




Speech By
Joseph Kelly

MEMBER FOR GREENSLOPES

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

 **Mr KELLY** (Greenslopes—ALP) (4.15 pm): Unfortunately, I did not get an opportunity to speak on the last motion. I probably would have noted that history will not remember most of us in this chamber, either positively or negatively, but it will certainly be very kind to the legacy of former premier Anastacia Palaszczuk.

I would also like to send my condolences to Jim McClelland, a very hard worker for the Souths Logan Rugby League club, on the loss of his father, Douglas McClelland, who was a proud lifetime resident of West End and also served our country honourably during World War II in Papua New Guinea. Without the service of people like Douglas McClelland, we may not be in this chamber today debating these sorts of things in a democratic state. Thank you to Douglas, and condolences to Jim and the family.

I support the Health and Other Legislation Amendment Bill (No. 2). This bill covers a range of matters, but I will try to confine myself to just two of those. There have been many in this chamber who have seen this as an opportunity to re prosecute the issue of whether abortion should be legal or illegal. That is certainly not what this bill is about. I supported the termination-of-pregnancy legislation because over the two years of work on the health committee I heard credible evidence from multiple sources, mainly health professionals, indicating that if you offer a full range of health services without the threat of criminal sanctions, termination rates would fall, and in fact this is what has happened. When combined with some of the measures in the fabulous Queensland Women and Girls' Health Strategy released this week, such as the health education in upper primary schools about puberty, menstruation and wellbeing for girls, I believe this trend will continue.

No matter what the weak Leader of the Opposition says about his position on termination of pregnancy, he cannot be trusted. We know this because of the way he treated First Nations people of this state by backflipping on the Path to Treaty. He was strong enough to do a backflip but so weak he could not show any real leadership.

One of the things I noted when we did the various inquiries into termination of pregnancy was that access was as big a barrier as the legal impediments, and that access barrier became particularly high in regional, rural and remote settings. One way you can improve access in those settings is to ensure you are utilising existing health professionals to their full scope of practice. That is really what is at the core of this bill.

I note the concerns raised by the AMAQ, and I note they were listed as part of the statement of reservation. As I say, if we step away from the highly emotive nature of the procedure and note that this is now a procedure that is regulated in a manner similar to other medical procedures, at the core of their concerns is a concern about scope of practice. For as long as I have been involved in health care, scope of practice has been an area of active debate, and rightly so. Generally speaking, these debates occur between professions and relate to levels of skill, knowledge, training and supervision, and of course all reference a genuine concern for patient care.

In the government's inquiry into ways to improve the lives of Queenslanders living with mental health and AOD issues, scope of practice issues were raised quite frequently. I think there are a number of things we need to consider in these debates, and some of those issues have changed over time. Often the arguments put forward made sense in the 1980s but are much less valid now, and I would like to run through some of the things that I think are currently relevant considerations around scope of practice issues. Firstly, patient care must always be at the forefront of any scope of practice consideration. That does not change.

Secondly, I think the baseline education, knowledge and skill set of health professionals across a range of health professions has changed significantly, with much greater levels of education, knowledge and skills now being possessed and shared by a range of health professionals. Multidisciplinary teams are now much more common, with all professions making contributions rather than one being in charge of the whole situation.

Thirdly, the National Safety and Quality Health Service Standards have done much to create a lingua franca across professional boundaries. Once upon a time, working in a hospital was like working in a Tower of Babel or worse, as professionals did not really cross those lines to talk to each other. That is no longer the case. As I said, MDTs are more common than not, and we have the lingua franca of the National Safety and Quality Health Service Standards helping us to talk not only to other health professionals but also across health systems.

Fourth, technology and pedagogical advances have it much easier to train health professionals no matter where they are located. Fifth, we know that there are growing demands for more health professionals. There are many options for addressing these demands; however, ensuring all health professionals are able to operate to a full scope of practice needs to be given full consideration. I believe that there is good evidence to suggest that the increases in scope of practice put forward in this bill will assist in providing better services for women who are seeking a termination of pregnancy.

I note the concerns around escalation pathways. I think it is important to note that whether you are a GP working in a clinic in suburban Brisbane, in a metropolitan or regional hospital or in a remote health clinic, we have extremely well developed systems for escalating concerns and, where required, transferring care to a setting that is better equipped to provide care. This, in fact, happens multiple times in our state every single day. We routinely escalate and relocate patients with very complex health conditions and needs. I see no reason why this cannot be the case in this situation.

I now want to turn to the part of the bill that relates to midwife-to-patient ratios. Speaking as the only nurse in this parliament who voted for safe nurse- and midwife-to-patient ratios on International Nurses Day in 2016, I will be supporting these provisions. The peer-reviewed studies demonstrate that nurse- and midwife-to-patient ratios save lives. I want to thank my union, the QNMU, for championing this issue. It is another great step forward for the professions of midwifery and nursing and, most importantly, it is a step forward for patient care.

This week, as part of the Queensland Women and Girls' Health Strategy, the government announced the nurse-led walk-in clinics. I acknowledge and thank the minister for that initiative. It is an incredibly great step forward that I know nurses and midwives will be really pleased with, as will the patients. Safe ratios, nurse navigators, the big hospital build and mental health levies are just some examples of the ways in which this government has advanced patient care and supported nurses and midwives.

Sadly, as we know, not all nurses in this parliament voted for safe ratios. The member for Mudgeeraba likes to talk a big game when it comes to nursing, but the reality is: when it comes time to deliver, she is, like her leader, very weak. No doubt the member and the LNP will try to convince the people of Queensland that they support ratios. We know that the member for Hill genuinely supports ratios—I always enjoy listening to his contributions on nursing—but, sadly, the LNP cannot be trusted. They demonstrated what they think of nursing, midwifery and patient care last time they were in office for a mercifully short single term. They sacked so many nurses and midwives. It simply does not matter what you say about ratios, if you are sacking nurses you will not be able to deliver good patient care. Just like they backflipped on the Path to Treaty and turned their back on First Nations people, I will be telling the nurses and midwives in my community that the LNP cannot be trusted to back nurses and midwives, and certainly cannot be trusted to back patient care or ratios.

Through this bill, the Miles government shows it is putting women first, nurses and midwives first and patient care first. I support this bill because, once again, it shows that the Miles government is putting Queenslanders first.