Speech By

Ros Bates

MEMBER FOR MUDGEERABA

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HEALTH LEGISLATION AMENDMENT BILL

Ms BATES (Mudgeeraba—LNP) (12.41 pm): I rise to speak to the Health Legislation Amendment Bill introduced by the Palaszczuk government last year, which has sat languishing on the Notice Paper for several months. Most of this bill is fairly non-controversial and we do not oppose those elements of it, but we will be strongly opposing clause 28 of the bill that proposes to treat doctors like criminals and has been widely opposed by medical and legal stakeholders. We would appreciate the government providing us with the time during consideration in detail to oppose that specific clause.

As the explanatory notes state, the bill proposes to amend the Ambulance Service Act 1991, the Hospital and Health Boards Act 2011, the Queensland Mental Health Commission Act 2013, the Private Health Facilities Act 1999, the Public Health Act 2005, the Private Health Facilities Regulation 2016 and the Public Health Regulation 2018. According to the explanatory notes, the bill implements policy initiatives and improves the effective operation of the legislation by amending it as follows—

- the *Hospital and Health Boards Act 2011* to:
  - strengthen networked governance in Queensland's public health system by:
    - requiring Hospital and Health Services and Hospital and Health Boards to have regard to the effective and efficient use of resources for the public sector health system as a whole, and the best interests of patients and other users of health services throughout Queensland; and ...
  - strengthen the commitment to health equity for Aboriginal people and Torres Strait Islander people and strengthen the capability and effectiveness of Hospital and Health Boards by:
    - including as a guiding principle a commitment to achieving health equity and delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;
    - requiring each Hospital and Health Service to have a strategy for achieving health equity for Aboriginal people and Torres Strait Islander people; and
    - requiring each Hospital and Health Board to have one or more Aboriginal persons and/or Torres Strait Islander persons as members;
  - allow the Patient Safety and Quality Improvement Service within Queensland Health to disclose root cause analysis reports about reportable events to quality assurance committees; and
  - make minor technical amendments;
- the *Ambulance Service Act 1991*, to complement the amendment to the Hospital and Health Boards Act, to recognise the Queensland Ambulance Service and Hospital and Health Services have mutual obligations to collaborate;
- the *Public Health Act 2005* to ...
  - repeal redundant provisions for the Queensland Pap Smear Register, which has been replaced by the National Cancer Screening Register; and
  - correct a minor drafting error in the legislative requirements for Water Risk Management Plans;
- the *Public Health Regulation 2018,* to repeal redundant provisions for the Queensland Pap Smear Register;
- the *Private Health Facilities Act 1999*, to align the conditions of licence for private health facilities in Queensland with requirements under the nationally adopted Australian Health Service Safety and Quality Accreditation Scheme;
- the *Private Health Facilities Regulation 2016*, to support amendments to the Private Health Facilities Act to align conditions of licence for private health facilities in Queensland; and
- the *Queensland Mental Health Commission Act 2013*, to clarify the Mental Health Commission's powers to employ staff and to allow the Commissioner to be appointed for a term of up to five years.

Those are provisions that the LNP will not be opposing.

It is curious though that the Palaszczuk government has to legislate to ensure that hospitals and ambulance services have to work together. Specifically, they are required to collaborate and this has to be done through legislation because the Minister for Health cannot administer his department properly. As the LNP members on the committee rightly pointed out in the committee report—

The portfolio over which the Minister has responsibility includes Health and the Queensland Ambulance Service, in which there is one Director General and one Commissioner for the Queensland Ambulance Service, yet they cannot 'collaborate' to have the two services work as one.

That may have something to do with weak leadership from the minister. It may also have something to do with the record levels of ambulance ramping and the failed dump-and-run rapid transfer ambulance policy that was supposed to be in place for only the two weeks of the Commonwealth Games and that has led to disputes between staff in hospitals. A new governance model implemented in this legislation shows that the current model is not working. After more than five years of the Palaszczuk government, we now require legislation to ensure that hospital staff and ambulance services collaborate. It is an admission of failure in governance and administration by the Minister for Health.

In the context of better governance, everyone remembers the incidents in April last year when paramedics and emergency hospital staff clashed over a lack of available beds and, in particular, a leaked memo to staff that saw a major dispute at the Logan Hospital. As the *Courier-Mail* reported at the time—

More than 500 ambulance patients were left on stretchers in overcrowded emergency hallways at four Brisbane hospitals last month as the sites dealt with an escalating beds crisis. A whopping 365 of those patients were ditched at the one hospital.

The figures put context to last week's extraordinary standoff - between Logan emergency (ED) nurses and paramedics over rapid offloads, which allow paramedics to park patients on temporary trolleys while they await an ED bed and get back on the road.

At the time, the stoush prompted former director-general of Queensland Health Michael Walsh to admit rapid offloads were not operating smoothly at Metro South hospitals and he had to intervene in the process.

While I am discussing rapid offloads, ambulance ramping and waiting lists, I will refer to the minister's press release that states that wait times have improved despite COVID-19, which is nothing more than smoke and mirrors. The press relate states—

In June, the State Government announced a quarter of a billion-dollar blitz on elective surgery—

Mr KELLY: Mr Deputy Speaker, I rise to a point of order. I fail to see how this is relevant to the long title of the bill.

Ms BATES: Health and hospital boards, the Ambulance Service.

Mr DEPUTY SPEAKER (Mr Weir): It goes to the efficiency of health. Member for Mudgeeraba, I will keep you to the bill.

Ms BATES: It will be a short contribution, thank you. The minister stated—

In June, the State Government announced a quarter of a billion-dollar blitz on elective surgery and other procedures that were suspended by Prime Minister Scott Morrison during the height of the pandemic.

