




Speech By
Samuel O'Connor

MEMBER FOR BONNEY

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Mr O'CONNOR** (Bonney—LNP) (11.25 am): I rise along with my colleagues to not oppose this bill. Like other members, I will start by thanking all of the health workers that I represent. In my electorate I am very proud to have the Gold Coast University Hospital, Gold Coast Health and the Gold Coast Private Hospital in the great electorate of Bonney. One of the health workers in particular I want to highlight is my good friend Dr Dinesh Palipana. The minister has previously announced a stakeholder advisory body for the spinal injury unit, and while the minister is here I want to say that I think Dr Palipana would be a fine member for that advisory body to try to bring some better outcomes to that part of Queensland Health. Of course, I also thank my fellow committee members and our excellent committee staff.

The changes to the Hospital and Health Boards Act 2011 are well intentioned, but there are still concerns they will not address the underlying cause of widespread burnout, stress, fatigue and all of the other things our frontline health workers are going through every hour of every day. These amendments will introduce a proactive requirement on hospital and health boards and hospital and health services to consider the health, safety and wellbeing of their workers.

I want to share the comments of the AMAQ at our public hearing on 31 January. They talked about surveys they have done of their doctors in all HHSs which disclosed some really shocking claims of rampant bullying and even suicide attempts. At that hearing their CEO, Dr Brett Dale, talked about the resident hospital health check surveys they have been running for the last seven years. He said—

Year in and year out you get a response of up to about a thousand doctors eligible for that survey. Every year we get near 40 per cent of all doctors participating in that claiming that they have been bullied or harassed in the workplace and feel stressed to some degree. We have had suicides across Queensland. Each year we have provided that feedback to the hospital health services in a collegiate way. It was not about naming and shaming, but it was to give them the information to address that.

In every year out of that 40 per cent something like 60 per cent feel like there has been no resolution or action to address their bullying or harassment complaint. That is seven years running with no change.

He talked about boards needing to be held accountable to bring the badly needed change they have been calling for. I guess the concept behind that is that accountability will hopefully change behaviour. I do still think there are questions about whether this does that.

At the committee hearings the department confirmed they will just review how this is rolled out with their normal processes. They said that this bill was 'never intended to be a compliance measure'. When asked about how this would be rolled out and what the tangible benefits would be, they instead pointed to other state and Commonwealth acts such as the Workplace Health and Safety Act and other health and wellbeing programs for staff.

At our hearing the Queensland Nurses and Midwives' Union also talked about their staff surveys, which found demanding and dangerous workloads, unacceptable workplace violence, moral distress, fatigue and burnout. This is all feedback that I—and I am sure many of us—have received from nurses in our communities. The wellbeing considerations this bill seeks to implement can be everything from

check-ins to flexible work arrangements, dealing with health risks like fatigue and trauma and even running events, I guess. At GCH we have the excellent ArtBeat festival every year during Mental Health Week, which is an incredible celebration by consumers and clinicians.

The other technical changes in the bill—like the amendments to the Public Health Act and the Transplantation and Anatomy Act 1979—are fairly administrative and are fair and reasonable. The bill will allow disclosure of information about individuals working with medicines or poisons if it is in the public interest. It will allow the ability to disclose confidential medicines and poisons information for regulation, safety and compliance.

There are also changes regarding fumigants and pesticides for primary producers in our agricultural sector. I note that our beekeepers, who we all love, will still have their current exemptions if they are a profit-producing operation. There are changes regarding student information disclosure for the vision-screening health service. There is an offence for failing to ensure a person does not receive greater than a specified dose of ionising radiation, and we did get some clarity around that. There were concerns raised and the department clarified that well in the public hearing so some of the misunderstandings could be overcome.

There are disposal requirements for low-risk radioactive material. The bill also removes the redundant requirement for the publication of water fluoridation decisions and implementation notices. I acknowledge the member for Surfers Paradise. He loves to talk about how fluoridation is his reform. He championed it from opposition. He apparently used to be a dentist so it is something he is very passionate about.

Ms Bates: He can't show his face.

Mr O'CONNOR: He can't show his face; I will take that interjection. Apparently, he was a dentist. He still is. I do not know if you would want him working on your teeth because he has been in this place for many years. He talks about that two or three times an hour.

The bill also deals with implementation notices and consent processes for human tissue and organ donations across public and private hospitals. If any member has not signed up to that, I would highly encourage them to go to the DonateLife website or myGov. It is a very quick and easy change to sign up to that.

The clear evidence is that changes to the Queensland Cancer Register will increase our understanding of cancer. The feedback from stakeholders was to make it as smooth and easy as possible to get that data in. We have heard from a number of other speakers about why that is so important—with Queensland having the highest number of skin cancer incidents in the world and this is about having better cancer data. It would be remiss of me if I did not mention the Institute for Glycomics at Griffith University that I voluntarily serve on the Board of Advice for. They are doing some amazing work in the sugar biology of cancers and also trying to get better screening processes. This will make a huge difference for researchers like that.

I welcome the clarity from the minister that the committee highlighted about how the chief executive will determine public interest when disclosing information. In terms of recordings or transcripts of interviews and the changes to the Evidence Act, the department made it clear they did not want a specific provision to require those transcripts because it is not present in any other Evidence Act situation. The committee had a good recommendation on the resourcing to produce those transcripts. The importance of these changes was highlighted by the Public Advocate at our hearing on this bill. They outlined the issues which are coming up with the current situation. They said—

Everyone is taking their own notes. I have certainly heard from individual advocates about inconsistencies between people's recollections as to what occurred. Without an electronic recording, there has been some dispute as to what witnesses have said, what has been said by their clients and what has been said by the tribunal.

The Law Society and the Human Rights Commission gave some good insight into the difficulties their members have with the current system. These changes are good, and that is my contribution.