




Speech By
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MEMBER FOR KEPPEL

Record of Proceedings, 23 February 2022

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Ms LAUGA** (Keppel—ALP) (6.31 pm): I rise to speak in support of the Health and Other Legislation Amendment Bill 2021. The Health and Other Legislation Amendment Bill 2021 amends various acts within the health portfolio and covers a diverse range of policy areas. Issues addressed include the management of confidential information, access to the Viewer, the assistance provided by students for termination of pregnancy procedures, the use of human milk for sick infants and licensing arrangements for personal appearance services. It proposes a series of more substantial amendments to improve the operation of the Mental Health Act 2016 in Queensland.

The Termination of Pregnancy Act 2018 and the Criminal Code Act 1899 are proposed to be amended to allow students registered under the Health Practitioner Regulation National Law who are undertaking a clinical placement within a health service to assist in the termination of a pregnancy. Under the Criminal Code Act 1899, it is an offence for an unqualified person to perform a termination of pregnancy or to assist in a termination. The bill makes consequential amendments to the Criminal Code to ensure students who are authorised to assist with the termination of a pregnancy are not captured by the Criminal Code offence. Currently, students are not permitted to assist in the performance of terminations. According to the explanatory notes, this has led to 'implementation challenges for hospitals as students on clinical placements must be excluded from any activities relating to terminations. This in turn limits the ability for students to learn and gain experience in performing terminations'. The amendments will ensure students have lawful opportunities to gain knowledge and training in terminations in preparation for their entry into the professional workforce, and I commend the bill in this respect. This training and knowledge are incredibly important to building capacity and safe access to terminations in regional and rural areas, which I am very passionate about.

The last parliament passed the Termination of Pregnancy Act to allow for the decriminalisation of abortion in Queensland. It was an historic moment for this parliament and for women and children right across Queensland. However, it was an absolute tragedy recently when the Marie Stopes termination clinic in Rockhampton closed last year. That clinic provided safe and accessible termination of pregnancy services for women in Central Queensland for years, so it was devastating that, even after the last parliament passed an act to make termination of pregnancy a legal medical procedure in Queensland, our regional clinic closed.

The closure of our clinic means that women and children have to travel to access a completely legal medical procedure. The closure of this clinic impacts not only women and children but anyone who has sex. Sex is part of human nature and, as long as no form of contraception is 100 per cent effective, unplanned pregnancies will occur. All of the challenges of travelling to access procedures—like getting time off work, privacy from partners, family or domestic violence relationships, and the financial cost of travel—make it very difficult for women and children to get access to termination services when they need them. I am determined to ensure that termination of pregnancy services in regional Queensland are restored and improved for regional women and children.

Whilst I support the amendment in the bill to enable students to gain the knowledge and skills for termination of pregnancy procedures, I have concerns about the committee's recommendation No. 5, particularly the parts which require Queensland Health to offer alternative study options for students who express a conscientious objection and for Queensland Health to ensure students 'feel supported' in exercising a conscientious objection. I do not agree, because the student would not be actually performing the medical procedure. The student, as confirmed by Queensland Health and outlined in the committee report, would merely be providing care as a student health professional to a person undergoing a legal medical procedure. They may be consulting with the patient, pre-surgery preparation, medical advice, post-op care or aftercare for a medical termination in the days after the medicine is administered. The International Council of Nurses adopted its code of ethics in 1953 and it states—

The nurse's primary professional responsibility is to people requiring nursing care.

Similarly, the doctors' code of ethics specifically states that doctors must 'respect the patient's right to make their own health care decisions'. Students would not be required to undertake the surgery but only to observe and provide care, so I do not believe the conscientious objection provisions really should be required in line with the codes of ethics of the nurses and doctors. There is also no clarity around the type of termination of pregnancy procedure that students would be able to object to. In accordance with the committee's recommendation, not only would students be able to decide they do not want to observe a doctor prescribe a medical termination or support a woman or child in the aftercare, they would also be required to 'feel supported' for making that decision. Where is the patient focus? Where is the commitment to helping that woman or child feel supported?

