




Speech By  
**Samuel O'Connor**

**MEMBER FOR BONNEY**

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Record of Proceedings, 13 August 2020

**HEALTH LEGISLATION AMENDMENT BILL**

 **Mr O'CONNOR** (Bonney—LNP) (4.17 pm): I rise today to speak to the Health Legislation Amendment Bill. This bill, in most parts, is fairly straightforward. Many of the amendments are remedying inefficiencies, aligning the act to other legislation and repealing redundant legislation. As these will help to ensure our health system is run as efficiently as possible, there is not much to comment on. Of course I will say a huge thank you to everyone at the Gold Coast Hospital and Health Service. I am proud to have the Gold Coast University Hospital in the great electorate of Bonney and to represent many of the staff who work within it. They are always exceptional and have proven that even more so during this pandemic.

The prohibition of conversion therapies under the Public Health Act was the focus of most submissions to this bill. I think there are very few people who would endorse the disgraceful practice of conversion therapy. Where people are subjected to pain, humiliation and denigration because of their sexuality, we should rightly call out those who are putting them through it. The stories of some of those conversion therapies are horrific. No-one should ever think it is appropriate to inflict this on another person. When this is undertaken by a health practitioner, there is a further issue with the trust and power they hold, as well as the overwhelming medical and scientific evidence against these practices. It is right for so many in this House to call it out, and I stand with them.

That does not mean we cannot call into question the specifics of this legislation and whether the amendments will actually help those who are most vulnerable. We do not want medical practitioners who are genuinely trying to help people with medically endorsed therapies—such as those dealing with gender dysphoria—to pull back from providing that help because they are scared of criminal prosecution. The lack of clarity that surrounded clause 28, section 213F, was not helpful and today we have seen an effort to correct this with the amendments that have been put forward.

The inclusion of the new subsections under 213F define what is, or rather is not, considered conversion therapy and even removes 'treatment' and retains 'practice' to distinguish it from genuine medical treatments. As the member for Moggill outlined earlier, there are still some real concerns from practitioners. Whilst I wholeheartedly am happy to call out these heinous practices, I think valid questions are raised in terms of the evidence of how much these practices are still happening in Queensland, particularly by so-called health service providers. There seemed to be little to no evidence of these practices occurring in Queensland and bodies like the Queensland Law Society and AMAQ were critical of the inclusion of the amendment without any data to justify treating it as a criminal issue. The President of AMAQ submitted—

... we recommend in sections 213H and 213I the removal of the indictable nature of the offences for health professionals. AMA Queensland believes there are insufficient grounds, nor evidence supporting data, for offences contained within the bill to be prosecuted under the Criminal Code and believes these offences should be managed by health regulators as previously outlined.

It is unclear why the legislation goes this far and I am concerned about the unintended consequences. There are genuine questions about what this legislation will do for the treatment of gender dysphoria in children, and a number of submitters raised this. The issue with making this a

criminal offence is that the risk for actual healthcare providers may be deemed too high. They may simply avoid offering any legitimate therapies for those who need it. By treating this as a criminal issue, fear and risk are brought on to the table for medical professionals instead of just considering the health of their patient.