




Speech By  
**Michael Berkman**

**MEMBER FOR MAIWAR**

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**HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)**

 **Mr BERKMAN** (Maiwar—Grn) (6.32 pm): I rise to give my contribution on the Health and Other Legislation Amendment Bill (No. 2) 2023. We hear lots of stories in this place about our health system. We hear the government crow about its track record on health while our healthcare system is stretched beyond its absolute limits, and on the other hand we hear from the opposition going for low-hanging fruit, capitalising on issues like ambulance ramping and emergency department waiting times, trying to make out like they would somehow do a better job in government. I will have a little more to say on that later. The reality is, for as long as the government hoards a surplus while Queenslanders cannot access basic health care, and refuses to tax big corporations to pay nurses, midwives and healthcare workers fairly, no strategy or action plan or legislative reform is going to work.

This bill makes a few different reforms. I will say at the outset they are generally positive, although all incremental. None of these reforms make the kind of transformational change that our health system needs, but they are a step in the right direction. First of all, the bill amends the Hospital and Health Boards Act to ensure a newborn baby counts as a patient when staying in a room on a maternity ward with their birthing parent for the purpose of nurse and midwife-to-patient ratios. This is an important positive development and responds to a truly great campaign by the Queensland Nurses and Midwives' Union, the QNMU, to count the babies. It is especially important in the context of a maternity care system which is pretty daunting for people about to give birth, especially if they are outside the south-east corner. This bill also amends the Termination of Pregnancy Act and the Criminal Code to allow nurses and midwives to perform early terminations of pregnancy through the use of termination drugs. The bill also replaces references to 'woman' with 'person' in the Termination of Pregnancy Act provisions.

These developments, as I said, are all positive, but let's not kid ourselves into thinking that they are as radical as the comments section of the *Courier-Mail* might lead you to believe. Let us have a look in a little more detail at how these will sit in the landscape of our existing health system.

Counting newborn babies as a person seems a pretty obvious way to ensure ratios of nurses and midwives to patients are fair, but here we are. Strangely enough, this welcomed change and this bill will make Queensland the first jurisdiction in Australia to clarify that each baby will be counted as a separate patient when staying in the same public hospital room as their birth parent. As the QNMU said, these amendments provide much needed relief from workload pressures and ensure Queensland Health midwives feel valued, supported and heard. Ratios also enable midwives to provide Queensland families and babies with the level of care they need.

In many parts of Queensland, hospital maternity facilities have been in such a crisis, underfunded and understaffed to such an extent that some rural hospitals have been on birthing bypass for extended periods. Gladstone Hospital's 11-month maternity bypass was widely reported on, but last year it emerged that Innisfail, Mareeba, Ingham, Ayr and Dalby hospitals all had to suspend birthing services for periods during the 2022-23 reporting year. The reasons cited for the bypasses relate to workforce

issues including fatigue, unsustainable on-call burdens, illness and a lack of obstetric staff or midwifery coverage. The *Courier-Mail* reported that Mareeba went on birthing bypass about 10 times and Innisfail five times. This resulted in birthing parents being transported to Cairns Hospital.

This impact on Queensland families is very real. In many parts of Queensland, having your baby near your home is simply not an option. Many local hospitals are just not birthing hospitals, meaning families have to travel hundreds of kilometres, leading to some families scheduling inductions just to ensure both parents are able to be there at the birth. Of course, in some cases, the failure of a maternity system can be absolutely tragic. The latest report on government services by the Productivity Commission found that more babies pass away during birth or within 28 days of birth than in any other state in Australia. Only the Northern Territory has a higher figure. We have a state average of 11.5 perinatal deaths per 1,000 births in Queensland compared with the national average of 8.1, and behind every single one of these deaths obviously is a devastating experience for a Queensland family and a lifetime of grief to follow.

There is one thing that can fix maternity care in Queensland and, to put it simply, it is the same thing that can fix our health system for everyone; that is, money. It is going to take billions of new dollars to create new public hospital beds, to clear the elective surgery waiting lists and to stop ambulance ramping. Again, to put it simply, no strategy or action plan is going to do that. So, it is either disingenuous or perhaps deluded for the LNP to stand up here and pretend that they would fix these things in government because we all remember their track record. We know what it looked like last time they were in power with thousands of healthcare workers losing their jobs. It is simply not credible to suggest that they would fix these issues with the same approach.

We are now left in a position where the bar has been set so low that Labor has been able to keep on underfunding our healthcare system despite any crowing about record health spending from one year to the next. A few years ago, Queensland Labor was even so bold, foolhardy perhaps, as to freeze the wages of healthcare workers during a pandemic, yet they wonder why our healthcare system is not able to take care of Queenslanders.

Improving patient ratios to reflect the new little humans in a maternity ward is a great start, but it will not fix the problems with our maternity care system or Queensland's healthcare system more broadly. We need a much bigger funding announcement to get anywhere near achieving that.

The bill takes some small but important steps towards expanding access to pregnancy terminations in Queensland by permitting nurses and midwives to prescribe a registered termination of pregnancy drug in the context of early pregnancy. As Children by Choice pointed out in its submission to the inquiry on this bill, this accords with the World Health Organization guidelines which state that a broad range of health practitioners are suitable to do this for pregnancies less than 12 weeks gestation.

Although abortion was legalised in Queensland in 2018, the barriers to actually accessing an abortion have remained indefensibly high. Again, changing the rules without actually funding the services means very little in terms of improving people's lives. Since abortion was legalised, a number of barriers have persisted, some of which have been insurmountable again, and especially, for people living in rural, regional and remote Australia.

As Children by Choice pointed out, these barriers include a lack of trained providers, high out-of-pocket costs, abortion stigma, conscientious objection and massive geographical distances to services. The reality is: many residents in regional areas still have to travel to Brisbane for surgical terminations. I note that the government's Queensland Women and Girls' Health Strategy announced this week, as well as the Termination of Pregnancy Action Plan that I understand will be released shortly, are positive developments, although I am not currently privy to what the action plan will entail. I look forward to seeing the detail.

Abortion is not just a privilege; it has to be viewed as an essential right when it comes to health care. It needs to be safe, legal and free. Right now, access to abortion outside South-East Queensland is almost non-existent and remains essentially a postcode lottery. Even here in Brisbane, accessing an abortion can be incredibly difficult if you are on a low income and cannot afford to pay. Right now, the vast majority of abortions are delivered in the private and NGO system, where costs range from \$250 to \$5,000, often with very long wait times. When abortion was legalised, Queensland hospital and health services received no additional funding for abortion services and were not compelled to provide them. Referral pathways remain incredibly unclear and completely inconsistent from hospital to hospital. Without making a serious commitment to expanding access as well as committing serious funds to this project, the Queensland government cannot rest on its laurels and consider the job of abortion reform done. I will be watching with interest to see what is announced this week.

To conclude I will say again: grand announcements without funding to match them are not going to make a difference to Queenslanders' lives. The government needs to face down the big end of town and raise revenue from those making a motza out of our current economic situation to make sure that everyday Queenslanders have the services they need. This bill does good things and has the potential to get the ball rolling on improved maternity care and improved access to abortion in Queensland, but to fully realise that it needs to come with a meaningful commitment by the Queensland government to actually fund our healthcare system to the extent it requires. Ahead of the state budget and ahead of the state election later this year, the Greens will be pushing for the government to raise more revenue from the big end of town—which can afford it—to fund better services for Queenslanders. We can have a world-class healthcare system that meets Queenslanders' needs and takes care of its own workers, but not if we keep trying to run it on the least amount of resources possible.