Speech By

Hon. Yvette D'Ath

MEMBER FOR REDCLIFFE

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Second Reading

Hon. YM D'ATH (Redcliffe—ALP) (Minister for Health and Ambulance Services) (12.39 pm), in reply: I thank members for their contribution to the debate on the Health and Other Legislation Amendment Bill 2021. This bill introduces practical and workable health reforms to improve the efficiency of our health system. The amendments in the bill help to support responsive ambulance services, allied health services, local community services and mental health services. The bill also further promotes the human rights framework we have had in this state for just over two years now. We have before us, as acknowledged by stakeholders, a piece of legislation that is practical, contemporary and implements best practice. When coupled with our record health investments, it enables the Palaszczuk government to deliver responsive, world-class health services to Queenslanders.

I have been pleased to hear many members support the amendments to the Hospital and Health Boards Act 2011 to expand access to the Viewer to a broader range of allied health professionals. Ever since it was first rolled out to GPs in 2016, the Viewer has made positive contributions to health care for Queenslanders. Without the Viewer, health professionals outside of Queensland Health must request Queensland Health information through manual, paper based channels. The wait for records to be supplied often results in delays to patient care. Expanding access as proposed by the bill will allow particular allied health professionals to tailor their care based on the treatment the patient has already received, contributing to better health outcomes for patients.

There has been some discussion about changing the system from opt-out to opt-in and allowing patients greater control of their information. The new cohort of professionals who are intended to access the Viewer can already request public healthcare information through manual processes. The amendments will allow them to get access to the information on the spot. This will benefit both the allied health professional and patient.

The Viewer has relied on an opt-out approach since it was first expanded to practitioners external to Queensland Health in 2016. The Viewer's opt-out system is well established and understood. This is not a new IT system. Queensland Health has experience in making the Viewer accessible to approved health professionals. Existing privacy safeguards will apply to the new cohort of allied health professionals. These safeguards include a pre-access registration process, terms and conditions of access and an auditing system.

A health professional must also provide unique identifying details for the patient they are treating before being able to access that patient's records. This means they must know the patient in a healthcare context. The professional must enter either a unique Queensland Health number that identifies both the patient and the relevant hospital, or a combination of information such as name, sex, date of birth and Medicare or DVA number.

The allied health professionals who will be given access to the Viewer are university trained and highly skilled who are subject to stringent professional practice, privacy and ethical standards. The existing criminal offence for unauthorised access to the Viewer will also continue. This offence attracts a maximum fine of 600 penalty units, which is currently $82,710. There are a range of other possible consequences, such as losing access to the Viewer, investigation by the Health Ombudsman and disciplinary action.

In terms of consumer choice, Queensland Health has confirmed that it will deliver a consumer engagement strategy to inform patients about the Viewer. Queensland Health will seek advice from Health Consumers Queensland about the best methods to disseminate information about the Viewer to make sure the public know their rights about their public healthcare information. Queensland Health will also undertake a review of the functionality of the Viewer to consider whether changes could be made to enhance patient choice and control over their information.

Some members opposite raised concerns about the costs associated with making changes to the Viewer. The government response makes clear that Queensland Health will consider the costs and technical feasibility of making changes to enhance the functionality of the Viewer. This will involve a consultation process, including input from clinicians and health consumers, to ensure that any unintended consequences of making such changes are carefully considered.

The member for Burleigh raised concerns about prescribing the expanded list of allied health professionals who may access the Viewer by regulation. Health practitioners with existing access to the Viewer are prescribed by the Hospital and Health Boards Regulation 2012, so this is not a new concept. It is not a way of circumventing parliamentary scrutiny. I have outlined in both my introductory speech and second reading speech the categories of health professionals intended to be prescribed by regulation if the bill is passed. This has also been made clear by my department during the committee's inquiry and in the explanatory notes to the bill. The explanatory notes to the bill explain that qualification requirements for relevant allied health professionals need to be prescribed to ensure access is only granted to qualified health professionals. It is more appropriate that these matters of detail are contained in subordinate legislation, rather than the act.

Moving to the amendments to the Termination of Pregnancy Act 2018, some members have raised concerns about students being forced to assist with terminations of pregnancy. These amendments align with the Palaszczuk government's position that termination of pregnancy should be treated as a health issue. I reiterate, one final time, that the bill does not require students to observe nor assist with terminations of pregnancy to complete their qualifications. I remind members that only doctors can carry out termination procedures. The bill does not change this. Another doctor, nurse, midwife, pharmacist or Aboriginal and Torres Strait Islander health practitioner may also assist in a termination within their scope of practice. The bill does not change this.

The bill ensures it is lawful for students to observe the procedure. This is to enable students to learn about terminations of pregnancy before they become fully qualified professionals. It also clarifies that clinical students may care for termination of pregnancy patients. Students will only assist if they are on a placement where a termination procedure arises and if they have not raised a conscientious objection. The right for students to conscientiously object has been made clear in the bill, explanatory notes, human rights statement and by my department during the parliamentary committee process. If the bill is passed, the processes and support available for conscientious objection will also be made clear in updates to Queensland Health resources on this issue.

