




Speech By
Hon. Dr Steven Miles
MEMBER FOR MURRUMBA

Record of Proceedings, 13 August 2020

HEALTH LEGISLATION AMENDMENT BILL

Second Reading

 **Hon. SJ MILES** (Murrumba—ALP) (Deputy Premier and Minister for Health and Minister for Ambulance Services) (12.26 pm): I move—

That the bill be now read a second time.

This bill will improve the health and wellbeing of Queenslanders through significant reforms to a number of health portfolio acts and regulations. The bill will provide our First Nation people with a direct and fairer say in how health services are delivered throughout Queensland and the Palaszczuk government is strengthening our public health system by recognising important linkages between the Queensland Ambulance Service and hospital and health services. The bill also has the first legislative provision of its kind in Australia to protect LGBTIQ individuals from health service providers that engage in the harmful, deceptive and unethical practice of conversion therapy.

I thank the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for its careful consideration of the bill. I also thank the stakeholders who made submissions to the committee's inquiry and attended the public hearing on the bill. I especially thank those members of the LGBTIQ community who came forward to share their experiences and perspectives with the committee. I commend you for your personal courage and your commitment to helping us make Queensland a safer and more welcoming place for all members of our vibrant and diverse community.

The committee's report on the Health Legislation Amendment Bill 2019 made three recommendations. The first recommendation was that the bill be passed, with proposed amendments to clause 28 of the bill which will amend the Public Health Act 2005 to prohibit the practice of conversion therapy by health service providers in Queensland. The second recommendation describes the proposed amendment to clause 28 of the bill. Specifically, the committee recommended the definition of 'conversion therapy' be amended to clarify which treatments and care provided by health service providers will be covered by the conversion therapy ban. The committee's third recommendation is that I inform the House what education, training or guidelines will be provided to health service providers if the bill is passed to assist them to understand what practices will be covered by the prohibition of conversion therapy. I table the government's response to the committee's report.

Tabled paper: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee: Report No. 32, 56th Parliament—Health Legislation Amendment Bill 2019, government response [1373](#).

I welcome the committee's recommendations and its support for the passage of this important legislation. As set out in the government's response, I accept the committee's recommendations and will be moving amendments during the consideration in detail stage. The amendments will clarify the operation of clause 28 of the bill to ensure there can be no confusion about the intent of these provisions and how they will operate in practice. I will say more about the proposed amendments and the

government's response shortly. Separately, I will also move amendments to the bill to address some minor drafting and technical issues with the Medicines and Poisons Act 2019 that were identified following the act's passage.

Queensland has a world-class health system. Even so, we face challenges: an ageing population, increasing demand and delivering health services across a large geographic area. It is important that we are always looking for ways to deliver better outcomes for Queenslanders. The bill strengthens networked governance by amending the Hospital and Health Boards Act 2011 to embed the principle that the Department of Health, the Queensland Ambulance Service and hospital and health services must all work together in the best interests of the system and the Queenslanders they serve.

The amendments reflect the policy intent that Queensland Health operates as a networked system. However, this will not be achieved by legislation alone. Creating a truly networked system that delivers benefits for all Queenslanders needs cultural, behavioural and operational changes. Queensland Health system leaders are already working collaboratively to make this a reality. The director-general of my department has recently established the Queensland Health Leadership Board with oversight of the move to a networked system to ensure Queenslanders have access to the best care.

Queensland is leading the way in improving health outcomes for Aboriginal and Torres Strait Islander people. The *Queensland closing the gap report card 2018* shows that Queensland has the highest life expectancy and lowest life expectancy gap compared to other Australian jurisdictions. This is an important achievement. However, there is still so much to be done to reach health equity for Aboriginal and Torres Strait Islander peoples and the Queensland government is taking steps to make this happen.

I am proud that we are debating this bill on the same day that we have announced we will establish a new Treaty Advancement Committee to progress the Path to Treaty process with Aboriginal and Torres Strait Islanders. It will ensure Queensland is well placed to consider the next steps in the journey to a treaty with First Nation Queenslanders. The Palaszczuk government values the important role of Aboriginal and Torres Strait Islanders as the First Nation people of this state. Treaty is important to our relationship with Aboriginal and Torres Strait Islanders and our commitment to deliver better economic, employment, health and housing outcomes for them. Queensland Health is the main provider of health services in Queensland and often the sole provider in rural and remote areas. Queensland Health has very clear responsibilities in terms of Aboriginal and Torres Strait Islander health. To reflect these responsibilities the bill amends the Hospital and Health Boards Act to embed the commitment to the delivery of responsive, capable and culturally appropriate health services as a guiding principle for the delivery of public sector health services.

The bill also amends the Hospital and Health Boards Act to give Queensland's First Nation people a seat at the table of our 16 hospital and health boards by requiring all boards to have at least one Aboriginal or Torres Strait Islander member. I want to particularly thank Adrian Carson and Neil Willmet for suggesting this reform at a workshop I held some time ago. They are both excellent advocates for Aboriginal and Torres Strait Islander health care and I appreciate their time and advice. They will also be pleased to know we have appointed at least one Aboriginal or Torres Strait Islander person to all of our hospital and health boards after the last round of appointments.

