Speech By

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MEMBER FOR GREGORY

Record of Proceedings, 13 August 2020

HEALTH LEGISLATION AMENDMENT BILL

Mr MILLAR (Gregory—LNP) (4.26 pm): I rise to speak on this bill. I would like to speak first to the amendments to the Hospital and Health Boards Act 2011. I am fortunate as the member for Gregory to have two electorate officers who have worked in the Gregory office for many years—since well before my time. They tell me that under the former Bligh Labor government it was not uncommon for them to have constituents in tears in their office because of the inability to receive treatment for their health conditions. Some of these conditions would be simply treated by a competent practitioner, but Queensland Health was so centralised and so broken that basic treatments as necessary as dentistry for abscessed or broken teeth had not been delivered in parts of Gregory for years. I ask for indulgence, Mr Deputy Speaker, in allowing me to recall some of these events. They are directly relevant to the bill, as I will show.

Under Labor, Queensland Health was not seen as just a poison chalice; it was seen as a toxic chalice. The Labor Premier said at that time that it was broken and she intended to dismantle the whole department. While all of Queensland suffered during this time, regional and rural Queensland suffered the most. Remote Queenslanders were slightly better off because of being air evacuated to Brisbane, but Queenslanders in our provincial cities and country towns had to like it or lump it, and lumpy it was as poor health outcome statistics for these Queenslanders show.

This is why I approach Labor's health legislation with a little bit of suspicion. This history also demonstrates why the amendments to the Hospital and Health Boards Act 2011 is a disastrous idea. The concept of local hospital and health boards with the power to deliver local health services in a way that reflects local priorities was key to former minister Lawrence Springborg's successful reforms in Queensland Health. Unlike Labor's preferred model of a centralised bureaucracy doling out favours, this model actively seeks to serve local needs. It lets local communities have a say in how their local health services are delivered. In itself this provides a further check on the sorts of outrageous failures we saw under the previous Labor government.

This bill amends the act so that the hospital and health service must have regard to the effective and efficient use of resources for the entire public health system as a whole and the best interests of patients and other users of health services throughout Queensland. In other words, we are back to a centralised system. The Central Queensland Hospital and Health Service cannot prioritise offering mental health counsel or renal dialysis or whatever the local need is because there might be more patients requiring that in Caboolture. Of course, renal dialysis is something for which I have been calling for both Longreach and Emerald. This leads to the minister skipping around Queensland doling out favours like the tooth fairy doles out gold coins. This is just pork-barrelling, another Labor specialty. This one innocuous change will undo all the good work achieved to repair Queensland's hospital and health services. Eventually, it will return us to the worst of the bad old days but with an additional layer of bureaucracy. The hospital and health service will still be in place but no longer in charge.

I would also like to briefly mention the amendment that enshrines in law a mutual obligation between the hospital and health service and the Queensland Ambulance Service. This is a direct result of ramping issues at the Logan Hospital and shows the power of the Queensland Nurses and Midwives'

Union. Even the union is no supporter of the devolved governance model of the HHS system. The fact that the minister needs laws to force nurses to work with paramedics should be of great concern. Such legislation has never been required before.

I now move to the laws concerning conversion therapy. The government has stated that the amendments to the Public Health Act prohibiting conversion therapy aim to protect Queenslanders from the harm caused by conversion therapy, but where is the evidence of the risk? I note a report by respected journalist Bernard Lane in the *Australian* on 20 January this year. He writes—

> Explanatory notes for the bill use the word "torture" six times, but at a briefing last month Queensland Health director-general John Wakefield admitted data on conversion therapy in Australia was "very scant". He cited the 2018 La Trobe report as the "most detailed work".

The article then points out—

> That report focuses mostly on religious "gay conversion" stories, some back in the 1980s, as told by 15 interviewees.

This bill does nothing to prevent such religious conversion therapies; however, it does risk driving mental health professionals from treating at-risk children and adolescents because of the risk that the therapy may be deemed criminal. The health system already has systems in place to deal with rogue practitioners, so why criminalise this one area of practice? Why would any government legislate therapeutic prescriptions in such a complex medical area?

The treatment of mental health issues in children and adolescents is far too complex to be reduced to such a simplistic point of view. Yes, there has been a trend of young people presenting with complaints of gender dysphoria, but this trend is so far unexplained. A therapist must seek to untangle the often complex underlying issues for each patient, because adolescence is a time when such issues often emerge. These may include serious mental illnesses such as bipolar illness, teenage-onset schizophrenia, anxiety and depression.

It can also be a time when standing diagnoses such as autism begin to express themselves differently in a patient's life, because life is suddenly expanding for young people at that age. Other emergent issues that rear their head and seek validation and resolution at that time in an individual's life can include bullying, harassment, child abuse and family trauma such as being a child witness to extended domestic violence. This is why therapists do not just treat a patient's self-reported diagnosis; they tread carefully to see what the underlying issue is. They do this in a sincere attempt to help patients resolve these issues and achieve a better life.