



Speech By
Cynthia Lui

MEMBER FOR COOK

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)



Ms LUI (Cook—ALP) (4.48 pm): I rise to speak on the Health and Other Legislation Amendment Bill (No. 2) 2023. In doing so, I want to acknowledge the Minister for Health, Shannon Fentiman; the Health, Environment and Agriculture Committee chair, Mr Aaron Harper; members of the committee; the committee secretariat; and Hansard for all of their effort and hard work to bring this bill to the House.

This bill aims to lay the groundwork for introducing minimum midwife-to-patient ratios in maternity wards, enhance access to termination-of-pregnancy care in Queensland, promote quality improvement and patient safety in public health facilities in Queensland, and improve the operation of health legislation. The bill amends the Hospital and Health Boards Act 2011 to clarify that for the purposes of nurse- and midwife-to-patient ratios a newborn baby should be counted as a patient when they are staying in a room on a maternity ward with their birthing parent and requires a Quality Assurance Committee to disclose information about a health professional to their chief executive where the QAC reasonably believes the health professional's health, conduct or performance poses a serious risk of harm to a person.

This bill will clarify that the chief executive of Queensland Health may, after considering a report from a clinical review or health service investigation conducted in a hospital and health service, take the action the chief executive considers appropriate in relation to the matters identified in the report. It will also ensure key findings, recommendations and lessons learned from root cause analyses of critical incidences can be shared with relevant staff across Queensland Health maternity wards.

This bill will also amend the Termination of Pregnancy Act 2018, Criminal Code and Powers of Attorney Act 1998 to allow additional health practitioners to perform early medical terminations of pregnancy through the use of termination drugs; make consequential amendments to the offence provisions set out in the Criminal Code to align with the above change; and provide for more inclusive language by replacing references to 'woman' with 'person' in termination-of-pregnancy provisions. It will amend the Mental Health Act 2016 to clarify how Mental Health Court expert reports and transcripts may be released and used. It also amends the Public Health Act 2005 to exempt medical practitioners from duplicate reporting of dust lung diseases to the Queensland Notifiable Dust Lung Disease Register where there has been notification to the National Occupational Respiratory Disease Registry.

I am proud to speak on this bill because it speaks directly to women right across this state. When it comes to sexual and reproductive health, the Miles government is listening and we are delivering. As a woman I am excited about these new reforms, because I know they will make a lot of difference to how women interact and engage with the health system. These reforms will break down structural barriers by putting the needs of women front and centre and promote safety and security within the healthcare system. More broadly, the new laws will enhance the overall experience of women accessing health care and support them no matter where they live in Queensland.

The quality of maternity care at our public hospitals is one of this government's key priorities. Currently in Queensland there are no minimum midwife-to-patient ratios in maternity wards. This will soon change under the Miles Labor government. The bill's amendment of the Hospital and Health Boards Act will introduce minimum midwife-to-patient ratios in maternity wards, and all babies will be counted, including stillborn babies requiring services from a midwife.

The new laws will make a lot of difference to women from my electorate where, for example, women from parts of my electorate are still required to leave home weeks before the birth of their baby. The time away from home to give birth can often take an emotional toll and, based on the stories shared with me, this causes a lot of stress and anxiety for expectant mums. For First Nations women, the stress and anxiety of living away from home for a period of time can also be exacerbated by one's ability to communicate openly and effectively. For some women from remote discrete communities, I acknowledge that English is their second language and therefore the ability to communicate effectively may pose a huge barrier to getting the right support or quality of care.

The proposed amendments in this bill to legislate midwife-to-patient ratios in maternity wards will enable midwives to provide quality services that are sensitive to the patient's social, emotional and cultural needs. The benefits of introducing these new laws include low mortality and readmission rates, as well as shorter lengths of stay. It will give nurses more time to complete necessary care and detect patient changes. These laws are fair and will give nurses better job satisfaction and prevent burnouts.

I am also pleased that the bill noted the need for other improvements to the Hospital and Health Boards Act. The Hospital and Health Boards Act includes a clinical incident management framework to ensure patient safety issues are addressed in a timely and meaningful way. We want patients to have absolute confidence in the public health system, and I feel that having a framework that fosters a culture of safe and reliable care through analysis and learning will further strengthen our work practices, reduce preventable occurrences and improve patient safety. This will make a huge difference to the whole patient healthcare experience, and I am fully supportive of the changes.

I also want to take this opportunity to talk about the Termination of Pregnancy Act to allow additional health practitioners to perform early medical terminations of pregnancy through the use of termination drugs. It is five years since we passed the historic termination-of-pregnancy laws to give women the right to choose and make important decisions over their reproductive health. This was a significant step and a major milestone for women in Queensland, and I was so proud to be part of a government that stood up for women's rights and passed legislation to overrule one of Queensland's most archaic laws.

The amendments relating to termination of pregnancy in this bill for me are about equitable access to services. The Miles government recognises that access to termination of pregnancy remains a significant issue for all Queenslanders, especially for women from rural and remote settings. Early medical terminations are currently performed using the termination drug MS-2 Step, which is a schedule 4 medicine approved in Australia for medical termination of pregnancy. However, there is a short window of opportunity for pregnant persons to choose to have less invasive early medical intervention by taking MS-2 Step, which is up to nine weeks gestation. It should be noted that after nine weeks women are required to have a hospital admission for more complex and psychologically challenging medical induction or surgical termination. This is where the issue of equitable access comes in because of the lack of medical practitioners in rural and remote settings to provide the drug during that very small window of opportunity.

I do not want women in rural and remote settings to be denied the right to choose over their reproductive health. I support this bill and the amendments in this bill because I genuinely want to close the gap that prevents women having the right to choose. This is a good, solid bill that speaks directly to all women across this state and I am fully supportive of these legislative changes. I commend the bill to the House.