




Speech By
Joseph Kelly

MEMBER FOR GREENSLOPES

Record of Proceedings, 26 February 2019

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

 **Mr KELLY** (Greenslopes—ALP) (12.22 pm): I rise to speak in support of the bill. I would like to thank the committee and the people and organisations who took the time to make submissions. Of course, I would also like to thank the minister and his staff for their hard work on this bill.

Just over 30 years ago I started my training as a student nurse. We were amongst the last group of nurses trained in this country under what was known as the Nightingale system. In the 1800s a small number of Nightingale nurses—just five—arrived in the colony of New South Wales at the invitation of the New South Wales governor and went on to establish a training system for nurses across the entirety of Australia. Nightingale established standards of nursing care that persist to this day. She established rules, practices, ethics and attitudes for nurses. They had one aim, and one aim only, and that was to protect patients. She established a system whereby, when a nurse said she was a Nightingale nurse, everyone knew she would be operating to the highest possible standards. All health professionals no doubt have their own stories of the development of their own profession's standards, but the key objective of all of those professional standards is patient protection. This bill is merely a continuation of that long and ongoing process that has existed amongst various health professions for many centuries. It is a process of continually improving our professional standards.

There is no debate in this place that health practitioners do an amazing job. They make great sacrifices to deliver excellent evidence based care. I doubt there are many nurses who have not on occasion gone a whole shift without going to the toilet or without having a proper break because they prioritised the care of their patients over their own needs. It is common to see health professionals going above and beyond because that is what their patients need. Doctors, nurses and allied health professionals all know that the job does not stop when the shift officially finishes. All health professionals know that you are never truly 'off the clock'. If someone needs care and you are on the spot, you stop what you are doing and deliver it. All health practitioners no doubt have run impromptu clinics at family and community gatherings. Putting the needs of patients first is a good and great thing, and I know that all health professionals are prepared to render health care whenever it is requested or required. However, this selflessness often means that health professionals are often not that good at looking after themselves or seeking treatment. This natural tendency not to seek treatment is further exacerbated by mandatory reporting regimes that require the mandatory reporting of practitioners who have any impairment that may cause them to pose a risk to the patients they are caring for. Practitioners who may be suffering from mental health issues, addiction or other health issues could be reluctant to seek health care for fear of their treating practitioner's mandatory treating obligations.

We should also bear in mind that for many health practitioners their mental health or addiction problems may in fact be caused or exacerbated by the things they deal with in their practice. I certainly know many nurses, doctors and allied health professionals who have dealt with a range of stressful and difficult situations. Failure to seek treatment and care will inevitably lead to poor outcomes for clinicians and the patients they care for. It is a problem that has been recognised wherever mandatory reporting

obligations exist, and this bill seeks to deal with this issue. It strikes the right balance between protecting patients and protecting clinicians, it raises the threshold and it puts the treating physician in a very important decision-making process. Treating physicians constantly have to balance the rights of patients and carers. It is a common thing for doctors to have to determine many things: whether a patient is safe to drive; whether they are safe to return to work; if they will do damage to people if they go back to work and they are unfit for that duty; and whether they are, in fact, safe to live and operate in our community. These are all decisions that health practitioners, particularly doctors, are commonly entrusted to make. I believe that this bill gets the balance right and I commend the bill to the House.