



Speech By James Lister

MEMBER FOR SOUTHERN DOWNS

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

Mr LISTER (Southern Downs—LNP) (12.44 pm): I rise to make a contribution on the Health and Other Legislation Amendment Bill (No. 2) 2023. I take this opportunity to respond to some of the things that I have heard Labor members of parliament say about the bill. They are things that I take exception to and that are a discourtesy and an affront to people who live in my electorate and other electorates like it that are largely rural and remote places where people do not have access to the kinds of medical services that people in the city take for granted. I have heard members wax lyrical about the midwife-to-patient ratio. I can give them a lesson in mathematics: you cannot have a ratio with a 'zero' in it, which is what the ratio would be in places where maternity services have been withdrawn and closed down under this Labor government.

Ms Leahy interjected.

Mr LISTER: I take the interjection from my honourable friend the member for Warrego. There are constituents in her electorate whose birth certificates reflect that they were born on the side of the Warrego Highway. On many occasions in the House, my honourable friend the member for Callide has spoken with strength and clarity about the withdrawal of maternity services from his electorate and the impact that has on women.

It was very interesting to hear Labor Party members of parliament say, in the same breath, that this bill would provide equal access to health care for women regardless of where they live. I wonder if they have ever been outside the limits of the Brisbane CBD because that statement is totally lacking in logic and betrays a complete misunderstanding of the challenges that people in country Queensland face. There is complete hypocrisy there. This is being used as a fig leaf. It is being used to justify extending medical termination of pregnancy by allowing nurses to prescribe such drugs, ostensibly so that it can be done anywhere including in rural and regional Queensland.

I would be much more impressed if the Labor government restored maternity services to rural and regional Queensland. In my electorate of Southern Downs, in Goondiwindi the maternity service is hanging by a thread. It is far from certain that we will have a maternity service there in a few months time because of the difficulty in attracting midwives and qualified personnel. That will be made worse by midwife-to-patient ratios as the cities will have them all. It will make things worse in my neck of the woods.

I am completely and utterly opposed to measures in this bill to erase from legislation the words 'mother' and 'woman'. Even those who would not commonly be associated with the Liberal National Party, such as lobby groups that you would say are on the left of the political spectrum, have been absolutely adamant that only a woman can bear a child and only a woman can be a mother. If I were to put the proposition that a mother could be a man or someone else in the streets of Goondiwindi, Inglewood, Texas, Stanthorpe or Allora, I would be laughed at, at best. This is another example of the government rootling around in extraneous woke items instead of dealing with the things that are really important to Queenslanders, and in my electorate health care is important.

This is a missed opportunity to do what is right for the people of my electorate, particularly the women, who are potentially facing the loss of a maternity service at Goondiwindi Hospital. For the benefit of the House, that will mean that in the final days of a pregnancy a mother will have to go to Toowoomba and pay to stay in a motel to wait for her confinement. I have it on good authority that they are told that they must do this in case the birth comes on early. That is a huge cost, an inconvenience and a disruption to family life for women in my neck of the woods. We see no recognition whatsoever of that in the bill before us.

I was particularly concerned to see that this bill persisted in allowing nurses to prescribe drugs for medical terminations of pregnancy in the face of one particular excerpt I can read into the record from the Australian Medical Association Queensland. It said—

MToP medicines carry serious risks for patients, including uncontrolled bleeding. Prescribers must be able to accurately date pregnancies, exclude ectopic pregnancy via a pelvic scan, determine if patients are at risk due to other existing conditions and ensure escalation pathways are available, including access to local emergency health care (usually within 2 hours' drive).

If members have driven along the Gore Highway from Goondiwindi recently they will know that it will probably take a lot more than two hours. Further—

Unfortunately, it is often the case in rural and remote areas that patients do not have this access and even medical practitioners cannot safely prescribe MToP medicines. Extending prescribing authority to RNs in this context would not result in increased access and could put patients at risk.

In spite of this, the government wants to see terminations in the country but not births. What a wicked position that is. I condemn the government for that.

Mr Stevens: It's like a gerrymander, really, isn't it?

Mr LISTER: I take that interjection from my honourable friend the member for Mermaid Beach. He has been a member of parliament a bit longer than I have and he has seen a lot of shenanigans in this place, but this has to be one of the worst bills I have seen.

I place on record my disgust that measures such as those associated with terminations of pregnancy have been incorporated into an omnibus bill. I will be voting against the clauses in this bill which I object to concerning the medical termination of pregnancy. It will be shame on the Labor government if it uses its numbers in this House to prevent the consideration in detail that would enable me and other members in this House who have an objection to elements of this bill to vote against them. I say for the benefit of my constituents: I oppose the extension of abortion pill prescribing to nurses, especially in rural or regional areas where they would not have the necessary backup to safely prescribe them. I will be doing that during consideration in detail.