It is great to see the current government adopting the LNP's policy to partner with the private sector, which Labor rubbished for the past five years. It is not ScoMo's fault that category 3 patients have been knocked off the wait list. That is the fault of the Palaszczuk Labor government.

The minister's press release went on to talk about ambulance wait times, which we are talking about here. The press release states—

And despite seeing nearly half a million (469,763) people the median wait to be seen was just 10 minutes at Queensland's emergency departments in the quarter to June 2020, down from 15 minutes in the same period last year.

That was because people did not come to the emergency departments. In fact, the Gold Coast ED dropped from 380 a day to 120 a day and doctors on the Gold Coast had to go on TV and encourage patients to come to the hospital rather than staying at home until their symptoms got worse.

As I mentioned before, the LNP will not be opposing most of the bill. However, the LNP will be strongly opposing the Palaszczuk government's plan which was to prohibit the practice of conversion therapy by health service providers in Queensland.

Clause 28 of the bill expressly prohibits a health service provider from performing conversion therapy on another person, with criminal sanctions upon a finding of guilt. Our concern was that this would treat a health matter as a criminal matter, and those criminal sanctions have a maximum penalty of up to 150 penalty units, or 18 months imprisonment, for vulnerable persons as defined in the bill. These changes would have treated doctors like criminals and were roundly criticised by many legal and clinical stakeholders.

AMA Queensland is opposed to the amendments recommended in the Health Legislation Amendment Bill 2019 on the basis that the legislation could lead to the prosecution of health professionals providing evidence based practices and have the potential to limit therapeutic approaches supporting children and adolescents presenting with gender dysphoria. AMA Queensland said that they were concerned that the wording of the legislation could lead to the prosecution of health professionals who were providing evidence based practices. As they also noted in their submission, AMA member Dr Cary Breakey also submitted separately—

The legislation effectively puts any psychotherapy and family therapy practitioners at risk of offending if not "affirming" the child's (or even adults) gender preference. Even Gender Clinics who do do comprehensive evaluations of family and dynamic drivers of the child's gender feelings could be vulnerable, especially if they identify powerful parental dynamics heavily influencing the child's expression.

Another AMAQ member, Dr Peter Parry, noted—

… gender dysphoria varies with circumstances in any particular individual and some cases persist, whilst many desist and become more comfortable with birth gender or a same-sex orientation. In my view, the bill as it currently is written, does not provide sufficient protection for therapists to assist young people—in the area of gender dysphoria—to explore possible family, psychological or social dynamic causes of their gender dysphoria.

Gender dysphoria is the discomfort a person feels with how their body is perceived and allocated a gender by other people. The experience may occur when a person feels that their biological or physical sex does not match their sense of their own gender. This feeling, that there is a mismatch, can trigger a range of responses. Some people experience serious distress, anxiety and emotional pain which can affect their mental health. Others experience only low-level distress or none at all. If people are concerned and they want to seek counselling from a health professional, they should be encouraged to seek help and assistance. As the National Association of Practising Psychiatrists said—

Any denial of patients presenting with gender dysphoria of the appropriate assessment and treatment of conditions leading to gender dysphoria or associated with it is an abjuration of the legitimate care of these individuals.

NAPP is concerned that the usual process of psychiatric assessment and treatment of psychiatric disorders could be misinterpreted as 'conversion therapy' in the clinical setting of gender dysphoria.

NAPP notes that psychotherapy and psychoanalysis is included in the Queensland Government definitions of conversion therapy. There are different types of psychotherapy and these include supportive, cognitive behaviour therapy, psychodynamic, psychoanalytic, and brief psychotherapy. Psychotherapy as practised by psychiatrists as a treatment modality is not conversion therapy.

The focus of both sexual orientation and/or gender identity can change over the course of psychiatric treatment. This is not conversion therapy. A patient may experience a change in the object of their sexual attraction during a course of psychiatric treatment. For example, a patient with a psychotic disorder, who has delusions and hallucinations about men, may lose these symptoms as a result of psychiatric treatment.

Further, as a result of the loss of an irrationally based fear during treatment, the patient may experience a sexual attraction to an individual of a gender opposite to the gender the patient was attracted to at the beginning of therapy. During the treatment and recovery from an episode of depressive illness or anxiety disorder a patient may experience a change in sexual attraction or gender identity.

Children and adolescents may temporarily have thoughts of being of a different gender to their gender assigned at birth due to the influences of social contagion, multiple psychosocial factors (including a history of sexual abuse), and the presence of psychiatric illness.

The perverse outcome from these changes is that it may discourage people from seeking medical help and assistance, at a time when they need it most.

As I also mentioned earlier, concerns were raised by legal stakeholders about the bill. The Queensland Law Society also raised concerns around the impact of impending criminal prosecution on averting legitimate clinical treatment. They said—

QLS is concerned that the prospect of criminal prosecution may fetter otherwise legitimate aspects of psychological and psychiatric treatment. Some providers may be concerned that reasonable clinical interventions might be captured within the definition of conversion therapy. We query whether section 213F(3) provides sufficient protection for health service providers who are providing appropriate treatment.

I note the additional recommendations from the committee in relation to this clause and the specific concerns about which services provided by health service providers are banned by the government. Labor's laws would have turned doctors into criminals, compromising medical treatment, and we will oppose that clause in the bill.

As this may be the last health bill that comes before this parliament, I want to take the time now to briefly thank and acknowledge the work of the member for Caloundra, for his tireless dedication and commitment as the deputy chair of the parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee during this term. The member for Caloundra has provided a great service to this House and in representing the people of Caloundra for over 16 years, and that should be acknowledged.