There has also not been any clarification about when a student is able to decide that they object and the impact on a woman or child they are observing the treatment of. There is nothing stopping a student from, right in the middle of a consultation with a patient, deciding they suddenly conscientiously object. Imagine how frightening and intimidating that would be for the patient who is seeking an already uneasy and fully legal medical procedure.

This bill also seeks to amend the Transplantation and Anatomy Act 1979 to exclude human milk from the definition of tissue in the act to ensure sick and preterm infants can be efficiently provided donated human milk to prevent or treat serious health conditions. This act currently prohibits trading in human tissue, such as buying tissue or advertising relating to buying and selling tissue, and rightly so. The prohibition on the trade in tissue is intended to prevent trafficking in human organs and tissue for transplantation.

However, the current definition of tissue in the act does not clearly exclude human milk. This has led to uncertainty about the application of the act to the legitimate use of human milk. Human milk is an incredibly important treatment for preterm babies—and all babies, might I add, not just preterm babies—and any delay on the part of hospitals sourcing human milk could have serious health implications for these infants.

In fact the use of the term 'purchasing' human milk in the explanatory notes interests me because human milk is currently donated to milk banks, hospitals or direct to the infant's parent or carer across Queensland—not purchased. This amendment seeks to remove human milk as a tissue for the purposes of the Transplantation and Anatomy Act and it will continue to be regulated under the Food Act 2006. I understand that the two operating milk banks will not be impacted by the amendment, as it will merely clarify the application of the Transplantation and Anatomy Act. I would love to see more milk banks across Queensland, and I hope that this amendment improves the efficiency and availability of human milk for babies in our hospitals across Queensland.

We do not have a milk bank in Central Queensland. I was fortunate enough to visit the milk bank at the Royal Brisbane and Women's Hospital a couple of years ago. It was quite amazing to see women across South-East Queensland donate so selflessly to that milk bank to help preterm babies and other babies who need human milk in our hospitals. I thank the staff of our milk banks in Queensland for the work they do helping to ensure that those babies get access to that milk.

While I am on my feet, I take this opportunity to thank all of the healthcare workers who have worked so incredibly tirelessly and diligently over the last two years through this pandemic. I know that they are exhausted and that they have had a really rough time, but they have done so well to help keep our communities safe. I thank the people who work in our testing clinics, the people who work in our vaccination hubs, the nurses and doctors in our COVID wards and right across the hospitals, the GPs in our GP clinics and their nurses, the pharmacists and pharmacies who had an awful time over the last couple of months trying to source RAT tests whilst the community was so desperate for them, and also

all of our paramedics who supported our healthcare system. Some people in my community who were COVID positive were transported from their homes to hospital by paramedics. Those paramedics are at risk when they are transferring those patients from their homes to our hospitals. We cannot forget them when we are thanking our healthcare heroes for the work they do to keep our communities safe. They put themselves out there to keep us safe. They put themselves at great risk of transmission of COVID-19 and other illnesses every single day in the work that they do.

I thank the Central Queensland Hospital and Health Service in particular. The acting CEO, John Burns, has done a great job whilst the former CEO, Steve Williamson, has returned to the UK and whilst we keenly await the arrival of our new CEO, Dr Emma from New South Wales. We are very excited to have her, particularly given her experience in emergency medicine in Western Sydney. I know that the board chair, Paul Bell, and deputy chair, Dr Lisa Caffery—I congratulate Dr Lisa Caffery on her recent PhD Award at CQUniversity—are excited with respect to the recruitment of Dr Emma from New South Wales as well. Thank you again to all of the healthcare heroes in Central Queensland. I look forward to this wave receding.

I also thank the teachers, as well as all of the education workers, who returned to school. They have done the right thing. We are seeing some absences, but not huge amounts of absences because people are doing the right thing, including teachers. I commend the bills to the House.