I would also like to address comments made by the member for Mirani regarding the safeguards in place around the use of electroconvulsive therapy—ECT. One in five Australians suffer from mental illness in this country and unfortunately there is still a stigma regarding mental illness in society. The comments made by the member for Mirani were quite outdated or from an unreliable source and bordering on scaremongering. I wish to thank the member for Greenslopes for sharing his firsthand experience in caring for patients who have undergone ECT. As the member for Greenslopes has explained, ECT can be a highly effective treatment for some types of mental illness, such as severe depressive illness. Its use is supported by the Royal Australian and New Zealand College of Psychiatrists. The use of ECT is regulated by the Mental Health Act and the act provides oversight for the use of ECT for minors and people who do not have capacity to consent. However, the majority of patients who receive ECT do so voluntarily.

The new test for the tribunal appropriately balances respect for the dignity and the right to self-determination of people with mental illness, while ensuring appropriate medical treatment is not withheld from people who lack capacity to consent. The safeguards contained within the bill will ensure that an adult's capacity to consent to ECT is carefully considered by the Mental Health Review Tribunal. The bill provides additional protections for people on treatment authorities, forensic orders or treatment

support orders who are consenting to ECT by requiring the tribunal to be satisfied that the person has provided informed consent prior to the person accessing the treatment voluntarily. Where a person does have capacity to make decisions regarding treatment with ECT, their wishes, whether that be to have the treatment or not, will be respected.

The member for Mirani also raised concerns about the use of ECT for children. Under the Mental Health Act, the Mental Health Review Tribunal is the only body that can approve the use of ECT on a minor in each case. This recognises the particular vulnerability of minors in providing informed consent. The bill does not change the test applied by the tribunal. Consistent with international law, the tribunal will continue to apply the best interests test for applications to perform ECT on a minor. The tribunal must be satisfied that ECT is in the minor's best interests, has clinical merit and is appropriate in the circumstances.

In response to the member for Warrego's queries about possible cost shifting onto local governments, I draw the member's attention to the earlier remarks of the Deputy Premier. Environmental nuisance under the Environmental Protection Act is already primarily the responsibility of local governments, either under the default noise standards under that act or under their own local laws. Local governments are also already responsible for investigating and enforcing offences about infrastructure designations. The proposed amendments will not change this, they merely ensure that a designation can include more tailored and fit-for-purpose requirements than the default standards or local laws.

The member for Burleigh queried the timing of the amendments that I will move in consideration in detail to allow for the transfer of involuntary mental health patients between Norfolk Island and Queensland. The Queensland government entered into the Intergovernmental Partnership Agreement on State Service Delivery to Norfolk Island on 22 October 2021. Until 1 January 2022, New South Wales was responsible for health service support on Norfolk Island. Following the signing of the agreement, Queensland Health has undertaken a process to determine which health services will be provided to Norfolk Island and identify any legislative barriers to providing these services.

There is one health service on Norfolk Island. At times, patients who require acute or complex care will need to be transferred to the mainland to obtain specialist inpatient psychiatric care that they cannot access on Norfolk Island. I can advise that we have already had one such incident over Christmas. This amendment is urgently required to ensure that there is no legislative barrier to treatment for involuntary Norfolk Island patients. I make no apologies for prioritising this important amendment that will ensure people in need of specialist inpatient psychiatric care can be transferred and obtain the care they need to get well.

There has also been some discussion about making other changes to Queensland's Mental Health Act as raised by stakeholders during the parliamentary committee inquiry. I note that the Mental Health Select Committee will be provided with suggestions to consider from stakeholders for mental health reform outside the scope of this bill. Queensland Health regularly reviews its legislation to consider how it might be improved and ensures close engagement with stakeholders to do so. As the Assistant Minister for Health and Regional Health Infrastructure and I have already explained, the Queensland government is committed to supporting mental health service delivery and we look forward to receiving the recommendations of the Mental Health Select Committee by 31 May 2022. I assure the House that the government will continue to work on these issues and progress legislative changes at the appropriate time and in a considered way.

I want to address the imputations made by some members opposite that the use of omnibus bills was somehow stifling examination and debate on issues presented in the bill. The use of omnibus bills is not new and is a common convention of the Westminster system. In fact, during the LNP Newman government many omnibus bills were introduced and passed. I believe during his remarks the member for Greenslopes recounted that some 70 omnibus bills were introduced. This bill has gone through the normal parliamentary process and scrutiny as has any other bill that has come before the House. To suggest nothing less is offensive.

I would again like to thank the members of the State Development and Regional Industries Committee and the staff of the committee for their consideration and report on the bill. I thank those who took the time to provide feedback and make submissions on the bill as well as, of course, officers from Queensland Health, the Department of Environment and Science and the Department of State Development, Infrastructure, Local Government and Planning who have been involved in developing the bill and supporting the committee process. This is a bill that aligns with the strength and contemporary nature of our public health system in Queensland. It is another example of the Palaszczuk government's commitment to the health needs of all Queenslanders even as we have continued to respond to the COVID-19 emergency. I commend the bill to the House.