This bill will make First Nation representation on boards the law in Queensland. I hope in time to see even greater Aboriginal and Torres Strait Islander representation in leadership roles and throughout the service. Last year I appointed the first Chief Aboriginal and Torres Strait Islander Health Officer, Haylene Grogan. She has made increasing the Aboriginal and Torres Strait Islander health workforce her first priority. The bill will also ensure each hospital and health service will have a health equity strategy, setting out actions to achieve health equity for Aboriginal and Torres Strait Islander peoples in the delivery of public health services.

Queensland Health is already consulting with stakeholders in government, health and community sectors to ensure that health equity strategies can deliver the greatest benefit for our First Nation people. Submissions to the committee's inquiry were overwhelmingly supportive of these amendments. I thank stakeholders for their support for these initiatives to ensure Aboriginal and Torres Strait Islander Queenslanders enjoy the same quality of life and health as the rest of our community.

The bill also makes amendments to the Public Health Act 2005 to prohibit conversion therapy by health service providers in Queensland. If the bill is passed Queensland will become the first jurisdiction in Australia to ban these highly destructive and unethical practices which treat LGBTIQ people as abnormal and urge them to change or suppress who they are. Of course, no treatment or practice can change a person's sexual attraction or experience of gender and so it is no surprise that survivors of conversion therapy report experiencing deep feelings of shame, alienation and hopelessness, often

resulting in symptoms of depression, anxiety and thoughts of suicide or self-harm. The risks are even greater for LGBTIQ children and young adults who are already vulnerable to harassment and discrimination.

Professional associations and other expert bodies around the world strongly oppose the use of conversion therapy, including the Australian Psychological Society, the Royal Australian and New Zealand College of Psychiatrists, the Royal College of Psychiatrists, London and the World Health Organization to name just a few. In 2018 I convened the Ending Sexual Orientation Conversion Therapy Roundtable. Health professionals who attended the round table reported that conversion therapy is taking place in clinical settings in Queensland, including among registered and unregistered health practitioners. I want to thank the round table for their valuable contribution: Peter Black, Dr Stuart Aitken, Dr Fiona Bishop, Rev. Peter Catt, Nathan Rowe, as well as the LGBTI Legal Service, Amnesty International, the Human Rights Commission, Equal Voices, the Queensland AIDS Council, the Human Rights Law Centre, the Queensland Aboriginal and Islander Health Council, the St Francis College at Charles Sturt University and the Centre for Human Potential. Evidence of these practices was also provided by a number of individuals and organisations who made submissions to or who appeared before the committee during its inquiry into the bill. I also want to thank Dr Stephen Stathis from Children's Health Queensland for his expert contribution during the inquiry.

It is time to send a clear message that conversion therapy is unacceptable and has no place in Queensland's healthcare system. Being LGBTIQ is not an affliction or a disease that requires medical treatment. An ideology that treats LGBTIQ people as broken or damaged has no place in our community and it certainly has no place being promoted by health service providers to whom we entrust our health and wellbeing.

Some will use this debate to create confusion about the bill. They will seek to prey on our fear of the unknown and unfamiliar by conjuring up absurd stories that hurt our LGBTIQ community, but in particular our trans Queenslanders. I trust that members of this House will see through these arguments. It is not the bill that promotes an ideology, but instead those who oppose it. Their goal is to frustrate progress towards a more tolerant society that promotes dignity and equality for all people. They are and will be on the wrong side of history.

I will now address the committee's three recommendations on the bill, all of which relate to the proposed prohibition of conversion therapy. Recommendations 1 and 2 of the committee's report are that the bill be passed with amendments to clause 28 to clarify the definition of 'conversion therapy'—that is, which treatment and practices by health service providers will be considered conversion therapy and will be prohibited under the bill.

To be clear, the intent of the bill is to protect the public from unethical providers who would engage in harmful and discriminatory practices that have no basis in evidence. The bill does not prohibit practices that are evidence based or that are otherwise clinically appropriate, even if those practices do not necessarily affirm or support a person's sexual orientation or gender identity. Nor does the bill promote a particular approach to treatment or interfere with health service providers' reasonable professional judgement about what care is most appropriate for their patients.

In light of the committee's recommendations, I will move amendments to clause 28 of the bill to remove any potential for doubt about the scope of practices that will be prohibited. The amendments will clarify that the definition of 'conversion therapy' does not include legitimate treatment decisions by health service providers, including evidence based treatments such as exploring psychosocial factors and other issues that are reasonably related to providing safe or appropriate care.

Recommendation No. 3 of the committee's report is that I inform the House about any education, training or guidelines to be provided to health services if the bill is passed to help them understand what practices are covered by the conversion therapy ban. I can advise that Queensland Health has commenced implementation planning to support the objectives of the new legislation if it is passed by the House. Immediate actions include developing and disseminating communications materials for health practitioners, health service providers and the general community. Specific guidance will be developed for health service providers regarding the legislative changes, including how they relate to existing professional standards and practice obligations. Appropriate materials will be developed in consultation with a range of individuals and organisations with relevant expertise, including peak professional bodies, members of the medical community and experts in LGBTIQ health issues. Materials will be made readily available to health service providers and members of the public.

It is a great privilege for me to stand before the House today to advocate for these historic reforms, which are the first of their kind in Australia. By including all Queenslanders in our health system we make it stronger. I commend the bill to the House.