Speech By

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MEMBER FOR LOGAN

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HEALTH TRANSPARENCY BILL

Mr POWER (Logan—ALP) (4.36 pm): In our interactions with the health system we may only use a particular service once. We often only get one chance to make a decision to undertake an operation or to choose to enter a nursing home. We only get to make that decision once and we do it with very limited experience. When we need to make these decisions, or guide our loved ones to make these decisions, we need the right information and understanding the value of that information is critical. It is not always an easy task. Information may be confusing and not reflect the whole situation. During the hearings which I attended as a substitute we heard in some detail the nature of useful information with which to make decisions. The bill will more transparently provide information to the public to better empower their decisions over their own health care and to better interpret the value of that information.

We have heard the LNP say, some would say cleverly but others would say cynically, that this piece of transparency is not the silver bullet. They make the good the enemy of the perfect. The good information that is useful is to be hidden by the LNP against the perfect piece of information that they also refuse to reveal. I find it passing strange that the LNP, which should support the consumer—in this case the patient and their family—have all the information they need to make an informed decision. It is especially strange when the LNP are wanting to hide information about the care of elderly in nursing homes—in this case the ratio of nurses to patients that are present in the home. The LNP is blinded with a market ideology that is so ignorant of market theory that they think a market can function properly without information for those making choices. The LNP disingenuously use the phrase 'it is no silver bullet' about the number of nurses compared to patients, again attempting to make the good the enemy of the perfect.

I think of this in a personal way: what information would I want if I were, with my mother, considering what nursing home she might choose? I put to all members in the House: if you were looking at nursing homes with your mother, would you want to know the ratio of nurses to patients within the nursing home that you were considering?

How hollow and trite that argument is in a real situation. I dare members to stand in this place and say that they would not want to know how many nurses were employed in a nursing home in which their mother resided if they knew that some nursing homes have dangerously low nurse-to-patients ratios. Through the submissions we learnt that, in 2008, 21 per cent of residents had high-acuity needs. However, by 2018 that figure was 80 per cent—that is, 80 per cent of residents required specialised nursing care. One would then suppose that the ratio of nurses has gone up in proportion. However, over a similar time period the percentage of nurses to staff has gone from 21 per cent to 14.9 per cent. The level of care required is going way up; the number of nurses providing that care is going down.

The number of nurses who care for our loved ones is critical in our decision-making, yet the LNP want that information to be hidden from the public. I cannot help but be cynical about their motivation on this. I am also deeply disappointed that the LNP is not supporting the ratios. I urge those on the other side to read the evidence of Dr Richard Kidd, Chair of the Council of General Practice of the Australian Medical Association Queensland.

In response to a question from the member for Caloundra, Dr Kidd gave evidence that, in his own words, was 'quite harrowing'. He spoke about the difference between two confronting operations that he had performed. The first operation was some time ago, in 1990, on a 96-year-old. He had to perform an amputation because of serious complications. Two experienced nurses assisted him through the long, slow and harrowing process, which needed to be performed without general anaesthetic. The experienced nurses were critical to the operation and to comforting the patient. The patient went on to live a fulfilling life for nine more years.

The second operation involved dealing with postoperative complications from an amputation on another patient. At that time, Dr Kidd had no nurse to assist him, because the nurse had to do something else and no other nurse was available. Instead, he was helped by an 18-year-old who had started working at the home only two weeks before. The young worker had to hold the leg that he was operating on. I will not go into the details of the procedure.

Before members vote, they must read the evidence of Dr Kidd at page 12 of the committee transcript. I have copies here. I ask members to come and get these copies, because they cannot responsibly vote on this bill unless they have read Dr Kidd's evidence. As I said, I will not go into the harrowing details. Dr Kidd stated—

She had not seen anything like this before.

He is talking about the 18-year-old. He continued—

Halfway through the procedure she was shaking, she was crying, she was on the point of vomiting.

He is talking about the assistant, not the patient. He continued—

It was an incredibly traumatic experience for her and for the patient. We got through the procedure and I got rid of a lot of that rotten tissue, but I then spent another hour debriefing this poor young person, who had no training and no experience to prepare her for this. As I said, the patient also needed some debriefing. She was quite traumatised too.

I repeat: this is the evidence of Dr Kidd. He said—

It was a very different experience to 30 years ago. You would like to think there would be progress, an improvement in quality. Without enough qualified, experienced nurses, things like this just fall apart.

Any member in this place who votes against transparency votes against the stark, harrowing and direct evidence of nurses and doctors such as Dr Kidd. Before you vote, you must read Dr Kidd's evidence in full.