievements of this government in terms of reducing health waiting lists has been outstanding.

(Time expired)