Speech By

Joseph Kelly

MEMBER FOR GREENSLOPES

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HEALTH PRACTITIONER REGULATION NATIONAL LAW AND OTHER LEGISLATION AMENDMENT BILL

Mr KELLY (Greenslopes—ALP) (5.19 pm): I support the Health Practitioner Regulation National Law and Other Legislation Amendment Bill. I have been working under this legislation, or predecessors of this legislation, as a registered nurse since 1991. I know that the member for Moggill, the member for Mudgeeraba and more recently, thanks to some changes, the member for Thuringowa and, I think, the member for Barron River would have had experience working under this legislation as well. I have had cause many times to think about issues in this legislation over that period of time. It would never have struck me as a piece of legislation that would blow anyone's hair back. It is not the most exciting piece of legislation. Nonetheless it is incredibly important because it really goes to the heart of attempting to keep patients as safe as we possibly can.

I note aspects of the member for Mudgeeraba's contribution. She talked about the things that nurses do. I have never welcomed a baby into the world other than my own two daughters. I have never worked in the midwifery section, but I have been there at end of life and at many points in between. I think about the incredible situations that you find yourself in as a nurse and also our medical colleagues, our allied health colleagues, and our colleagues in pathology and other parts of the hospital.

I think about sitting on a ventilator by yourself at two clock in the morning when just a small tweak or a missed indicator or reading and that person's life can end really quickly. I think about pushing chemo into a patient on a manual push and it has to be delivered at a certain rate and if you do not get that right you can do untold damage to that patient. I think about the many operations and other things that I have been involved in—assisting with inserting chest drains, doing lumbar punctures and those sorts of things. All of those things are highly dangerous and require a high degree of training and precision and professionalism and can easily go wrong even with the best of intentions. I have seen that tragically on several occasions. That is why it is important that we have incredibly high standards of maintaining practice and registration for those people who are accepted by a community to be able to undertake those procedures.

I think the legislation does a range of things that improve the way that we do this. There are only a few things that I particularly want to focus on. I was really pleased to see the inclusion of the culturally safe and respectful health workforce aspects of this that ensure that we are responsive to Aboriginal and Torres Strait Islander peoples. I last spoke about this issue—members may remember a gentleman named Graeme Haycroft—when I gave a speech about him in this House in 2018. He is the founder of that pretend front door for a law firm called the Nurses' Professional Association of Queensland that runs around tricking workers into effectively signing up to get some legal advice that they could get much more competently and much cheaper somewhere else. Members may remember that they had many views on vaccination—or not vaccination, I should say!

They also once upon a time had views on cultural safety. A person who has never walked into a hospital and has never been a registered nurse or a registered health practitioner of anything suddenly appointed himself as the spokesperson of all nurses and midwives in Queensland and said that nurses

had to declare their white privilege whenever they were looking after a First Nations person. I have looked after many First Nations people. I have worked in many environments where I have seen many other practitioners do that. I have never seen people declare their white privilege. What I have seen is people adjusting their practice to provide the best care, and culturally safe care, that they possibly can. Our understanding, thanks to the legion of great Indigenous liaison officers in Queensland Health, has shifted immensely so that we are able to do that so much better.

The reality is that all nurses and other health practitioners adjust their practice all the time in a culturally safe way. Whether you are caring for an elderly Italian woman, a young bloke who has fallen off a skateboard, somebody from Tonga or somebody who lives in a mansion on the top of a hill, you will try to provide the best possible care to that person in a culturally appropriate way. We cannot step away from the fact that there has been consistent and ongoing institutional bias against our First Nations people. I think it is important that we quantify this and put it into this legislation in this way. I think that is very appropriate. I am really pleased to see that that has happened.

I also want to take a moment to respond to the statement of reservation by the member for Mirani. I will start with one of his statements—

APHRA must NOT be given the last word on what 'truth in medicine' is.

I actually agree with him, but they are not given the last word on what truth in medicine is. When you read his entire statement of reservation, I am not sure what bill the member for Mirani was reviewing when he wrote it. The reality is that doctors, nurses and other health professionals are just exactly that: they are professionals. They provide professional advice and service to the person in front of them and they base that on their skills, their clinical training and their clinical knowledge and sometimes on the advice of other professionals involved.

Where do they draw their practice from? In a modern sense they draw it from the best available clinical evidence. How do we develop that clinical evidence? We have an extremely robust system of testing data and information. It is extremely well developed. It is an international system. It is about 100 years old. It is improving all the time and has continued to improve all the time. As a nurse you have to base your practice on that.

If you stop basing your practice on the best available clinical evidence then there is an extremely high chance that you are going to do some damage to somebody. For example, if I as a nurse read an article somewhere that said it is okay to re-use needles from patient to patient and I decide to go out there and start sticking the same needle in patients over and over again—I can pull out an article and say, 'I have this article that says that I can do it'—I would rightly be pulled into line by the various bodies because I will do significant damage to those patients. If I decide that I am not going to bother to wash my hands anymore—similarly, I might read an article that says hand washing is not all that it is cracked up to be—the reality is that my registration body will pull me up on that and say, 'You are stepping outside of clinical guidelines.' Similarly, if a patient comes to me and wants to have a discussion about vaccination and I provide them advice that is not based on the best available clinical evidence, I am potentially harming that patient and I rightfully should be pulled up and pulled into line.

Ahpra is not given the last word on medical truth: professionals are given that word and professionals play a role in developing those standards. The regulation body plays a role in making sure that when professionals step outside those boundaries either unintentionally or intentionally there is a mechanism there to protect the public. At the core of this bill that is what is occurring here. We are simply attempting to improve the way in which we keep patients safe. It has been a system that has been continuously improved in the 31 years that I have been registered and it is a system that will continue to undergo further improvements. With those few words, I commend the bill to the House.